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The Meaning of Time for Human Service Professionals

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Abstract

The purpose of this article is to explore the meaning of time within the human service delivery system. We analyzed interview transcripts of 46 human service professionals across the United States for themes related to time. The analysis illustrated the complexity associated with time as a construct. Themes included pace, change, choices, and service delivery. The themes described how human service professionals talked about the impact of time in their work, which provides new perspectives and recommendations on how to educate and train students as they prepare to enter the field of human services. Implications for human service education based upon the findings conclude the article.

The Meaning of Time for Human Service Professionals

In philosophical terms, time is an elusive concept or construct. Augustine, in his *Confessions* (*Confessions* 11, c. 14, translated by Outler, 2007) stated "What, then, is time? If no one asks me, I know: if I wish to explain it to one that asked, I know not." Philosophers continue to debate the nature of time arguing on the one hand that time is limitless and dynamic, and on the other hand, a measurable order of events (Internet Encyclopedia of Philosophy, 2010). Psychologists view time according to their theoretical perspectives. For instance, from the cognitive and behavior lens, time may be linked to measuring client outcomes and recording the number and length of interventions (Dapkus, 1997). From a psychoanalytic perspective, the meaning of time relates to features of personality uncovered in therapy. Existential psychology explores the meaning of time as experience by the person within his or her context or place in the world (Pollio, Henley, & Thompson, 1997).

The focus of this manuscript is the meaning of time within human service practice. Although human service and counseling literature address time in textbooks and in research, the coverage is limited. Introductory

human service and counseling literature reference time primarily in (a) discussions of time-limited interventions with clients (Kim & Franklin, 2009; Mullahy, 2009; Shennan & Iveson, 2005; Woodside & Clam, 2007; Woodside & McClam, 2009), (b) explanations of time management strategies (Meier & Davis, 2011; Okun & Kantrowitz, 2008; Young, 2009), (c) descriptions of the cultural differences of the meaning of time (Neukrug, 2013; Woodside & McClam, 2009) and (d) ideas about the phenomenon of burnout as it relates to time (Morrissette, 2004). In addition, the literature indicates that time and how it is spent becomes more important when resources are limited, human needs increase, and funding for services decreases (EurActive, 2009; Johnson, Oliff, & Williams, 2010; Johnson, Nicholas, & Pennington, 2009).

Service delivery strategies have been designed and adopted within the helping professions to address time limitations. Time-limited interventions with clients include therapies such as Solution-Focused Brief Therapy (SFBT) and strategies such as case management. Both were developed to address issues of resource expenditure and outcomes (Kim & Franklin, 2009; Woodside & McClam, 2007). Specific to SFBT, outcome studies focused on efficacy of the approach across populations and settings ground their research questions on the time for the intervention. Shennan and Iveson (2005) purported the "miracle question" could stand alone as an effective training intervention in counselor training. Woodside and McClam (2009) indicate that SFBT provides a short-term intervention using client strengths and an action approach to make changes and increase self-efficacy. In addition, the development of the role of case manager focuses on coordination and care for clients in a cost effective way (Mullahy, 2009; Woodside & McClam, 2007). The use of case management includes settings such as corrections, mental health, substance abuse, and children and family services, to name a few (Mullahy, 2009). One principle of the case management process related to time is to provide "best" services for the "fewest" resources (e.g., limited services and time spent with client).

Culture provides its own contribution to the understanding of time. As indicated by researchers and scholars, time has multiple meanings (Diller, 2011). From the Western perspective, time represents a

commodity or a resource (Diller, 2011). The phrase, “Time is money,” conveys this Western sense of time. In addition, in the United States, time structures activities, and being “on time” is important. In other cultures, such as Mediterranean, Arab, and Latino cultures, the construct of time represents more flexibility. Life unfolds and is less regimented than in Western culture (Slatterly, 2004). Past, present, and future orientations have distinct cultural differences. For example, in the United States, members of the culture are short-term future oriented, while Asian cultures maintain a longer-term future orientation. The past guides many Latin American and Asian cultures (Diller; Slatterly).

The concept of time also emerges explicitly and implicitly in the literature considering burnout and related phenomena. The early definitions of burnout included exhaustion based upon organizational demands on individual “strengths, energy, and resources” (Freudenberger, 1977, p. 26). Researchers also link time with stress caused by limited physical resources such as number of clients one might see in a workday and the length of time of client interaction (Evans et al., 2006). In addition, cognitive symptoms of burnout include negativity, sense of being alone, and feeling limitations (Morrissette, 2004). The feeling of limits directly relates to experiencing the lack of time to provide needed services.

Finally, the current economic and political climate provides a rationale for looking at the experience of time for human service professionals. The economic recession formally began at the end of 2007 resulting in increased lay-offs, unemployment and underemployment, home foreclosures, loss of retirement income and savings, and a drop in real estate values (Baker, 2010). During this time, both the number of those in need and the severity of needs increased, placing a greater demand for services on federal, state, and local human service delivery systems. These service delivery systems face shortfalls and budget difficulties of their own (EurActive, 2009; Johnson, Oliff, & Williams, 2010; Johnson, Nicholas, & Pennington, 2009). Increasing client loads and challenges within the context of fewer resources of help directly influence the time available to help those in need (Homan, 2011; Woodside & McClam, 2009).

For the purposes of this study, we used interview transcripts of helping professionals who performed the case management role in urban, multicultural areas across the United States. These professionals worked in various settings with different populations and had a variety of job titles, including case manager, intensive case manager, service coordinator, counselor, social worker, service provider, care coordinator, caseworker, liaison worker, administrator, and supervisor. Since there is such variance in job titles, we will use either human service professional, service provider, or participant as a generic way to refer to interviewees. Our guiding research question, then, was "How do human service professionals refer to time when considering their work?"

Methodology

We analyzed transcripts from semi-structured interview data originally conducted with human service professionals for a different purpose, that of describing their work in human services in an urban, multicultural environment. In an earlier study, we interviewed 77 front-line and administrative human service professionals across the United States who performed case management roles and responsibilities (Woodside & McClam, 2007). We used convenience sampling to identify agencies and staff to interview. Personal contacts, resource guides, and the Internet facilitated the identification. We then contacted the agency directors to arrange interviews with their staff. All of those interviewed performed the case management role.

Interviews occurred over a five-year period and included community-based child and family agencies, mental health services, and criminal justice programs. The questions or prompts for the initial study were chosen to help the researchers understand the work of those interviewed. The original interview questions follow.

- What is the purpose of the agency?
- What are the roles and responsibilities that the helping professionals assume?
- What are the employment criteria used to hire staff?
- What are the types of knowledge and skills needed?

- Describe some of the memorable clients encountered.
- What are the challenges in working in an urban area?
- What are the challenges in working in a multicultural context?
- How has the agency evolved over time?

The interviews lasted from 60 to 90 minutes. Once participants made initial responses, researchers followed with prompts, requesting examples or descriptions of the points they made.

In the previous study, our initial analysis focused on how interviewees talked about their clients. During the previous analysis, it became apparent that many of those interviewed mentioned or referenced time in their responses. Given the importance of time in service delivery and the limited resources available to human service professionals in the current economic climate, understanding how these professionals talk about time adds an important topic to the human service literature about service delivery and the profession.

Participants

We used interviews of 46 human service professionals in 17 human service agencies in six urban multicultural areas in the United States. Agencies in Miami, Los Angeles, New York City, St. Louis, Atlanta, and Houston represented human services in case management, community services, corrections, education, health, housing, and shelters. We purposively chose 46 of the 77 initial interviews for our analysis. We included cities from the West and East coasts, the Mid-West, and the South.

Data Analysis

For the current study, we used a thematic analysis process described by Creswell (2006) to analyze and reanalyze data independently and as a group to establish confirmability (extent to which the findings of a study are shaped by the respondents and not researcher bias), dependability (determining that findings are consistent and repeatable), credibility (confidence in the 'truthfulness' of the findings), and transferability (showing that the findings have applicability in other contexts).

First, each of the four researchers analyzed the data independently; each researcher sought references to time, either overt or implied. Second, each researcher sorted time references into distinct thematic groups. Third, the four researchers met together to compare themes. Major overlapping themes were identified quickly. However, the language used to describe the themes by each independent researcher was less consistent. Discussion included merging language to describe each theme consistently across researchers. This process led us to identify main themes. We repeated the independent and group analysis four additional times, refining themes and identifying specific quotes from the data that supported each one. Due to the ad hoc nature of the project, researchers did not conduct member checks.

Trustworthiness and Limitations

Several procedures, data analysis, and description of the findings contributed to the trustworthiness of the data. The semi-structured interview format allowed the researchers to ask the same questions to participants, regardless of populations served or work settings (Creswell, 2006). Participants also had the freedom to elaborate on the questions to reflect their personal experiences. Data analysis included independent analysis and group analysis. We built a negotiated interpretation of participant experiences (Merriam, 2009). Description of the four themes using thick, rich description helped affirm the thematic interpretation. Limitations include the interpretive nature of the data analysis, the inability to generalize, and the cultural lens of the researchers (Creswell, 2006).

Findings

Four themes relating to the meaning of time for human service professionals emerged from the analysis and centered around pace, change, choices, and service delivery. Each theme was implicitly identified on three levels: the agency, the human service professional, and the client. Participants illustrated how their work on each level is significantly impacted by time as it relates to the “never-ending” pace of demands and pressures in their work; the “now and then” aspects of

changes in protocol and policy over time; the "time to decide" regarding decisions about agency availability, case loads, and policies; and the "one step at a time" notion of service delivery relating to repeated services and goal setting with clients (see Table 1).

Table 1: Themes Related to the Meaning of Time for Case Managers

Theme	Explanation	Case Manager Illustration
Pace "Never-ending"	Consistent time demands and pressures of agency requirements and client needs	"Every day, I have cases that come every single day. And when they don't come, they even call me from a public phone."
Change "Now and then"	Trends and benchmarks used to illustrate transformations in case work and services delivery time	"[Welfare reform] is going to affect a lot of the population. Cutting their welfare is going to be something major."
Choices "Time to decide"	Choices of determining agency availability, policies, and caseloads that structure the time delivery of services	"We tell them, 'We ask you to make a commitment, but we cannot make you stay here for a year. Any time you want to leave, you can leave. You just can't come back."
Service Delivery "One step at a time"	Time spent predominantly repeating services for clients and setting goals	"It is a vicious cycle because it not only happened once, but we have seen people [return] four or five times." "I am not trying to be time driven. I would rather be goal oriented."

The "Never-ending" Pace

The theme of pace illustrated the "never-ending" tempo and the consistent time requirements of case management. Participants specifically discussed the demands and pressures of the job, the constancy of the work, and client needs. When talking about the demands and pressures of the job, aspects such as seeing clients every day, fitting in the paperwork, having too much to do each day, responding to crises and tasks that need immediate action and long hours were salient. For example, one participant stated, "Every day. I have cases that come every single day. And when they don't come, they even call me from a public phone." For many participants, there was "an incredible amount of paperwork." One participant indicated, "Everything has to be verified. It is very, very labor-intensive work… a lot of paperwork, yes very, very tedious." Trying to fit in all of the demands of the job, several of the participants expressed that they had too much to do each day. Another noted "It is a drain; they [clients] are drained every day. The needs, the needs, the needs."

Constancy and continued pressure also reflected the pace of their efforts. They described the work as "day after day," "one right after another," happening over and over again," and "never ending." One aspect was the scheduling of the work and interacting with clients. For example, one participant described her schedule: "I come every Thursday from 9 to 12." Related to pressures, one participant described how she felt: "So in the office you constantly have to remember. You can't forget that. Make sure you do this. Make sure you do that." Another decried, "It is horrible. It is awful. It is terrible. It is a slave [driver]. I wish they would have 24 hours that I can work. It is not enough."

Finally, participants talked about client needs. Related to time were the "immediate needs" clients had, "taking time" and "being patient" when working with clients, recognizing that agency requirements and client needs were not always in sync, and measuring the culture of the agency with the culture of the client. For some participants, responding to the immediate needs of the client was critical. One participant stated, "I've learned how to assess the client pretty well . . . I've learned how to keep focused on their immediate needs not trying to counsel them . . . we don't have the time we like."

“Now and Then” Change

“Now and then,” another theme of change, highlighted the trends and benchmarks that illustrate transformations in case work and human service delivery. Participants’ comments embodied three perspectives of change including the agency or the staff member, an agency event or significant event, and reference to a trend. The first related to the beginning of the agency or a staff member and was often described as a benchmark. Participants used language that referred to “now” and “then.” An interviewee at a housing agency in New York City described the beginning of a housing initiative in this way: “The program was created in 1989. It began with approximately 42 units. Since then….”

Referencing an event or occurrence in terms of a significant event in times like a hurricane, 9-11, or an earthquake was a second way participants described change. A settlement house staff member illustrated this by saying, “Prior to 9-11, we knew there were already problems with money, but I think that was the icing on the cake.” Another case manager in Miami referred to the change in clientele following the Mariel Boat Lift, while one in Los Angeles cited the earthquake as an event that signaled an increase in gang activity: “There are two Latino gangs and another African American gang. There are a lot of issues going around.”

The largest category in the theme of change was a reference to a trend; that is, a significant change in human services that was not related to a discrete event but rather had longer-term implications over time for clients, services, and staff. Welfare reform was one example: “This one thing is going to affect a lot of the population. Cutting their welfare is going to be something major.” Other examples of trends that affected participants were “the increase in the working poor,” “the downsizing of state hospitals,” and the “threats of incredible cutbacks in Section 8 housing.” These trends and other changes throughout time transformed the work of service providers and significantly impact the choices agencies and staff must make as they strive to adapt.

The "Time to Decide" on Choices

"Choices" was another time-related theme that participants used to describe their work. Choices related to the agencies, human service professionals, and clients were independent yet also interconnected, and illustrated ways time structures work in human services. Agency administrators made choices regarding service delivery in terms of agency availability, case load numbers, and policies. As one human service professional said, "Our case loads are down so we are able to offer a more personalized service to the client." This agency chose to structure time in a way to provide in depth services to clients.

Participants indicated that they had the choice to determine their level of flexibility when it came to time with clients. Some chose flexibility while others chose to have more structure. "Most of the case managers have a particular day when they see clients," said one participant. Others had varying choices regarding flexibility that depended on individual clients and resources: "You have to understand the culture that you are working with. It is not a 9 to 5 job." In each instance, participants chose to structure time with their clients in specific ways to meet client needs.

