



**Council for Standards in Human Service Education
Legacy: Past, Present & Future**

**Mary Di Giovanni, M.S., R.N.
Immediate Past President CSHSE
and Professor Emeritus,
Northern Essex Community College**

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**Mary Di Giovanni, M.S., R.N.
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Preface

In the writing of this monograph, I asked myself two questions, “How did the profession of human services begin, and when is it going to be given the recognition and status of similar professions?” To answer these questions, I reflected on personal and professional experiences gained as a clinician, teacher, and colleague of human service faculty members at the regional and national level from 1972 to the present. Additionally, I analyzed important documents connected to the development and future of the profession. The following data sources and personal experiences were used in developing this monograph:

- (1.) Materials collected while serving as member of the Southern Regional Educational Board (SREB) Technical Committee in the 1970s under the leadership of Dr. Harold Mc Pheeters.
- (2.) Experiences as a founding member