While the choices of the agencies and service providers affect the structure of time in service delivery, the choices clients make in terms of building relationships, disclosure, and commitment also impact the time of service delivery as well. The importance of establishing appropriate relationships between human service professionals and clients is vital to providing effective services and takes time. Disclosure is the choice of the client as illustrated by one participant who said, "Then after that, when they loosen up, they start telling me what's really happening." Clients also have the choice of what level of commitment they make to a program or organization. One case worker shared that "We tell them, 'We ask you to make a commitment, but we cannot make you stay here for a year. Any time you want to leave, you can leave. You just can't come back.'" While the agency establishes policies for service providers to enforce, clients have to choose what level of commitment they will ultimately make. This demonstrated the interconnection and independent choices that are made

throughout human services and the effects it has on time with human service delivery.

"One Step at a Time" Service Delivery

Service delivery was another identified time-related theme with a specific focus on repeat services and goal setting. Repeat services related to the fact that client issues and related services occurred time and time again. A single intervention did not typically resolve a myriad of client issues. Participants saw themselves providing repeated assistance due to client relapses and recurring cycles that naturally occur due to extended time or as a calendar of routine events. Several participants commented on the return of symptoms after a period of improvement, or relapse. "It is a vicious cycle because it not only happened once, but we have seen people do this four or five times." Participants talked about the notion of recurring cycles and service delivery such as "I come in the next morning, and it starts all over again," "Every six months we go through that," and "There is a mass exodus out of the hospital on about the 29th of each month and then on the 10th of the month it starts to fill up again.

One participant's comment provided evidence of the constant tension between accomplishing goals and managing time: "I am not trying to be time driven. I would rather be goal oriented." Although this participant attempted to separate the two, she linked the notion of goal setting to service delivery and time. Measurable goals are inherently time dependent. In fact, the terms short-term and long-term goals have embedded time frames. Short-term goals occurred in smaller time increments during service delivery. Two participants' quotes, "Let's take one step at a time" and "I want to make it through the first week," expressed the notion of short-term goals. Longer term goals involved more time and often don't reach fruition until the end of service delivery. One participant commented, "We'll be doing that here sometime in the near future." Goals mutually helped client and human service professionals track changes in relation to time. Professionals used time as a goal motivator to encourage client change. For example, one participant expressed, "Look, it is over two years, now you got to do something.

The theme of service delivery focusing on redundant or recurring service delivery and goal setting described by participants illustrated the way time is structured for human service providers and is another example of how prevalent the notion of time is throughout their work.

Discussion

Three different facets of time pervade these interviews with human service professionals. These facets include the pervasiveness of time, the idea that time can be managed, and the personal and professional influences of time.

Time is pervasive and inescapable; it is ubiquitous. The passage of time and the consideration of time are ever present and constant. This consideration of time extends from the musings of historical philosophers (Augustine, 2007) to the prevalence of time in the vocational reflections in this study of modern day human service professionals. Although researchers did not prompt human service professionals to reflect upon time in relation to their lives and work, every professional referenced time at one or more points during the interview. Human service professionals must grapple with time in their work; it is inescapable. Though they made references to time in different ways, it was clear that time was a notion that infused itself on a daily basis. This pervasive consideration of time and managing time is also present in human service textbooks (Neukrug, 2013; Woodside & McClam, 2009). The themes of pace, change, choices and service delivery, however, reflect aspects of participant experience that has not been addressed in the literature and is not accounted for in research studies that have a more restricted approach to the topic, targeting specific dimensions of time such as culture (Diller, 2011), time-limited interventions (Neukrug, 2013; Woodside & McClam, 2009), and burnout (Evans et al., 2006).

Reflecting the importance and prevalence of time management in human service delivery (Neukrug, 2013; Woodside & McClam, 2009; Meier & Davis, 2011; Young, 2009; Okun & Kantrowitz, 2008), a number of participants made comments that suggested time is something they attempt to manage, structure, and/or control. Clocks and calendars become popular tools for this endeavor. Establishing and adhering to deadline

dates, monthly case meetings and future dates for implementing new service delivery plans represent ways human service professionals operate using time as an administrative tool.

Professionals also integrated accountability with the management of time. For example, accomplishing measureable client goals by a specific date ensured client and the human service professional's accountability and helped determine who is responsible for making change. This emphasis reflects the current pressure for human service professionals to account for the resources they expend and the outcomes or goals they achieve (Homan, 2011; Woodside & McClam, 2009). In this study, these attempts provided helpful, productive, and at times, necessary action in order to remain accountable. They also appear to be a source of frustration. For example, unforeseeable events occur that change established timelines. Or, perhaps, a client repeatedly does not show for scheduled appointments. Lassoing time is not always easy or possible.

Throughout the interview analysis, it became apparent that participants talked about time as an influence on both their personal and professional lives. Although interviews focused on human service professionals and their vocation, they referred to time in a very personal manner. Their own lives are regimented around time for themselves and those they care most about. For some, clients were the people to whom they devoted their time and commitment. For others, personal time and work time interfered with each other. Work infringed upon achieving personal goals or spending time with loved ones.

This personal aspect is, perhaps, best related to the literature on professional burnout. Researchers link burnout and limited time and resources to stress (Evans, et al., 2006). Burnout results in symptoms that not only influence job performance but extend to personal challenges such as marital difficulties and substance abuse (Evan, et al.).

Ironically, these efforts to manage time and balance the personal and professional aspects of time resulted in human service professionals feeling frenzied and hectic; there never seemed to be enough time to meet client needs and accomplish personal goals too. Although we readily recognize that time moves steadily forward at the same methodical and never ending pace, we make efforts to contain it in order to meet our own

needs, agency needs, or the needs of clients. Findings from this study suggest that time is a more complex, yet subtle variable that pervades human service provision. These human service professionals considered and balanced their and their clients' cultural perceptions regarding time as they worked with within an agency that operated under its own orientation of time. The challenge remains reconciling different notions of time. The findings suggested human service professionals must learn to effectively negotiate and bridge this cultural time gap while meeting their agency's expectations and needs and respecting their clients and assisting them toward self-improvement and betterment.

These three facets of time remind us that time is a reality in human service delivery, a fact of life for those currently in the profession, and a critical consideration in the preparation of human service professionals.

Implications for Human Service Education

The results of this study present challenges for human service educators. While we may employ a more concrete perspective of time as we teach about managed care, case management, and time management, it is clear that the topic of time in human services is much more complex, pervasive, and subtle in reality than is reflected in the textbooks we select, the teaching strategies we use, and the case studies that illustrate human service practice. So what are we to make of these results? A number of questions come to mind. How valid are these results? Of what use might they be to human service educators? How might they contribute to the preparation of human service professionals and what are the implications for the professional development of current practitioners?

These are serious questions for discussion among both educators and practitioners. Given the challenges facing human service professionals today as they pursue their chosen fields, are we not ethically obligated to provide the best preparation we can? How well are we preparing them for the realities of human service delivery? In a sense, the complexity and subtlety of time in these findings reflect the growth and maturity of both human service education and the profession. Both seem to be more complex and require a deeper recognition and understanding of the profession today. Clearly, further research is needed to explore and clarify

the meaning of time in human service delivery as well as other topics in order to provide the best preparation for our students.

Recommendations for Future Research

We believe the exploration of time as it relates to human service delivery could be expanded in several directions. First, the data analyzed in this study could be interpreted by researchers with several non-Western lenses, such as Latino or Asian, to provide multiple views of the meaning of time. Second, qualitative analysis of interviews that relate directly to the influence of time, based upon the findings of this study, might provide us a more in-depth understanding of service delivery and human service professional experience. Third, a content analysis of human service texts, the NOHS website, and other relevant human service education material could help us understand both the implicit and explicit relevance of time in human service education.

In summary, when exploring the meaning of time within the human service delivery system, themes emerge that illustrate its complexity. Some of these complexities are explicit and have been articulated by human service educators; others are implicit and context specific. To enhance preparation for human service professionals, educators and practitioners may want to focus on exploring constructs of time related to the realities of the profession that are not explicitly referred to in human service education.

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Technological Innovations for the Human Service Profession

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Abstract

Many professions are incorporating innovative and affordable technologies such as smart phones, wireless Internet, gaming systems in which the only controller is the human body, and countless software programs and applications to improve efficiency, increase access, and promote themselves. The human service profession is also making strides to utilize new and existing technological mediums in original and creative ways. The article presents ideas for the use of innovative technological approaches in the training of human services students, the dissemination of services to consumers, supervision of human service students and professions, and the everyday operations of human service agencies. The limitations of using technological mediums will also be discussed.

Technological Innovations for the Human Service Profession

In the United States, roughly 80% of households have at least one Internet user who accesses the web either at home or elsewhere, and about 68% of households have Internet access (U.S. Department of Commerce, 2010). Technology permeates nearly every part of our lives, both personal and professional, to the point that Screen Free initiatives have been started to encourage families to have a day without the use of computers, TVs, phones, digital e-readers, gaming consoles, handheld games, digital music devices, among others. For some people, this may seem like a day without coffee or food. The use of technology in the human service profession has been gaining momentum from use of computers and simulations in education and training, to applications at the agency level, for interventions with clients, and in supervision of professionals. Agencies believe that innovative uses of new technologies can have an impact on their clients, operations, and how they are perceived by the community (Jaskyte, 2012). Human service professionals use technology for administration such as scheduling appointments, creating promotional and

educational materials, communicating information through social networking, maintaining client records, and also clinically, to provide supportive and therapeutic services for the underserved and sometimes isolated members of our communities. Additionally, human service professionals in the field have many opportunities to be creative with available inexpensive devices and applications to facilitate their therapeutic interactions with clients. The focus of this article is to inform readers of additional ways that human service professionals can implement and infuse technology through techniques and practices beginning with education, work with consumers, and a more broad use of technology on an agency-wide level.

With the plethora of new and affordable electronic devices, it is important to consider the culture of the human service profession as a whole and its willingness to accept all of the technological developments and advancements. Caution should be to fully examine not only the rate at which human service professionals adopt technological advances but to also critically evaluate the personnel and economic resources available for implementation, and the effect these innovations can have on the individuals served.

Technology Considerations for Human Service Education

Many practical and innovative technologies have been developed over the course of time, moving continuing education from the campus classroom to the home. In the mid nineteenth century, through the postal services, correspondence courses were conducted to teach shorthand techniques to secretaries (Casey, 2008). In the 1920's, the first radio broadcast of educational content was conducted, which expanded to television in 1934 (Casey, 2008). Then, in 1926, the first accreditation body was established to initiate standards for distance education (Distance Education and Training Council, 2012).

According to a report by the US Department of Education (2010), for every three public school students there was one instructional computer with Internet access, and 100% of public schools had one or more instructional computers with Internet access. In this technology driven society, it is safe to assume that college and graduate students and

professionals today expect advanced forms of technology to be a part of their education and foresee the use of technology in their careers. For current students in all higher education programs, excluding correspondence courses delivered through the postal service, 20% of all undergraduates and 22% of graduate students took at least one distance learning courses using Internet assisted technologies in the 2007-2008 academic year, and these numbers have increased from previous years (US Department of Education, 2011).

Today, human services courses are offered through broadcasting, the Internet, video conferencing, as well as other digital and virtual classroom experiences within traditional classroom formats. It is not unusual that technological innovations evolved prior to policy and laws being established. It was not until 2011 that the Council on Standards in Human Services Education (CSHSE), an accreditation body for human service education programs, established policies regarding the accreditation of fully online human service programs (CSHSE, 2011). Online and distance learning human services programs are held to the same standards as traditional face to face programs, and the new policies are only in regards to the logistics of the accreditation process for online programs (i.e. including experts in online or distance education accreditation teams).

Beyond the use of technology for distance education, the pedagogical expansion of innovative technologies is assisting students in developing basic helping and attending skills. This significant contribution to the education of human service students is a project called Computer Agents Teaching Helping Interactions Effectively (CATHIE). CATHIE is a computer simulation program designed to assist distance learning students refine basic skills (Adcock, Duggan & Belfore, 2006). This interactive learning module affords students an opportunity to respond to an avatar's nonverbal facial expressions and verbal prompts by allowing them to choose from an array of possible reply scripts. The students view CATHIE, the avatar, as if the student is video conferencing with a consumer. CATHIE will make comments and demonstrate facial expressions to which the student will respond by choosing from a list of possible helping replies. The choices in helping responses may include an

empathetic response, feeling reflection, or a question. The program then generates feedback about the choices which aids in the students development of basic attending skills and empathy. The outcomes from the CATHIE project have been positive. Over the course of one study with CATHIE, 80 student participants showed improvement in their ability to respond empathetically and reported that this learning method was effective (Adcock et al., 2006). Ninety student participants in another study (Belfore, Adcock & Duggan, 2006) and 130 student participants in a third (Adcock et al., 2006) showed consistent improvement in communication and helping skills All three studies assisted the CATHIE creators in modifying and enhancing the simulation and identifying areas for continued improvement such as further exploration into response option discrimination (Adcock et al., 2006; Adcock, Duggan, Nelson, & Nickels, 2007; Belfore et al. 2007; Duggan & Adcock, 2007). Currently, these innovators are extending the use of CATHIE by observing participants' gaze through eye movement monitoring as a further demonstration of attending skills (personal communication, Adcock, 2012).

While technology increased access for students who may have not been able to attend human service programs in the past and assisted students in developing basic attending skills and empathy the use of technology in for educating human service professionals does have its drawbacks. The top of the list of the limitations is the lack of face-to-face contact with instructors.

Adding computers to the methods of providing distance education allowed for the continuous exchange of information, through email and bulletin board messages, between instructors and students, which enhanced the interpersonal communication (Casey, 2008). However, using distance technology such as video conferencing, virtual classrooms, chat, satellite, broadcasting, and other Internet based formats for educating human service professionals has its limitations. Researchers have reported that the interpersonal dynamics are different between instructors and students in distance education courses as opposed to traditional face-to-face courses because of the impersonal nature of computer communication, decreased typing speed, awareness of being recorded,

fewer chances to ask questions and technological delays making the flow of communication artificial (Wilczinski & Coomey, 2006). These reports may be evidenced in the findings that dropout rates are higher for fully online courses (i.e. content is delivered through only written communication; asynchronous) than courses with some real time communication (i.e. live chats with simultaneous conversation with the instructor, phone or video conferencing; synchronous) courses; students seem to favor synchronous over asynchronous courses, and traditional classroom courses have higher retention rates (Johnson, 2008).

An additional limitation includes technological failures and glitches such as audio and video quality, not the least of which involves bandwidth issues (Jerry & Collins, 2005). Depending on the bandwidth of the system that the student outside of the institution is using, the system may slow down triggering digital freezing or students being knocked off completely. These technological failures and glitches provoke questions of educational quality and integrity.

Although, technology is utilized in varying degrees, in today's world, we have become so accustomed to using technology that our daily personal and professional lives require it. Advances in technology have benefited the field of human service education and as discussed there are also limitations. However, as technology continues to develop, the HMP's practice and work with clients will expand as well.

Technology Considerations for Interacting with Human Services Consumers

As these advances in technology have permeated the human service field, new interventions and platforms for consumer interaction have arisen. Human service professionals could benefit from taking advantage of such technological advances. The use of video chat, videogames, podcasts, and blogs in the human services profession is discussed in the following sessions.

Video chat can be used as a primary method of providing supportive sessions to clients at a distance with email exchanges and phone calls dispersed for additional contact and monitoring. Video chat programs, such as Skype® (Szczepanik & Friis, 2003), Oovoo® (Oovoo

LLC, 2007), and Adobe Connect® (Adobe Systems, 2006) are efficient ways to deliver support services to consumers who are at a distance or in circumstances that limit their ability to attend office visits. When working with individuals, the use of available, ethical, and appropriate technology may be key in providing effective assistance and support. Additionally, viewing these technologies as a single entity of component parts that work in synergy may help practitioners maintain perspective on the individual's needs. After the needs are identified, the human service professionals should use her or his discretion and clinical judgment to assess the most appropriate technology (or non-technological strategy) to satisfy those needs, as opposed to simply using the technology that is available without regard to the consumers' level of technological adoption, comfort, skills, and abilities (Rogers, 2003). For example, one particularly isolated group is sexual preference minority youth and young adults who are suicidal. Silenzio (2009) suggested that using social networking sites may be a way to initiate suicide prevention with this population. Human service professionals could extend this prevention effort by initiating relationships through the social networking site then implementing video chat as a further step in the intervention.

If technical problems prevent one or both parties from effectively using the medium, phone or text can be used. Additionally, if the individual is having a crisis when video conferencing is not an option, the phone becomes necessary for de-escalation, suicide prevention, and crisis intervention. However, in a report on educational efforts to train helpers in providing asynchronous counseling services, Murphy, MacFadden, and Mitchell (2008) recommend against providing services to individuals with severe mental health issues, suicidality, distortions of reality, and crises management. Further, they recommend specific training on the unique contributions video conferencing can add to the interaction between providers and the people they serve.

Though the authors suggest video chat as the preferred, primary method of distance interaction, should face-to-face communication be impossible, the use of other technologies is useful and sometimes necessary. In addition to using email for appointment confirmations, it can be used to send helpful resources for between-visit work or additional

information. Email becomes efficiently implemented as the individual can send informational updates and agendas before the visit for the practitioner's review. In addition, between session work such as journals and task lists sent by email could act as an effective supplement for those who are primarily helped in-person as well. For example, parents can be encouraged to keep a log of specific behaviors that they want to encourage or extinguish as an assignment from a parenting class. This log can be emailed to the instructor and reviewed prior to the class in an effort to personalize the intervention or monitor progress.

Human service professionals may also consider online text chat as another method of delivering services. Finn and Hughes (2008) found an 80% satisfaction rate when using online chat for a rape crisis hotline. Considering the seriousness of rape and sexual assault, this high satisfaction rate is encouraging, even when social desirability is taken into account. Additionally, the anonymity offered through text chatting in online support groups can be seen as a benefit for this special group. Many people may not seek support services in the community for their illnesses because of the negative stigma associated with them and some appreciate the benefits of virtual communities. One group receiving the benefits of online support groups are those living with HIV/AIDS (Mo & Coulson, 2008, 2012).

It should be noted that while this is a helpful way to document communication for the individual's progress files, reasonably applied protective safeguard measures for all forms of electronic communication with clients should be enacted to comply with ethical and legal guidelines to avoid violation of the consumer's confidentiality and privacy.

In addition to technology supported communication, three other innovative applications of technology are available for human service professionals. A discussion of possible uses for videogames, podcasts, and blogs in the human services follows.

One area of technology that is being integrated into assisting individuals in a novel way is the use of videogames (Freddolino & Blaschke, 2008). Numerous videogames have been released recently that consumers may find helpful by providing a calming or meaningful experience. Flower® (Chen & Clark, 2009) is a videogame for the

PlayStation 3® (Sony Computer Entertainment, 2006) that was developed with relaxation in mind. The focus begins on a single flower petal floating through the air. As the petal lands on other flowers, more petals begin to trail the initial one, and eventually, the player directs the wind to leisurely control the trajectory of a long stream of beautiful flower petals of various colors. Whereas some games encourage the player to execute complex button sequences, in Flower® the player uses motion controls to direct the blowing wind. As opposed to games that are heavily competitive and encourage the elimination of other players in a heart-racing struggle for survival, Flower® encourages exploration in quiet solitude without a possibility of failure. The experience of playing Flower® has parallels, in some ways, with the Indian tradition of creating a mandala, which is sometimes used in psychotherapy to foster insight and to treat anxiety. Other games continue to be released representing a new, arguably helpful genre of gaming, which include Journey® (Thatgamecompany, 2012), and Endless Oceans ® (Arika, 2007), both delivering a similarly calming experience. For the human service professional who is working with a welfare-to-work single parent, these games could be helpful in teaching the parent relaxation visualization for stressful situations that may be encountered on the job or during the transition.

Video and computer games, such as Heavy Rain® (Quantic Dream, 2010) stay true to the principle of de-emphasizing complex button execution but are entirely focused on decisions that drive the story. Heavy Rain®, which has inspired an argument that videogames can be considered art (Watt, 2010), challenges the player to make difficult decisions about the main character's fate. While Heavy Rain® may not be applicable for individuals looking to reduce anxiety, human service professionals may find that it has value for those in fostering insight about their lives and inspiring existential discussion and the development of problem solving and decision making skills. For example, a mentor working with an adolescent may want to help him or her decide to stay in school. Using a computer game like Heavy Rain® may assist the adolescent in making better choices.

Other games have been specifically designed as tools for helpers, as opposed to incidentally containing therapeutic properties. Matthews and

Coyle (2010) discuss a game called Personal Investigator® (McDarby, 2003), which is designed to help the practitioner facilitate Solution Focused Therapy. In Personal Investigator®, the player meets a number of characters who each use a different Solution Focused strategy to help the player think about her or his problem differently. For example, at one point, the player will meet an artist character who helps him or her visualize an ideal life situation. This scenario is an extension of the miracle question.

Gaming can be applied as a possible intervention for individuals in three ways. The human service professional could be present and facilitate the experience, similar to talking someone through a problem. The second possibility is that the individual could play the game on her or his own and discuss it with the human service professional at the next visit. Perhaps an even more practical application may be that the human service professional could encourage appropriate gaming at a moderate frequency as homework for individuals in need of additional coping strategies. Finally, human service professionals may consider playing videogames along with the individual as a way to build the relationship and foster teachable moments. For example, some human service professionals, such as community nurses work with migrant farming families assessing the health needs and inoculation statuses. Usually the members of these families are English language learners and not native English speakers. This can be a barrier in working effectively and building trust with them. Engaging the children and adolescents in playing computer games with them may be a way to connect interpersonally when language is a barrier.

Human service professionals may also include podcasts as possible resources for working with individuals. Podcast directories contain many free podcasts that can be used as valuable resources promoting wellness. Some podcasts facilitate guided relaxation, advice on parenting, financial advice, and suggestions on spirituality and meditation. Individuals can access these wellness-focused podcasts for free and on their own which may foster autonomy and empowerment. Podcasts, such as The Moth® (Allison, 2009), This American Life® (Glass, 2006) among others, feature unique storytelling that may resonate with consumers. Human service professionals may consider suggesting particular episodes that apply to the

consumer's situation, which may foster universality and insight. For these types of podcasts, practitioners may encourage the individual to listen to the selection, reflect on it and then discuss it at the next visit. Using podcasts may be useful for human service professionals who work with geriatric consumers because listening to a podcast may be less strenuous on the senses than reading a book or article.

Finally, a more indirect intervention that human service professionals may find practical is the use of blogging. Human service professionals may consider writing a blog related to their practice which can provide links to resources, additional helpful information and activities for personal insight. Blogs can be maintained and expanded so that human service professionals can have a centralized location for her or his resources that have been personalized to be relevant to a specific clientele. All of the human service professional's clients could have access to these suggestions and resources. Individual interaction time, in this case, could be used more efficiently.

There are several limitations to using technology to interaction with human service clients despite the many innovative, exciting, and practical applications. One major limitation and drawback includes lack of access which is and has been an issue for the lower socioeconomic members society for many years. While it is true that most libraries and other community centers have computers and many local businesses provide free Wi-Fi, those two benefits do not help the individuals served by human service professionals that are housebound such as geriatric people, those with other disabilities preventing them from leaving their homes (Kincaid, 2004). Electronic communication through text, such as email or blogs are limited by the ability of the readers. However, in almost every computer operating system accessibility programs are pre-installed such as a *screen reader* that will narrate what is written on the screen. The screen reader is useful for visually impaired individuals. Additional training or assistance may be required to assist the individual in learning how to use these programs. Finally, video and computer gaming while an innovative and unique approach to working with individuals may appeal to a specific type of client and more research is needed to validate the effect of gaming as a valid intervention.

In addition to the rapid advancement of technology and its application to the education and training of human service professionals and their work with individuals technology is also being used innovatively as a mode of supervision delivery. The next section will discuss the application of technology to human service professional supervision.

Technology Considerations and Human Services Supervision

Technological innovations have permeated the realm of supervision within the human services field. According to Bernard and Goodyear (2009), technology is typically used to deliver samples of the intern's and/ or professional's work to a supervisor, allow for supervision across distance, and/or enhance the overall process of supervision. For supervisors of human service professionals or students, these mediums are readily accessible as society embraces technology as a way to facilitate communication.

There are several easily accessible technological mediums that can be used to facilitate the supervision of human service professionals or students. These include review of video recordings (Jerry & Collins, 2005); review of text exchanges (Cardenas, Serrano, Flores, & De la Rosa, 2008); and web conferencing, text chat, and video chat (Quinn & Phillips, 2010). Additionally, the use of Third Space (Shibusawa, VanEsselstyn, & Oppenheim, 2006), real-time supervision (Cardenas et al., 2008), and wikis (Fitch, 2007; Rockinson-Szapkiw & Silvey, 2010) are emerging as new ways to conduct and enhance supervision.

Overall, supervision can be facilitated by technology if the circumstances warrant it and appropriate conditions allow for it. Forms of video chat are emerging as acceptable mediums by which to conduct supervision. The use of video conferencing software, available online for free, can allow for supervision across distance given that the users have Internet access, webcams, microphones, and a secure location (Quinn & Phillips, 2010). Finally, with Internet supported video conferencing; real-time supervision would allow a supervisor off site to observe an human service student or professional providing services and give feedback in real time (Cardenas et al., 2008).

Review of exchanges between the consumer and student or professional in text form has traditionally allowed for the review of skills and interventions by both the supervisor and supervisee and has been shown to be particularly helpful for novice students and/or professionals (Bernard & Goodyear, 2009). The use of text chat (i.e. Google Chat®, Yahoo Messenger®, Facebook®, Windows Live Messenger®, and phone text) is a way in which human service students or professionals could communicate with consumers (Quinn & Phillips, 2010). Supervisors can then access the text from these exchanges and provide direct feedback (Cardenas et al., 2008). Additionally, text chat can also be used to facilitate communication between supervisors and supervisees (Quinn & Phillips, 2010).

Reviewing recordings is another supervision intervention used to facilitate the delivery of feedback about both verbal and nonverbal interventions (Bernard & Goodyear, 2009). Deviating slightly from the traditionally accepted form of video review where supervisors watch a recording of the supervisee and then provide feedback; new technology allows supervisees the opportunity to review a recording of another human service provider providing services to a consumer and provide a critique of the skills and interventions observed using Third Space (Jerry & Collins, 2005). Third Space is a progressive approach allowing supervisees and supervisors to review various recordings of role-plays and provide feedback via bulletin board posts (Shibusawa et al., 2006). Shibusawa et al. (2006) found that students using Third Space perceived their assessment, general interviewing, and specific interviewing skills as improving. Additionally, the students felt that Third Space facilitated communication with peers, video review, and the posting and reviewing of others' posts. With the advent of smart phones and computer tablets many applications can assist supervisors when reviewing recordings of sessions or live supervision sessions. Using Sound Note® (Estes, 2010) supervisors can add text notes to audio recordings, tagging the segment of the audio recording at the place where the note is being made.

The use of wikis is another way to facilitate communication of specific content between supervisors and supervisees. Wikis, or "what I know is…," provide a way for multiple users to add, edit, and remove

content (Fitch, 2007). Practically, supervisors could use a central location for the storage of policies and procedures, lessons learned on the job, notes for the future, and community resources available to consumers (Fitch, 2007). Changes to content could then easily be made by any user with access to the information (Fitch, 2007). In a mixed methodology study of 22 graduate students enrolled in a hybrid course, the students felt that wiki was useful for collaboration, contributed to their learning, and deepened their experience and knowledge of web-based technology (Rockinson-Szapkiw & Silvey, 2010).

While there are many possible gains for using technology in the supervision of human service professionals and students, there are also limitations. First, there is a risk that consumer confidentiality and privacy could be compromised if the technological mediums are used in an unethical manner. Therefore, it is important for supervisors to have candid conversations with supervisees about the appropriate and ethically and legally sound ways in which to use technology to transmit sensitive information. Second, there is a risk of miscommunication when using technology that does not require face-to-face interactions. Supervision can be an anxiety provoking experience for many supervisees, therefore, it is imperative that supervisors be aware of the ways in which messages could be received and interpreted. Finally, when using any technology, there is a risk that technological failure and glitches can damage the supervision process and supervisory relationship. It is recommended that supervisors have additional back-up plans if technological problems arise.

Technology and Human Services Agencies

Human service professionals can work in non-profit agencies, correctional facilities, educational systems, health care facilities, and rehabilitation settings providing mental health, substance abuse, and prevention services (National Organization for Human Services, 2012; Neukrug, 2013). The definition of social interaction between human service professionals and consumers includes, "…accepting the premise that social presence is embodied but not contained by physicality. It is an appreciation that in all its forms, social presence is the carrier of relationships" (LaMendola, 2010, p. 117). Technology is permeating a

variety of aspects for these agencies and the relationships with the individuals and communities served. Several technological innovations need to be considered in regards to the functions of the agencies and their relationships with the services provided to consumers.

An example of human service agencies using technology for client support and communication is the development of a promotional website. From a website, an agency can communicate their mission, vision, services provided, and contact information. Websites can also host educational materials and resources for clients. Additionally, links to other agencies, governmental and community services, blogs (e.g. Twitter®), and social networking sites (e.g. Facebook®) may be included in a human service agency's website.

Within the structure of a human service agency, technology can be used as an administrative, communication, and networking tool (Kincaid, 2004). Employee related tasks such as recruitment of new workers, continued training, on-going staff meetings and supervision can occur with the help of technology. For example, job advertisement information can be hosted on the agency's website or on human service job-placement websites. Continuing education and trainings can occur online via teleconferencing and webinars. These webinars can be completed either with a human service educator physically stationed in an agency from a distance. Attendants can actively interact with the speaker through their computer camera and microphones. These webinars can be recorded and saved privately in an employee accessed site for future reference or be posted publically on YouTube® (Hurley, Chen, & Karim, 2005) for instance, as deemed appropriate by the agency.

Cloud computing is an innovative process mostly utilized in the business field for virtual storage and database management. In recent years, it has been integrated into many agencies. Microsoft Dynamics CRM® (Microsoft, 2004) and Sales Force® (Salesforce, 2012) are examples of customer relationship management (CRM) systems that can serve as a hub for consumer data between different systems and assist human service professionals with tracking data during service delivery while in the field. It also offers marketing tools to target different human service populations and the follow through of the mailing distribution and

response tracking from an agency. Program management within CRM offers streamline capabilities for different agency procedures and guidelines. For example, a summary of the weekly services provided within an agency can be reported and these results can aid with funding and evaluation of programs. For gathering client information and record keeping, an agency can integrate within their system software for electronic intake forms, treatment planning, and progress notes. For example, TherapyNotes™ (Pliner & Pliner, 2010) offers e-forms for human service related agencies.

Conclusion

Technology allows new possibilities that can be advantageous for human service educators, students, professionals, supervisors, and agencies. As illustrated above, the presence of technology has many implications for the human service field. Specifically, innovative technological mediums can assist human service educators with providing quality educational experiences to students from a distance, human service professionals with providing therapeutically beneficial services to consumers, human service supervisors with providing supervision to supervisees who are working in the field and human service agencies in communicating with employees and the community at large.

While the potential benefits of using technology have been discussed, there are limitations that should be considered by those in the human services field. These limitations include ethical and legal considerations, technological failures and glitches, and access to and competency using technological mediums. It is recommended that human services educators, professionals, and agencies consider the benefits and limitations of technology in their work before implementation.

Additionally, the rapid progression of technology ensures that these implications will quickly evolve, which may change the efficacy of strategies, interventions, and theoretical frameworks over time. Human service professionals are encouraged to remain aware of the perpetual progression of technology so that its implications can be monitored and re-evaluated to ensure quality of care for individuals.

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Infusing Multiculturalism into Human Service Education Using Sociodrama

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Abstract

In 2008, a call was made to human service educators to enhance cultural competence of human service students. Because multicultural topics are often difficult to discuss in the classroom, students have suggested that related courses include experiential or participatory approaches as well as structured approaches to assist with these discussions. The following article answers this call by introducing sociodrama an effective experiential tool to assist with enhancing cultural competence in human service students.

Infusing Multiculturalism into Human Service Education Using Sociodrama

The infusion of multiculturalism into the classroom can help ensure cultural competence, which is defined as awareness of one's cultural assumptions and biases, an understanding of the worldview of culturally diverse clients, and an ability to assume roles such as advocate or social change agent that might be more appropriate for a culturally diverse client (Ancis, 2004; Ancis & Marshall, 2010; Sue, Arrendondo, & McDavis, 1992; Toporek, Gerstein, Fouad, Roysircar–Sodowsky, & Israel, 2006). Multicultural awareness has been suggested as a precursor and first step towards multicultural competence (Hodges, 2011; Pederson, 2000), and is defined as the cognitive beliefs and affective reactions toward culturally diverse clients and the consideration of how these beliefs and reactions might impact the therapeutic relationship (Arrendondo, 1999). Human service students explore these notions during coursework on social and cultural issues while in their training programs.

The human services profession has made a commitment to training in multicultural helping by requiring that courses that focus on social and cultural issues be a portion of a program's core curriculum if the program is to attain accreditation from the Council for Standards in Human Services Education (CSHSE, 2011). While there has been a call for human service educators to enhance multicultural training in human service programs (e.g., Neukrug & Milliken, 2008), it has been pointed out that little has been written in the human services literature on this topic, making it difficult to know if human service programs are indeed infusing the curriculum with multiculturalism. The purpose of this article is to answer Neukrug and Milliken's challenge to the profession to increasingly emphasize social and cultural issues and increase the cultural competence of human service students.

The process of incorporating multicultural topics into human services training programs is often complicated by students' difficulty, resistance, defensiveness, and ignorance with a variety of related topics, such as discussing racial identity development, privilege, oppression and discrimination (Anderson & Middleton, 2005; Hodges, 2011). However, students have reported that participatory methods are more effective in assisting the discussion of topics central to multiculturalism and with learning key multicultural competence tenets (Peters et al., 2011; Sommer et al., 2009; Torres, Ottens, & Johnson, 1997). In this article, we introduce a process called sociodrama, which can be used as an experiential instructional method for multicultural competence by educators in human services. Sociodrama may alleviate some of the initial challenges human services students face when confronting and contemplating societal issues within various multicultural contexts. The following is an introduction to the method and an overview of its origins, followed by an explanation of the process and common techniques. The final portion of the article details how human service educators might apply sociodrama to the classroom.

Professional Multicultural Standards of Education

Like accrediting bodies in a variety of social service fields (e.g., counseling, social work, psychology, marriage and family), CSHSE has specific standards that focus on diversity and multicultural helping.

Currently, CSHSE recognizes over 100 member programs and has accredited 43 programs in the United States. As of May 2012, the 43 accredited programs are comprised of 30 associate's degree programs, 11 bachelor's degree programs, and two master's degree programs (CSHSE, n.d.). Because CSHSE accredits programs at the associate's, bachelor's, and master's levels, they have three different sets of accrediting standards which reflect differences in the level to which students must understand, apply, and/or synthesize the impact of societal group membership. However, the emphasis throughout all of CSHSE accredited programs remains the same: culture and society will impact the delivery of human services to clients. In fact, each of the three sets of standards require that students receive training in the areas of "Knowledge, Theory, Skills, and Values" (CSHSE, 2011; p. 35). Specifically, students are expected to have curricular experiences in "Client-related Values and Attitudes," which stresses that students should demonstrate "the worth and uniqueness of the individual including culture, ethnicity, race, class, gender, religion, ability, sexual orientation, and other expressions of diversity" (p. 38).

CSHSE members and accredited programs at various institutions of higher education differ in how they elect to demonstrate that they are teaching multicultural courses and/or topics, and can range from offering a cross-listed course with another department at the same institution, to offering a standalone multicultural course within the department, or offering a multicultural course with an extracurricular, experiential component.

Multicultural Training for Pre-Service Students

Experts in the field of multicultural competence service delivery (Brinson & Denby, 2008; D'Andrea, Daniels, & Heck, 1991; Neville et al., 1996; Sodowsky, 1996) have studied the impact of multicultural training on culturally competent helping. When examining scores before and after completing a course on social and cultural issues, it was found that students' scores significantly increased in the areas of knowledge, skills and awareness relative to multicultural competence. More recently, Castillo, Brossart, Reyes, Conoley, and Phoummarath (2007) found similar results, as it related to the effectiveness of a multicultural

counseling course. For example, students completing a multicultural counseling course scored significantly higher from pre- to post-test on knowledge, skills, and awareness of multicultural helping. When asked what types of multicultural teaching strategies assist with promoting multicultural competence, students have indicated that experiential activities, presentations from guest speakers from diverse backgrounds, class discussions, exposure to information about other cultures, and reading assignments are beneficial to their development of multicultural competence (Heppner & O'Brien, 1994; Neville et al., 1996; Peters, et al., 2011; Sommer et al., 2009; Torres, Ottens, & Johnson, 1997; Villalba & Redmond, 2008). Dickson, Jepsen, and Barbee (2008) studied instruction methods that predict cognitive and affective attitudes towards diversity and found training that included a variety of instructional approaches, such as exposure, participatory and more traditional lecture style predicted positive racial attitudes. In particular, participatory instructional methods (i.e., experiential exercises, class discussions) significantly contributed to the prediction. Neukrug and Milliken (2008) suggested a number of activities to enhance students' multicultural competence in human service programs such as role plays, group discussions, immersion activities, case studies, journaling, and reading assignments.

Rooted in multicultural competence is the philosophy of social justice (Lee, 2007; Speight & Vera, 2003), which refers to actively addressing and eliminating oppression and privilege and recognizing that society is the product of historical, social, and political divides related to race, ethnicity, culture, gender, class, sexual orientation, and ability. In order to assist students with understanding social justice, it is important that educators enhance students' critical thinking and reflection skills so that they can recognize mechanisms of oppression, and learn the skills to develop the ability to challenge these hierarchies. Lopez-Colon (2008) suggested that discussions of oppression and privilege are difficult and have highlighted methods that help make the dialogue more comfortable. Ibrahim (2010) suggested a process approach, along with other strategies, to ease with the discomforts of this topic in counselor training. On the topics of privilege and oppression, in particular, authors have suggested structured approaches (Burnes & Ross, 2010). Sociodrama is one example

of structured experiential approach that can be effective in helping students understand the importance of social justice for increasing their multicultural competence.

Psychodrama and Sociodrama

An experiential method for exploring conflicts and topics inherent in social roles, sociodrama is an extension of psychodrama (Blatner, 2000; 2011). Psychodrama was developed by J. L. Moreno (1889-1974), a psychiatrist who was a part of a number of novel approaches to helping at the turn of the twentieth century, including group psychotherapy, social psychology, improvisational theory, and philosophies of spontaneity and creativity (Blatner, 2000; 2011). Psychodrama involves enacting issues related to an individual, including role conflicts and relationships with people, places, and events. The process includes the exploration of issues that have been named by a group member and members of the group assume roles that are a part of the group member's identified scene. A group leader (director) facilitates the enactment and coaches members as they assume roles in the scene. Sociodrama has a unique focus on exploring the depth and complexities of the conflicts inherent in social roles, which include, but are not limited to age, religion, race, ethnicity, gender, sexual orientation, socioeconomic status, and political orientation. Every psychodrama has within it elements that relate to social roles. Sociodrama, however, explicitly focuses on social roles.

Phases of Sociodrama

Sociodrama includes four phases: (1) warm-up and selection of a theme; (2) enactment, or exploring the theme using role play to get to deeper level conflicts; (3) closing of the enactment and a sharing phase in which participants discuss thoughts, feelings, and questions that they experienced either in role or as observers of the role play; and (4) general questions, which includes discussion and exploration of the overall theme of the enactment (Blatner, 2006). The sociodrama exercise is led by a facilitator – oftentimes called a director, but in an educational setting it would be the instructor of the course. Students in the course require a short introduction to sociodrama before engaging in the process. Therefore, it is

recommend that instructors who teach a course on social and cultural issues provide a brief overview of the history and techniques of sociodrama before engaging in the experiential method, which may recall researching the technique in more depth than provided in this article. Regardless of the instructor's familiarity with sociodrama, he or she must be comfortable with experiential methods in the classroom.

During the warm-up phase (Phase 1), participants are given an introduction to the sociodramatic method. Group activities are introduced that encourage participants to build group cohesion and safety, as well as spontaneity and creativity. The warm-up phase is also a time for group members to get comfortable with one another so that members can prepare for an enactment, or participatory portrayal of a particular scene. Sternberg and Garcia (2000) have suggested that the warm-up phase can be either cognitive or affective in nature. A cognitive warm-up can include a lecture or discussion in which the group leader suggests a topic to explore. In an affective warm-up, participants engage in an experiential activity as a way to discuss and explore a topic. Eventually, a theme is decided upon. Selecting a theme can occur in a number of ways. The instructor might already have a theme in mind to explore with the group – for example, a current social, cultural, or a historical event, or participants might decide on a theme that arises during the warm-up.

Once the theme has been decided, the group spends time discussing relevant, current examples that illustrate the conflicts involved in the theme. For example, if the group decided to discuss the topic of heterosexism, participants should brainstorm recent examples of this in their local, national or global communities. The group leader should help participants identify the roles, particularly human services roles, involved and what type of scene the group will enact. Naming the roles is often complex, due to all the layers of conflict. The question, "Who might need to be in this scene to fully understand the dynamics and impact?" is a useful way to engage participants in discussion. Since, in the earlier example the group decided on the topic, heterosexism, the group leader and members list all the people involved in a hypothetical scene. For example, a scene might include a lesbian couple holding hands as they walk their dog in a city park. Other roles involved could be: a man who

walks by and covers his son's eyes when he sees the couple holding hands, the son and any other bystanders who are in the park.

The aim of the enactment would be not only to portray the event as it occurred, but also bring to life the other layers, roles, or social and cultural issues. The group leader can ask for different persons in the class to enact each of these roles and the scene would begin. The group enacts the scene (Phase 2) using their own thoughts and ideas about how each character would be represented. After the enactment is drawn to a close, the sharing phase (Phase 3) begins and participants in the enactment as well as observers of the enactment discuss questions, thoughts or feelings that arose during the enactment. During the final phase (Phase 4), the group leader shifts the conversation back to the broader issue of heterosexism in the larger society.

Sociodrama Techniques

The sociodramatic method is further enhanced by using a variety of techniques which are thought to deepen and enhance the enactment. Doubling is one such technique, in which one person portrays the inner voice of another during the enactment. This can happen by asking the person (or double) to stand behind or slightly to the side of the person who is in the enactment. For example, in the earlier park scene, the father might quickly lean down and cover his son's eyes when he sees the two women holding hands. His double, who is standing behind him says, "I can't believe those women! Don't they know there's a young boy that can see them!" The child in the scene might be silent, but his double might state, "Dad, stop! I'm embarrassed by you." A comprehensive explanation of sociodrama techniques can be found in Sternberg and Garcia's (2000) sociodrama book. A summary of many of the common techniques can be found in Table 1.

Table 1: Common Sociodrama Techniques

Name of Technique	Brief Description
Role reversal	Participants put themselves in each others' places during an enactment by switching places, postures and assuming each other's' personalities. This is done in order to cultivate empathy, shift perspective or to increase awareness.
The Double	The "double" is assumed by one or more participants. Stands behind the person whose role is being assumed. The double is the person's hidden feelings, thoughts and represents this person's truest self. This is done to magnify feelings, observe/question the self, to support or to verbalize nonverbals.
The Empty Chair	An empty chair is placed before participants, and participants imagine someone or something in the chair. Can be used as a way to warm up to a topic. In a multicultural class, Martin Luther King Jr. might be in the chair. Participants would ask him how he is feeling about the current relationship between people of different races.
Soliloquy	A "time out" from the enactment so that a participant can regroup, or gain clarity about thoughts, feelings or decisions. The participant steps out of the enactment and thinks aloud before rejoining the enactment.
Aside	Similar to the soliloquy, but shorter. The participant steps outside of the enactment to say what really is on his/her mind. The other participants in the enactment cannot hear what the aside is and the enactment does not cease.
Walk and Talk	Similar to the aside and soliloquy, but the instructor is the one who pauses the enactment, walks and talks to the participant to investigate what he/she is really thinking or feeling.
Freeze Frame	Freezing a moment during the enactment to pause the enactment. It is mainly used by the instructor when he/she wants to call attention to body language, facial expressions or a poignant moment to discuss with the audience.

Adapted from Sternberg and Garcia (2000)

A Step-by-Step Classroom Guide for Exploring Oppression and Privilege Using Sociodrama

The following is an outline that human service educators and others can use when exploring social justice issues by using sociodrama in the classroom. Educators are encouraged to explore additional ways of using sociodrama techniques in the classroom.

1. Explain the sociodrama process to students in detail so they understand the complexities of the exercise and are ready to participate in the experience.
2. Assign readings on social justice issues, such as Anderson, Middleton's (2005) *Explorations in privilege, oppression, and diversity.*
3. Initiate discussion on readings or stories in popular media, such as newspapers, websites, news broadcasts, or blogs. Ask students to relate contemporary examples of social justice issues (e.g., oppression and privilege) that they have directly or indirectly observed in local, state, regional, national and international settings.
4. Ask students to reflect on one of the examples shared and explore them more deeply using sociodrama. In particular, have them focus on how human service providers might handle the situation.
5. Initiate one or more warm up exercises on a social justice topic. As one example, students can stand in a circle and one person at a time throws a ball to someone else in the circle. As each student catches the ball, he or she thinks of another word, phrase, sound, or movement that represents oppression or privilege. This continues until everyone has had a chance to catch the ball. Variations of this would be to do one round in which each person initiates their own word, phrase, sound or movement. In the next round, the person who catches the ball uses the word, phrase, sound, movement of the person who has just thrown the ball. This increases focus and concentration, as the person catching must remember what the other member has chosen.
6. Invite discussion on the chosen topic from the group by asking students to share examples from their own lives, or in society at large, related to the chosen topic.

7. Through discussions with students, jointly choose one scenario from the examples that have been shared to enact.
8. Add detail to the enactment by brainstorming with students through the use of questions such as, “Who would need to be involved in this enactment?” “Where would this scene occur?” and “What other people, objects, etc. need to be included?”
9. Ask for volunteers from the class to assume the roles that had been brainstormed by the group.
10. Remind students about how the enactment will take place, the various techniques (e.g., doubling) that they might be asked to do, and then begin the enactment.
11. Bring the enactment to a close and start the sharing phase. Here, participants in the enactment as well as observers of the enactment should discuss questions, thoughts, or feelings that arose during the enactment.
12. Shift the conversation back to the broader issues in the enactment, and facilitate a discussion about the larger issue with the group.

Within any enactment in a course on social and cultural issues, the instructor should allow time for evaluation and discussion of the activity. A final processing of the enactment, should minimally include discussion regarding what occurred, the main principles that were learned or explored, the primary experiences of difficulty or resistance to the theme and discussions, and any emotional reactions members of the group had. Such discussions and elaborations can be used by the instructor to inform future sociodrama enactments or other experiential activities inside or outside the classroom.

Implications

Implications for human service educators are great, since using sociodrama in a class on social and cultural issues can assist with bringing important, yet difficult, topics to the surface in an experiential manner. Educators interested in using the method are encouraged to develop their own comfort level with experiential teaching before engaging in the method with students. For those who wish to try sociodrama but who feel

inexperienced with experiential methods, we suggest starting with a small group of students who have familiarity with one another, perhaps midway through a course. Sociodrama does not require a formal stage, rather a space designated for the activity. Educators should decide ahead of time how to designate this area when working in the confines of a traditional classroom. Educators who struggle with the method might also contact faculty in a theater department to observe the activity and offer feedback.

Conclusion

In this article, sociodrama was introduced as an experiential method to educators teaching a course on social and cultural issues. Although sociodrama is known in other disciplines as a way to elicit experiences and discussions that lead to personal growth and insight in educational forums, it has not been merged with multiculturalism as a way to discuss sensitive, difficult, or poignant issues that are often expounded upon in a class that focuses on social and cultural issues. Because students in these types of courses have reported that experiential methods improve their cultural competence, and because human services educators have been challenged to enhance cultural competence of human service students, educators might want to consider using sociodrama as an experiential technique in their training of human service students.

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Self-Injury and Eating Disorders in Minors: When Should the Human Service Professional Break Confidentiality?

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Abstract

The decision to protect or breach confidentiality is a common ethical dilemma for human service professionals. This decision is further complicated when the client is a child or adolescent. This manuscript examines the issue of confidentiality and minors with two common harmful behaviors in adolescents: self-injury and eating disorders. A continuum of physical and psychological factors are included to help the human service profession in ethical decision making. Two case studies followed by a list of questions to use in the decision making process are also provided.

Self-Injury and Eating Disorders in Minors: When Should the Human Service Professional Break Confidentiality?

Human service professionals are responsible to learn, understand, and uphold the ethics of the profession (Milliken & Neukrug, 2009; Neukrug, 2013). The NOHS Code of Ethics provides standards for the human service professional's responsibility to clients, community and society, colleagues, the profession, employers, the self, and the human service educator (Wark, 2010). While the NOHS Ethical Standards serve as a useful guide for practitioners, it is important to recognize that the current ethical standards are now more than 15 years old. Thus, issues that emerged in recent years as relevant to the human service professional may not be included (Neukrug & Milliken, 2009).

Ethical decision making is a critical skill for the human service professional (Corey, Corey, & Callanan, 2011). Keeping client information confidential is a critical ingredient in the client-helper

relationship (Neukrug, 2013). However, when one's client is a minor, the issues of confidentiality become even more complex (Isaacs & Stone, 2001). The responsibility to protect client confidentiality is as great as the enormity of breaching confidentiality. Making the decision whether or not to breach confidentiality should not be an easy one; it should cause the human service professional great discomfort (Lavosky, 2008).

While there is no specific ethical decision making guide for human service professionals, researchers in the related fields of social work and counseling have developed ethical decision making tools to assist practitioners in making ethical decisions. For example, Dolgoff, Loewenberg, and Harrington (2005) developed the Ethical Principles Screen. This screening tool is prominent in the field of social work and includes seven principles to consider prior to making an ethical decision. The first principle starts with the protection of life and also considers the principles of Equality and Inequality, Autonomy and Freedom, Least Harm, Quality of Life, Privacy and Confidentiality and Truthfulness and Full Disclosure. Additionally, The Ethical Decision Making Model designed by Corey, et al. (2011) is a commonly used model in the counseling field. This model relies largely on personal values and how the professionals value effect the client. Similar to the Ethical Principles Screen, the model by Corey, et al. (2011) also includes seven steps to consider prior to making an ethical decision. These steps are to (1) Identify the problem; (2) Identify the potential issues involved; (3) Review the relevant ethical guidelines; (4) Know the relevant laws and regulations; (5) Obtain consultation; (6) Consider possible and probable courses of action; (7) List the consequences of the probable courses of action.

A shared commonality in the above models that will be explored in this paper is confidentiality, a critical agreement between the client and the human service professional (Neukrug, 2013). Thus, it is not surprising that the human service professional routinely encounters ethical dilemmas surrounding confidentiality. The issue of confidentiality can be found within the human service professional's responsibility to clients, specifically in Statement 3 and Statement 4 (National Organization of Human Services, 1996):

Statement 3: Human service professionals protect the client's right to privacy and confidentiality except when such confidentiality would cause harm to the client or others, when agency guidelines state otherwise, or under other stated conditions (e.g., local, state, or federal laws). Professionals inform clients of the limits of confidentiality prior to the onset of the helping relationship.

Statement 4: If it is suspected that danger or harm may occur to the client or to others as a result of a client's behavior, the human service professional acts in an appropriate and professional manner to protect the safety of those individuals. This may involve seeking consultation, supervision, and/or breaking the confidentiality of the relationship.

As seen above, both Statement 3 and Statement 4 assert that suspected harm to the client is a reason for breaching confidentiality. However, the statements above leave us with many questions. For example: What exactly is harm or suspected danger to client? What does it mean to act in an appropriate and professional manner to protect the safety of those individuals? Finally, what does it mean if one's client is a minor? In order to look closely at issues of confidentiality in minors, we will examine two increasingly common behaviors in adolescents: self-injury and eating disorders.

Protecting the Client

Without argument, both eating disordered behaviors and self-injury cause harm to the client. However, does that harm constitute enough danger do break confidentiality? Breaching confidentiality does not have to be a clearly delineated issue (Isaacs & Stone, 2001). Rather, breaching can fall on a continuum from not breaking confidentiality to contacting the parents immediately without consent of the child. The least intrusive approach to breaching may involve encouraging the client to tell her or his parents/guardians, allowing her or him the opportunity of calling their parents/guardians (with our without the helping professional's assistance). The most intrusive approach would be to call parents/guardians without

alerting the clients to this. Depending on the severity of the situation, each action along the continuum may be appropriate at times (Stone, 2005). However, in the end, this decision is not easy and should follow Statement 4 guidelines of seeking consultation and supervision prior to making a decision (National Organization of Human Services, 1996).

Who is the Client?

Statement 2 in the NOHS ethical standards states, "Human service professionals respect the integrity and welfare of the client at all times. Each client is treated with respect, acceptance and dignity" (National Organization of Human Services, 1996). Further, Statement 3 states that "human service professionals protect the client's right to privacy and confidentiality" (National Organization of Human Services, 1996). However, when the client is a minor, what is the human service professional's responsibility to the parent or legal guardian? The research is unclear about parents or guardians' legal rights to access information shared by their child in the helping relationship (Ritchie and Huss, 2000). While parental rights generally override those of the minor, state laws do not provide clear guidelines on these rights (Bodenhorn, 2006; Isaacs & Stone, 2001). For example, laws in 20 states including the District of Columbia give minors the explicit authority to consent to outpatient mental health services ("Guttmacher Report on Public Policy," 2002). Specifically, in the state of Michigan, adolescents who are 14 years old or older can authorize their own mental health services ("The Michigan Bar," n.d.). Therefore, while there are differences in laws across states regarding parental rights, there is some consensus among researchers in the field that ethically the child is the client but legally the parent/guardians is the client (Remley & Herlihy, 2001; Froeshcle & Moyer, 2004; Ritchie & Norris Huss, 2000). Similarly, Remley and Herlihy (2001) explain that students may have an ethical right to confidentiality while also noting that parents/guardians have a legal right to their child's privacy.

Breaching Confidentiality

It is important to be aware of the consequences of breaching confidentiality. Completely breaching confidentiality could place the

human service professional in a position of breaking the law in her or his state (Isaacs, 2001). Further, if complete confidentiality is protected, families might later bring a legal suit against the human service professional or agency claiming they had knowledge that might have helped the family prevent harm (Stone, 2005). Clearly, it is a difficult task to balance the minor client's rights with the legal and ethical rights of the parent or guardian (White Kress, Drouhard, & Costin, 2006). Once again, as recommended by the NOHS Ethical guidelines, supervision and consultation are necessary in these situations (Glosoff & Pate, 2002).

Identifying Harmful Behaviors

If a human service professional suspects that a client is engaging in self-injurious or disordered eating behaviors, she or he must decide if it is necessary to break the client's confidentiality (Mitchell, Disque, & Robertson, 2002). According to Statement 3, this confidentiality should be broken only when it is suspected that "harm or danger may occur to the client…as a result of the client's behavior" (National Organization of Human Services, 1996). The following sections explain which aspects of self-injury and disordered eating may qualify as physical and psychological "harm" so that the human service professional might recognize these symptoms and therefore act to "protect the safety of these individuals" (National Organization of Human Services, 1996). While there is no standard equation to determine when to break confidentiality using the continuum of symptoms, this continuum might serve as a guide for human service professionals to help make the difficult, yet crucial decision on whether or not to breach confidentiality.

Self-Injurious Behavior

Self-injurious behaviors can signify both physical and psychological harm for the client. Physically harmful behaviors, first of all, can be seen on a continuum from less severe behaviors, which result in artificial wounds, to moderately severe behaviors, where the skin is broken, to severe behaviors, which may result in drastic health consequences, like infection and even death (see Table 1). Less severe behaviors, first of all, do not incur serious bodily harm. Examples of these

Table 1: Self-Injury Continuum of Behaviors

	Less Severe	Moderately Severe	Severe
Physical Harm	Scratching	Cutting	Burning
	Skin Picking	Rubbing	Cutting with Large Objects
	Biting		Severing
	Pinching		Eye Enucleation
Psychological Harm	Low Self-esteem	Depression	Desperation
	Anxiety	Crippling Anxiety	Revenge
	Inability to Cope	Impulsivity	Wanting to Punish
			Suicidal Ideation

behaviors, which may not be noticeable to the naked eye, include scratching oneself and picking one's skin (Simpson, Armstrong, Couch, & Bore, 2010). The adolescent may also engage in minor biting that does not break the skin (Alfonso & Dedrick, 2010) and pinching herself or himself (Ross & Health, 2002).

Moving along on the continuum, moderately severe self-injurious behaviors may leave scars on the client's arms, thighs, or other places of infliction. These behaviors include cutting oneself with sharp objects such as paperclips or thumbtacks. Adolescents may also use pencil erasers to leave permanent marks on their arms or legs (Simpson, Armstrong, Couch, & Bore, 2010). The most severe self-injurious behaviors can cause serious bodily harm. These behaviors include burning (Alfonso & Dedrick, 2010), hitting (Toste & Heath, 2010), and cutting oneself with large, sharper objects such as a razor blade (Simpson, Armstrong, Couch, & Bore, 2010). The client may also attempt to sever a limb (Alfonso & Dedrick, 2010) or even enucleate an eye (Suresh Kumar, Subramanian, Kunhi Koyamu, & Kumar, 2001).

In addition to falling under the category of physical harm, self-injury signals psychological harm to the client as well (Craigen & Foster, 2009). This psychological harm can be categorized on the same continuum as physical harm: less severe, moderately severe, and severe. Less severe psychological harm may include feelings of low self-esteem, mild anxiety, and an inability to cope with a stressful life event, but does not significantly interfere with daily living (Madge, et al. 2011).

Moderately severe psychological harm includes feelings of depression and anxiety (Ross, & Heath, 2002). The client may also show signs of impulsivity that may prove to be dangerous (Madge, et al., 2011). Severe psychological harm that coincides with self-injury may include feelings of desperation, revenge, wanting to punish oneself or others, and suicidal thoughts (Scoliers, et al. 2009).

Eating Disorders

Similar to self-injurious behaviors, symptoms of eating disorders can qualify as both physical and psychological harm to the client. Disordered eating that affects the physical wellbeing of the client can be seen on a continuum of less severe, problematic behaviors, to moderately severe behaviors which impact one's health (see Table 2). The severe symptoms of eating disorders signify extreme medical conditions as a result of the disorder (National Institute of Mental Health, 2012).

Less severe behaviors include the adolescent's desire to diet and lose weight. This desire may evolve into moderately severe behaviors, which then would impact the client's health. These behaviors include a refusal to maintain body weight at or above an average weight for her or his height (National Eating Disorders Organization, 2012). Other moderately severe behaviors include engaging in substance abuse such as the use of diet pills (Eichen, Conner, Daly, & Fauber, 2012). The client might also fast, refuse to eat regular meals, and/or avoid eating with others (Giles & Hass, 2008).

These moderately severe disordered eating behaviors may evolve into severe physical symptoms such as brittle hair and nails, lethargy, dry and yellowish skin, extreme thinness, severe hydration, intestinal distress,

Table 2: Eating Disorder Continuum of Behaviors

	Less Severe	Moderately Severe	Severe
Physical Harm	Dieting Desire to Lose Weight	Refusal to Maintain Body Weight Substance Abuse Fasting Avoiding Eating with Others	Brittle Hair and Nails Lethargy Dry and Yellowish Skin Extreme Thinness Severe Hydration Intestinal Distress Feeling Cold Lack of Menstrual Cycle Organ Failure Death
Psychological Harm	Dissatisfaction with Outward Appearance Helplessness	Distorted Body Image Fear of Being Overweight	Loss of Control Overwhelming Fear of Gaining Weight Extreme Concern with Body Shape

feeling constantly cold, and lack of menstrual cycle (National Institute of Mental Health, 2012). The client may be at risk for heart failure, brain failure, or even death (American Academy of Child and Adolescent Psychiatry, 2012).

Human service professionals should likewise be aware of the psychological harm associated with disordered eating. Similar to self-injury, this type of harm might be viewed on a continuum of less severe to moderately severe to severe. Less severe symptoms include dissatisfaction with one's outward appearance as well as inward feelings of helplessness (American Psychological Association, 2012). Moderately severe symptoms include a distorted body image (National Institute of Mental

Health, 2012) as well as an irrational fear of appearing to be overweight (National Eating Disorders Organization, 2012).

Severe psychological behaviors include the adolescent's sense of a loss of control (American Academy of Child and Adolescent Psychiatry, 2012) accompanied by an overwhelming fear of gaining weight (National Institute of Mental Health, 2012). This extreme concern with one's body shape may hinder the adolescent's daily functioning and destroy his or her sense of self (American Psychological Association, 2012). The adolescent may spend extensive time examining his or her body in the mirror or weighing him or herself excessively (Gass & Hass, 2008).

Application

Undoubtedly, human service professionals will encounter the dilemma of when to break confidentiality with clients (Isaacs & Stone, 2001; Neukrug, 2013). This section includes fictitious case studies, representing situations that many human service professionals will encounter. The two cases below may prove challenging to the human service professional because they present both legal and ethical dilemmas. After each case study we will provide you with questions to consider that will assist you in making an informed and ethically responsible decision. At the conclusion of each case, a case summary discussion is provided.

Case 1: Amber

You are running an anger management group for adolescent women at your community services board. After the third session, you notice that one of the group members, Amber, appears to be more withdrawn and isolated. When the group concludes you ask to speak to Amber. As you are talking to her, you notice that she quickly pulls down her long-sleeved shirt to cover her arms. You ask her about this and she slowly rolls up her sleeves, revealing a series of cuts. You look more closely to see that many of the wounds are in the beginning of healing process and are beginning to scab over. Immediately, Amber states, "I cut myself. I have been cutting myself with a razor blade for the last few weeks. My boyfriend broke up with me, my parents are fighting all the

time, and I am failing my classes. This is the only thing that I have that makes me feel better. I don't know what I would do if I couldn't cut myself"

Given this encounter with Amber, the following questions are provided to help guide you in your ethical decision making:

1. Given the continuum of physical risk factors, are Amber's wounds dangerous? In other words, do they require medical care? Does she appear to be cutting near major arteries?
2. Given the continuum of psychological risk factors, does Amber present with additional psychological symptoms that put her in a position of danger? (Does she seemed detached or is she grounded in reality?)
3. Given a full suicide assessment, did Amber cut herself in an attempt to end her life? Or, did the self-injury serve as a maladaptive coping strategy?
4. What is your agency's stance on reporting self-injury? Did you communicate this stance with Amber?
5. What does your state law say about confidentiality and minors?
6. What are the potential consequences of reporting Amber's self-injury to her parents? What are the potential consequences of NOT reporting Amber's self-injury to her parents?
7. Who will you consult with to discuss Amber's case?

Case Summary:

The questions following the case study serve as a practical guide to assist human service professionals with the ethical decision making process. In Amber's case, questions #4-5 are a bit more prescriptive in that the answers are dictated by agency policy or state law. Also, the final two questions (#6-7) are related to weighing all of your responses together while gaining both supervision and consultation. Thus, this summary will focus on the first three questions.

The first three questions are related to the level of danger with respect to the physical and psychological symptoms in addition to the risk for suicide. As discussed previously, there is a great deal of ambiguity with respect to assessing the level of danger with self-injury. In the case of

Amber, it is important to focus on three main areas: her behavior, her physical presentation, and her verbal statements. Amber's increasing isolative behavior and her observable physical wounds are strong and potentially dangerous indicators that may compel the human service professional to break confidentiality. Further, her verbal statement, "This is the only thing that makes me feel better. I don't know what I would do if I couldn't cut myself" is cause for concern. In isolation, this statement does not indicate that Amber is at risk to commit suicide. However, it is the responsibility of the human service professional to ask Amber to expand on this statement and to conduct a comprehensive suicide assessment to determine if Amber's act of self-injury was indeed an attempt to end her life. Further, if her responses indicate a risk for suicide it is the human professional's obligation to breach confidentiality to protect Amber's well-being.

Case 2: Fredelito

You are a behavioral support counselor at a local high school. Fredelito, age 17, is referred to your office for defiance in his classroom. His teacher had Fredelito last year and she stated to you, "He is a different student this year. Last year, he was cooperative, kind, and polite, but this year, he is argumentative, hostile, and aggressive with his peers." You have been meeting with Fredelito for the past four weeks. He is beginning to open up to you and talk to you about his struggles. He shares with you that he has always struggled with his weight and hates looking at himself in the mirror. Fredelito remarks that he would like to lose more weight but his mother always is making him eat. For the past six months, he shares that he has been purging nearly everything that he eats. He estimates that he makes himself vomit three to four times a day. He shares that what started as something that he did infrequently he now feels like, "I have to do it and if I don't, I feel so gross inside and the guilt is too much to take." As Fredelito shares this with you, the physical observations that you have made in the past are all starting to come together. Fredelito has a noticeable yellowing of his teeth and complains of consistent stomach pain. Given this encounter with Fredelito, the following questions are provided to help guide you in your ethical decision making:

1. Given the continuum of physical risk factors, are Fredelito's symptoms dangerous? In other words, should he seek medical care?
2. Given the continuum of psychological risk factors, does Fredelito present with additional psychological symptoms that put him in a position of danger? (Does he seemed detached or is he grounded in reality?)
3. Based on your discussion with Fredelito, do you feel that he is at risk for suicide?
4. What is your agency's stance on reporting issues similar to this with minors? Did you communicate this stance with Fredelito?
5. What does your state law say about confidentiality and minors?
6. What are the potential consequences of reporting Fredelito's eating disordered behaviors to his parents? What are the potential consequences of NOT reporting Fredelito's eating disordered behaviors to his parents?
7. Who will you consult with to discuss Fredelito's case?

Case Summary

In the case of Fredelito, the line of questioning is almost identical to Amber's case. Thus, similarly to the case summary above, this case summary will focus on the first three questions related to his physical and psychological risk factors as well as the potential risk for suicide. As with Amber, it is important to focus on three main areas with Fredelito: his behavior, his physical presentation, and his verbal statements. With respect to his behavior, Fredelito is demonstrating a recent change in this behavior. He went from a cooperative and kind student to defiant and aggressive towards his peers. With respect to his physical symptoms, Fredelito is beginning to manifest physical consequences of his eating disorder: the yellowing of his teeth and his consistent stomach pains. Further, in conversation, Fredelito shares, "…the guilt is too much to take." While this statement alone does not indicate suicidality, it is important to learn more about what Fredelito means by this statement and if there is concern, to conduct a comprehensive suicide assessment. In the case of Fredelito, the drastic change in behavior coupled with his emerging physical symptoms and verbal statements are certainly rise for

concern and may necessitate the need for the human service professional to breach confidentiality.

Summary

A human service professional will routinely encounter the ethical dilemmas like the ones described in this article. While answering these questions is not easy, it is an essential step to take in determining whether to break a child or adolescent client's confidentiality. Both the NOHS Code of Ethics and the continuum of physical and psychological symptoms that the authors provided serve as a guide to assist the human service professional in ethical decision making. Finally, it is important to remember that decisions should never be made in isolation; supervision and consultation with colleagues is an essential step in the ethical decision making process (National Organization of Human Services, 1996; Neukrug, 2013).

While supervision and consultation are critical components of ethical decision making, human service professionals can also position themselves to become better informed about dilemmas that they will likely encounter when working with children and adolescents. Thus, it would behoove the human service professional to seek out additional trainings and continuing education opportunities on ethical decision making. Further, because of the lack of uniformity in the law across states, it will be critical for professionals to familiarize themselves with state guidelines on parental rights and to acquaint themselves with their own agency's stance on confidentiality with minors, especially related to self-injury and eating disorders.

Additionally, both NOHS and The Council for Standards in Human Service Education (CSHSE) can also serve as a great resource for human service professionals as well as human service educators on the topics of ethical decision making. The *Journal of Human Services* and the quarterly newsletter, The *Link* routinely feature articles on ethics and ethical decision making. Additionally, The Council for Standards in Human Service Education (CSHSE) has outlined required national standards related to ethics for all Associate, Baccalaureate, and Master's Level degree programs. These standards are available to the public

through the CSHSE website. Finally, while these resources are available, it is ultimately up to the human service professional to seek these opportunities out in the future.

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The Use of Empathy in Human Services: Strategies for Diverse Professional Roles

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Abstract

Human service professionals must manage a variety of roles and responsibilities in order to meet individual, group, and community needs. Managing these roles often necessitates the use of empathy in order to correctly understand issues, build trusting relationships, and meet the needs of client populations. This article presents a brief overview of empathy and applies it to the human service roles of direct service worker, advocate, administrator, and evaluator. In each professional role, examples are provided of how empathy can help human service workers achieve optimal outcomes. Implications for human services training and professional development are also provided.

The Use of Empathy in Human Services: Strategies for Diverse Professional Roles

The human service profession is characterized as a broad and varied field that draws on many disciplines in order to meet the diverse needs of individuals, groups, and communities (National Organization of Human Services [NOHS], 2009). These needs can include limited access to services, mental health concerns and challenges, and unemployment. To effectively respond to these needs, human service professionals are required to fulfill many roles including, but not limited to, direct service worker, advocate, administrator, and evaluator (Neukrug, 2013). Regardless of the role assumed by the human service professional,

the ability to demonstrate basic empathy is required to effectively provide services to a wide variety of populations in diverse settings. Therefore, this article provides an overview of empathy, describes the human services roles of direct service worker, advocate, administrator, and evaluator, and explores empathy as an effective tool in service delivery.

Overview of Empathy

The concept of empathy has existed for centuries. However, it was not until the 1900's that the definition of empathy was used to describe the process of connecting with another's experience in the context of mental health treatment (Clark, 2004; Feller & Cottone, 2003; Pigman, 1995). Carl Rogers was pivotal in establishing empathy as a core condition of the therapeutic process (Clark, 2004; Rogers, 1957), describing it in the following way:

> To sense the client's private world as if it were your own, but without ever losing the "as if" quality – this is empathy, and this seems essential to therapy. To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it. (p. 99)

Another conceptualization of empathic communication portrays it as a continuum of basic, additive, and subtractive responses (Carkhuff, 1969; Ivey, Ivey, & Zalaquett, 2010). Through basic empathy, the helping professional accurately reflects the content of the client's message and conveys a sense of understanding. In contrast, subtractive empathy, which is seen as unhelpful to the relationship building process, occurs when the helping professional's response does not address or capture the content of the client's message. Additive empathy involves reflecting content beyond the level the client was able to communicate, capturing deeper meanings and/or broader themes. This form of response, if accurate, can help clients achieve new insights and may facilitate movement towards new ways of thinking about issues (Carkhuff, 1969; Neukrug, Bayne, Dean-Nganga, & Pusateri, in press).

The benefits of empathy have been well documented within research on counseling and the therapeutic process. Empathy is oftentimes regarded as the cornerstone of the therapeutic process among mental health professionals, as it facilitates the building of rapport and a strong therapeutic alliance (Clark, 2010; Corey, 2005; Elliott, Bohart, Watson, & Greenberg, 2011; Feller & Cottone, 2003; Glauser & Bozarth, 2001; Hartley, 1995; Lux, 2010; Neukrug, 2011; Rogers, 1957; Sinclair & Monk, 2005). When empathy is a part of the client-clinician relationship in a therapeutic setting, clients report benefits above and beyond traditional modalities. For example, empathy was found to be a moderately strong predictor of positive therapeutic outcomes such as reduced client distress, client satisfaction, and positive outcomes in group therapy settings (Elliott et al., 2011). In addition, the integration of empathy has been found to reduce client anxiety and is related to client's ownership of personal change (Angus & Kagan, 2009).

Though these conceptualizations of empathy are helpful, the application of empathy in the human service field is often different from traditional counseling and psychotherapy in that human service professionals are not usually focused on therapeutic change in clients. Instead, empathy is used to build a relationship, which is key for gaining access to important information and helping the client feel accepted (Neukrug, 2013). The field of human services "involves close listening to understand a situation, being able to feel what it might be like to be in a person's situation, and giving feedback to the client or family" (Russo-Gleicher & Bennett, 2011, p. 19). Though current literature specific to the human services does not delineate how empathy might appear different within a less therapeutic role, the medical professions are fairly active in examining contributions of empathic skills to briefer communications and interventions. Empathy in the medical setting has been shown to result in greater patient compliance, more successful outcomes, lower malpractice claims, and greater patient/physician satisfaction (Bayne, 2011;

Hojat, 2007). Additionally, incorporating empathy often results in more efficient office visits due to more accurate understanding of patient concerns (duPre, 2001). Attention to empathic behavior in these settings is less focused on understanding deeper affective meanings and more so on drawing out important details and identifying barriers. This briefer and more goal-focused implementation of empathy seems to still contribute significantly to successful outcomes and patient satisfaction (du Pre, 2001; Hojat, 2007).

Based on the current research in related professions, it would seem as though human service professionals could indeed utilize basic empathy to better meet the needs of client populations. However, little attention has been given to how the role of empathy might vary within the different roles and functions of human service professionals. This article presents a means of conceptualizing the use of empathy for four different human service roles: (1) direct service to consumers, (2) consumer and systems advocacy, (3) evaluation, and (4) administration.

Direct Care Workers

Direct service in the human services often involves assessing clients' needs and assisting them in creating and carrying out an individualized service plan (Moffat, 2011). The human service field involves working with diverse client populations, which also takes professionals into a variety of settings. According to the NOHS (2009), direct service workers may provide services in community-based agencies, residential facilities such as group homes or treatment centers, and institutional settings such as jails, schools, and court systems. This involves working with clients who may have mental, developmental, or physical disabilities, behavioral issues, or who are homeless, dealing with substance abuse issues, or involved with the legal system. Human service workers may provide direct services to children, adolescents, adults, groups, and families.

Use of Empathy

As a direct service professional, the starting point for expressing empathy lies within the relationship of the client and the helper (Corey, 2005). The direct service professional should be focused on the present with the client and unencumbered by personal issues. That relationship then potentially allows the client an opportunity to examine herself/himself and her/his current needs (Corey, 2005). After a relationship is established, the direct service professional should demonstrate a proficient use of basic empathy to help piece together an accurate picture of the client's needs.

Basic empathy can be utilized in a variety of direct service settings. For example, a caseworker may receive a referral to work with a client who is currently homeless. The client discloses that she is stressed and scared that she does not know where she will sleep tonight. The client also discloses that she has been having severe stomach pains, as she has not been eating much the last few weeks. Using the information the client provided, the caseworker has an opportunity to show empathy regarding the client's needs, which will be used later in the treatment planning process. An example of an empathic response from the caseworker might be, "It sounds like you are very afraid and frustrated about having to live on the streets these past few weeks. I also hear that the uncertainty of where you will live today and in the future is a major source of stress for you. On top of all of that, you haven't had much to eat due to your current circumstances and need medical attention." With the information presented, the caseworker is able to confirm that the client's needs include housing, food, and access to medical and psychiatric resources. The caseworker can now begin the intricate process of client referrals and acting as a liaison to community resources.

This example demonstrates the use of empathy that is most commonly taught within human services programs. The use of paraphrase and summary statements, as well as general reflections of feeling, can help clarify client perspectives and lead to goal

setting. Providing students with ample opportunities to practice these skills using human services specific case examples will likely enhance their empathic abilities with future clients.

Advocates

The need for advocacy often arises in the human services. In fact, the *Ethical Standards of Human Service Professionals* call for advocacy at both the client and systems levels (NOHS, 2009). Client advocacy, also referred to as brokering, involves the coordination of services for clients (Halley, Kopp, & Austin, 1998; Moffat, 2011). Client advocacy is needed when an agency is reluctant to provide services due to programmatic and/or personal reasons, clients are unaware of services available and/or feel powerless to advocate for themselves, or a client suffers an injustice by a service provider or agency. Closely related to client advocacy, systems advocacy encompasses efforts to create agencies or advocate for existing agencies in order to meet the needs of the community (Halley et al., 1998; Mosley, 2011). Systems advocacy involves lobbying and collaboration with constituents and decision makers to secure resources (Donaldson, 2007; Halley et al., 1998; Mosley, 2011). Common needs often expressed by clients fall under the following domains: emotional/mental health, education and employment, financial, transportation, family/social, housing, safety and security, spiritual and aesthetic, leisure and recreation, food and nutrition, and youth development (Halley et al., 1998; Moffat, 2011).

Use of Empathy

In order for client and systems advocacy to be effective, basic empathy is required of human service professionals. Empathy can facilitate the understanding of clients' needs as well as the circumstances under which systems are currently operating. While a problem or need may appear clear to human service professionals, valuable information may be overlooked if empathy

is not utilized, resulting in the potential mismanagement or creation of unnecessary or inefficient services.

The concept of empathy can be taught in an academic setting, but true empathic understanding often comes with exposure to the field and consistent practice (Clark, 2010; Kuntze, van der Molen, & Born, 2009; Neukrug et al., in press). Service and community-based learning can therefore be used as experiential methods of exposing human services students to the field and clients with whom they may be working (Desmond & Stahl, 2011; Nicholas, Baker-Sennett, McClanahan, & Harwood, 2011). Both types of learning require interaction between the student and the community, however service learning is focused on the student providing a service (Desmond & Stahl, 2011), while community-based learning involves social justice efforts or working with communities to reach a set goal (Nicholas et al., 2011). These experiential types of learning can be used to increase human services students' empathy by exposing them to "challenge, hardship, and injustice in ways that signal a deep affective reaction" (Desmond & Stahl, 2011, p. 7).

For example, a human services student completing her or his internship at a local agency that relies heavily on grant funding could identify a need for advocacy to preserve grant-funded programming. The student may observe the difficulties that arise when grants are revoked and organizations must search for other funding sources to maintain important initiatives for community members. The student's experience with this unfortunate event may lead to a greater empathic understanding of the difficulty associated with securing needed resources, both monetary and otherwise, when attempting to create or maintain programs. Though observable empathic skills may not be as apparent in this situation, the student's ability to emphasize with both community needs and the organization's limitations can inspire appropriate action and broader understanding of the issues.

Inevitably, at one or more points in their careers, human service professionals will be asked to advocate on a client or

systems level, and advocacy at either level requires a basic ability to demonstrate empathy. For example, a mental health case manager at a local agency may discover that a client is being denied access to the agency's medical services program because his symptoms do not appear to be severe enough to meet the basic admission criteria. After using empathy to understand the client's situation, the case manager might realize that the client has experienced a reduction in the severity of his symptoms due to compliance with medical treatment. His request for services is a proactive attempt to maintain progress and not decline to his original level of severity. The case manager can then petition support from her supervisor to change the process of evaluating referrals for medical services to include assessment of current treatment.

Administrators

Some human service professionals will find that their focus shifts from direct services for clients to more administrative tasks. Human service administrators must balance multiple roles, such as "planning, organizing, information processing, controlling, coordinating, evaluating, negotiating, staffing, supervising, and budgeting" (Knighton & Heidelman, 1984, p. 531). Therefore, administrators must be analytical and relational, business-savvy and compassionate (Knighton & Heidelman, 1984). Administrators must also know when and how to prioritize their focus between employee concerns, maintenance of a successful organization, and meeting client/community needs.

Use of Empathy

Though administrators must be very goal-driven, it is still essential that they utilize empathy within their various job responsibilities. As supervisors, human service administrators work directly with employees and must establish and maintain strong interpersonal relationships. A form of empathy similar to that used by direct service workers can serve to strengthen and

preserve supervisory relationships. Through empathic communication, supervisors can help employees process challenging situations and offer support in times of burnout. At times, administrators may need to make changes to better meet the needs of staff and clients. The utility of these changes relies heavily on the administrator's full understanding of the issues at hand.

In addition to their work as supervisors, administrators must make decisions on how to allocate resources. Due to the nature of human services, client needs often increase during times of economic decline, thus making it challenging for administrators to stretch limited funds to meet rising needs (Johnson, 2009; Knighton & Heildelman, 1984). The ability to see the big picture and understand the nuances of individual and community needs can help administrators make tough decisions in funding and resource allocation. Empathy, in this sense, becomes less of an interactional technique and more of a mindset, with administrators intentionally and compassionately exploring all options to optimally serve the community.

At times, administrators may also need to function as a spokesperson for the organization, explaining decisions and outlining the organization's mission statement (Johnson, 2009). Empathy can be useful in this role as well by understanding the potential concerns of community members and communicating this understanding along with an explanation of solutions or current initiatives. For example, an administrator might submit a statement to a local news program, saying, "I have spoken with many people within the community who are struggling right now to make ends meet. Many people are feeling desperate and want to look to us for help. We are currently looking at how to stretch our resources to make sure this need is met, but we also have many programs already in place that I hope can help lighten some of this burden." Statements such as these can help communicate empathy at a larger level as well as preserve the public opinion of the organization. Administrators who attempt to empathically

understand multiple sides will be able to acknowledge needs, explain an organization's limitations, and ultimately preserve positive community relationships (Johnson, 2009).

Evaluators

As the need for human service interventions increases, many organizations must simultaneously deal with shrinking budgets and financial resources (Eschenfelder, 2010). Determining how best to utilize limited resources, while also ensuring effectiveness of current initiatives, requires that professionals be skilled in evaluation. Though this work is often done outside of the direct relationship, the impact of evaluation can significantly affect treatment and advocacy efforts. Needs assessments can identify what services are needed, evaluate the effectiveness of current services, justify allocation of resources, and support new initiatives (Eschenfelder, 2010). Likewise, program evaluations can uncover ineffective practices, recommend new strategies, and involve key stakeholders in decision-making (Hoefer, 1994).

Use of Empathy

Though far removed from direct work with client populations, empathy can still be a critical skill in implementing effective evaluations. In order to know what questions to ask and how to ask them, evaluators must understand the needs and motivations of stakeholders and client groups (Eschenfelder, 2010; Wasserman, 2010). On an individual level, empathic communication with clients and administrators can increase awareness of current challenges or unmet needs that can spark the evaluation process. On a larger scale, however, a deeper understanding of social constraints and community issues can help evaluators know what to examine and what strategies to use (Wasserman, 2010). For example, in administering a community-wide survey to assess for client needs, evaluators must be sensitive to what questions to ask, how to get a high response rate, and levels of accessibility and literacy that could impact the survey

(Eschenfelder, 2010). A survey of low-income households that asks about the likelihood of utilizing services but neglects to assess for transportation accessibility may result in the creation of needed programs that have low attendance. Empathy, then, can be utilized prior to the design of evaluation tools to ensure the utility of results by developing a full understanding of the challenges impacting the population. Conversations with clients, other professionals, and previous data such as needs assessments and demographic information can all assist with understanding the nuances of the population.

An additional tool for evaluation is the use of interviews or focus groups with stakeholders or representatives from the target population. Empathy can be especially useful in this stage of evaluation in uncovering unknown issues or further exploring solutions. The use of empathy in an interview can also disarm key stakeholders who may be anxious or defensive about program evaluation or suggested changes. For example, an administrator may express frustration that a current program is being evaluated, stating that he/she created the program, and it has served many people within the community. An example of an empathic response in this situation might be, "It sounds like you put a lot of yourself into this last program, and are upset about any changes being made, particularly since you see how it has been a positive thing for a lot of people." Such a response acknowledges the feelings involved that may impact the evaluation itself as well as the success of any future initiatives. By having these feelings acknowledged, the administrator may feel free to move toward processing the positive attributes of previous programming, while also brainstorming additional strategies to meet changing needs.

Conclusion and Limitations

With the many roles, responsibilities, and client populations available to them, human service professionals must manage a variety of tasks to meet individual, group, and community goals. Managing these roles often necessitates the use

of empathy in order to correctly understand issues, build trusting relationships, and meet the needs of client populations. As previously discussed, empathy can come in many forms, whether in the more traditional form of interpersonal understanding, or the more global form of sensitivity to systemic issues. This article has expounded upon the primary roles of direct service worker, advocate, administrator, and evaluator to demonstrate how empathy can be utilized to enhance outcomes. Human service professionals may find that they take on all of these roles at some point during their careers, thus, an understanding of how to adapt empathic skills within each task is essential.

Training programs can help to cultivate a mindset of empathic treatment by encouraging students to maintain an intentional focus on how best to utilize empathy within diverse situations. Skills in active listening and empathic responding can build the foundation of student skillsets, while brainstorming potential barriers to empathy can alert students to the challenges of maintaining these skills within professional settings. While some training programs are likely already teaching students empathic understanding, further instruction and the provision of supervised field experiences can portray to students the use of empathy in building strong therapeutic working alliances with clients, collegial relationships with colleagues, and community partnerships and relations. Training programs can thus portray to students that empathy is more than a basic communicative tool and that it is instead a core professional skill that can be creatively applied in providing services to individuals, families, groups, and communities. Using the classroom to brainstorm and work through specific examples, such as those provided in this article, can help students begin to conceptualize empathy as an integral part of professional practice. During field experiences students can also be asked to regularly demonstrate and document how they applied empathic skills to meet client, agency, and community needs.

One clear limitation of this article is that the lack of research on empathy within the human service setting prevents

comprehensive analysis based on empirical evidence. The authors thus present information on different roles and functions of human service professionals and suggest how empathy may be different for each of these functions. However, this information is primarily speculative and demonstrates the need for further research. Future research on this topic could add to or clarify how empathy is used within the different roles of human service professionals. Research demonstrating the results of incorporating empathy, specifically within the various settings and tasks of the human services field, would enhance understanding of how empathy can be applied, as well as potentially lend support to the positive outcomes that have been demonstrated in other closely related fields (Angus & Kagan, 2009; Elliott et al., 2011; Feldstein & Forcehimes, 2007). Further research is also needed in determining how best to incorporate empathy training within the human services curriculum.

This article has provided a general framework for conceptualizing empathy in human services, and can be a starting point for future testing and development of the roles of empathy within human service settings. Given the broad nature of human service settings, this is no easy task, but the positive outcomes of empathic behavior in related fields suggests that a deeper understanding of this construct in the human services could enhance treatment and training opportunities.

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Book Review

Redirect: The Surprising New Science of Psychological Change.
New York: Little, Brown and Company, 2011
by Timothy D. Wilson

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Written by social psychologist Timothy D. Wilson, *Redirect: The Surprising New Science of Psychological Change,* takes the reader on an enlightening tour of prevention programs for several of the most pressing areas of need that face human services providers today, including child abuse, teen pregnancy, youth violence, alcohol abuse, and racial discrimination.

In *Redirect*, Wilson introduces a social and personal change approach that he calls *story editing.* Story editing refers to a set of techniques designed to change the narratives or explanations that we tell ourselves about ourselves, our behavior, and our social environment. By changing these stories, we can change feelings and behavior. Those readers who are new to this type of approach will find that *Redirect* is a clear and engaging introduction to a powerful set of techniques. Readers who already use post-structuralist techniques will find that this book offers new insights about a familiar concept. Many of the interventions and studies that Wilson describes come out of the social psychology literature, giving a fresh perspective to clinical practice.

The primary purpose of the book is to introduce the story editing approach. Wilson accomplishes this and so much more. The second chapter provides an extremely concise and accessible explanation of the importance of program evaluation in the helping professions. In a single, engaging, and easy-to-understand chapter, he illustrates common pitfalls, such as relying on the "common-sense" approach, over interpreting correlational evidence, and assuming that client-satisfaction surveys are adequate indicators of efficacy. Wilson then drives this message home with subsequent chapters, but the book never grows stale, preachy, or

pedantic. Each new chapter focuses on a different social problem and begins with an overview of interventions that seem like they *should* have worked, but did not. One chapter described a support group for teenage mothers that not only failed to reduce second pregnancies, but may have provided a forum for girls to normalize risky sexual behavior. The next chapter describes a comprehensive violence prevention program for underprivileged boys that appeared to be state-of-the-art, with intensive case-management, individual and family therapy, academic support, recreational activities, employment assistance, and so on. Unfortunately, a 30-year follow-up study revealed that, compared to a control group, the boys who were randomly assigned to participate in the program were more likely to commit crimes, more likely to have mental health diagnoses, more likely to show signs of alcoholism, and more likely to *die* at a young age. These examples, and more, make the book a true page-turner, and will inspire human services students and practitioners to be mindful of the need to assess the true impact of our interventions.

Redirect is a wake-up call, but it doesn't feel dismal or discouraging, because the examples of failed programs are always followed by descriptions of story-editing interventions that have been carefully evaluated and found to be effective. Some will be familiar, such as the Big Brothers and Big Sisters program, while others may surprise the reader, like an intervention that managed to help African American 7th graders counteract stereotype threat and achieve significantly higher grades for two years simply by having them write for 15 minutes, 3-5 times a year, about things that they value. Several of the interventions are simple enough that practitioners and even students will be able to implement them immediately. Others are more complex and will inspire people to go learn more.

Redirect does not attempt to be a comprehensive summary of interventions. Rather, it focuses on techniques that are consistent with the story editing approach. Nor will it work as a stand-alone text for most courses. But, as a human services educator, I will be incorporating the chapter on youth violence into my Applied Research class as quickly as my librarian can say "copyright permission granted," and I have already recommended the chapters on teen pregnancy and alcohol abuse to

colleagues who teach about those issues. *Redirect* is a toolbox of effective strategies for major human services problems, and Wilson's style of writing and use of attention-grabbing examples is sure to energize the reader's commitment to evaluating whether human services programs are having the impact we hope for.

Book Review

Learner-Centered Teaching; Five Key Changes to Practice
San Francisco, CA: John Wiley & Sons, Inc. (2002)
by Maryellen Weimer

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Learner-Centered Teaching is a valuable book for any instructor interested in making content more accessible and meaningful to students. The information provided helps shift educators from evaluating what we are teaching (content) to whether or not students are actually learning the material. As Weimer states in the preface, "practicing pedagogues know considerably less about learning than they do about teaching." In addition to explaining this shift in presentation, content and style, readers are given practical tips for ways to better include students in their learning process. Readers are left feeling motivated to try new techniques, make changes in courses and indeed embrace a new philosophy of teaching. This model is especially applicable to those teaching Human Services students, as the focus on responsibility and collaboration in the learning process closely parallels our profession.

Weimer divides the book into two sections; the first discusses the changes that need to occur in order for the classroom to become a more learner centered environment, and she explores five key points in this section. The second part addresses implementation and strategies for incorporating these approaches in the classroom. The first of the five key points in section one explores the balance of power in an instructional setting. Weimer explains the usual focus of teaching is with the instructor (all knowing and wise), presenting to the students (empty vessels just waiting to be filled). Weimer proposes a shift so the focus is on the students and their learning, including giving students more choice in their academic endeavors. This may mean students decide between taking an exam *or* writing a paper, or setting their due date for an assignment. Weimer states that not every example is appropriate or desirable for each

class, but she suggests a number of strategies that may allow for an academic partnership rather than a teacher-centered model. The underlying goal is for students to "construct their own meanings."

The second key point addresses the issue of content, which traditionally means exposing students to as much material as possible and hoping that much of it "sticks." Weimer suggests faculty cover less content in favor of allowing room for more discussion, activities, and opportunity to really explore the material in depth. This would allow for a deeper understanding and enhanced engagement in the information so the material is no longer abstract and dry, but is personalized and therefore, more accessible. Weimer acknowledges the political stickiness of such a transformation and some of the challenges inherent in such a paradigm shift, but she demonstrates to the reader the benefits of this shift.

The next point involves the role of the faculty; teachers doing less telling and showing, and allowing more opportunities for students to discover the knowledge themselves. This may include tapping students' experiences after introducing a concept, taking advantage of end-of class-summarizations, or the professor acting as scribe, recording the students' generated information. Weimer points out that this does not mean less work for the instructor or any less of a knowledge base. Indeed, there is a good deal of skill involved in opening up a classroom for discussion, debate, and shared experiences.

The next concept discussed is responsibility for learning. In the academic environment that is created, there is less structure, and the instructor takes less control and makes fewer decisions. Weimer explains that the more structure we provide, the more structure students need. By allowing more room for student decision making we are helping them develop academic maturity and responsibility. The book discusses assessing the classroom climate to determine what level of autonomy is appropriate for various learning styles and levels of academic progress.

In the final key point in section one, Weimer explores the purpose and processes of evaluation: the emphasis is on what is learned, not the grade. Students may elect to do extra credit, rewrite papers, or help to write exam questions. The goal is not to make the class easier or to give away points to raise grades, but to facilitate enthusiasm and engagement in

learning. Students learn to assess what they have learned, which is a different lens than the usual "what grade did you give me?" attitude so often seen. The author suggests a myriad of ways to cultivate self-assessment, including reviewing content often, using exams and exam preparation as a valuable learning and review opportunity, and ways to integrate material for deeper learning.

The second section of Learner Centered Teaching explores integrating these concepts, including a discussion about the resistance an instructor may face (from both students and colleagues), discerning which level of students are ready for more self-guided learning, and how to implement the changes in the classroom and the larger academic system. Weimer gives balanced attention to presenting new strategies and to potential obstacles one may face when trying to implement changes.

Throughout the book, Weimer provides research describing studies done on effective teaching, student perception of control over their academics, ways to promote critical thinking, and other relevant information. She acknowledges the difficulty some may face in shifting their pedagogy to be more student-centered, as well as examples of challenges others have overcome as they adopt a more student-centered approach. She does not pretend to have all of the answers or to offer a cookbook approach to a complex paradigm. In our role as Human Services educators, we are assisting our students in becoming helpers of others. *Learner-Centered Teaching; Five Key Changes to Practice* is a helpful tool to promote in our students a love of lifetime learning, responsibility, and ownership at an early point in their academic careers.

Guidelines for Authors

The *Journal of Human Services* (JHS) is a national refereed journal. Manuscripts judged by the editors to fall within the range of interest of the journal will be submitted to reviewers without the names and identifying information of the authors. The principal audiences of HSE are human service faculty members, administrators, practitioners, and undergraduate and graduate students. Sample areas of interest include teaching methods, models of internships, faculty development, career paths of graduates, credentialing, accreditation, models of undergraduate and graduate study, clinical issues in human service treatment, and supervision of human service practitioners.

JHS publishes three types of submissions: 1) articles, 2) brief notes, and 3) critical reviews of instructional materials and scholarly books of interest to human service educators. Directions for each type of submission include the following:

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4. Avoid footnotes wherever possible.
5. Tables should be kept to a minimum. Include only essential data and combine tables whenever possible. Each table should be on a separate sheet of paper following the reference section of the article. Final placement of tables is at the discretion of the editors.
6. Figures (graphs, illustrations) must be supplied in electronic format and must be in black and white with a minimum of gray shading. Use of submitted figures or a re-rendering of the figures for clarity is at the discretion of the editors.
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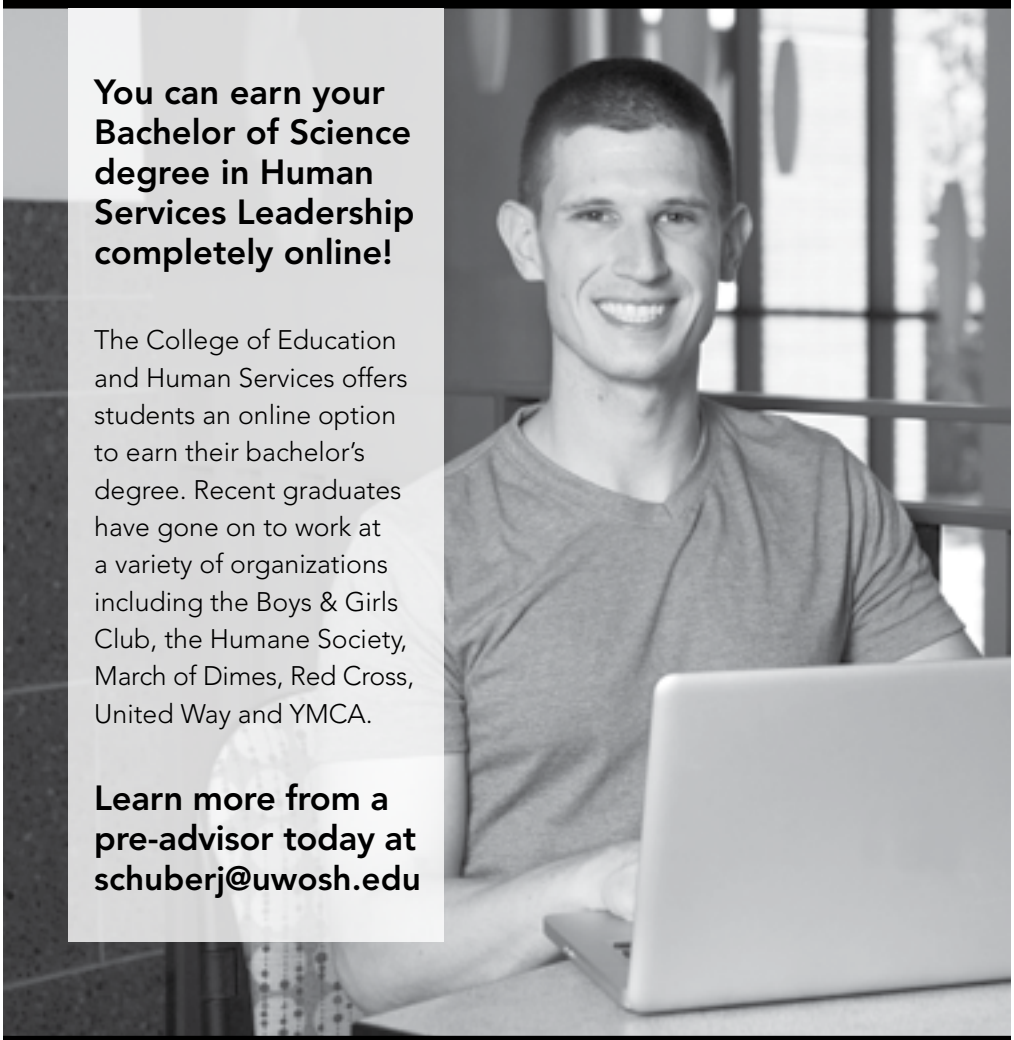

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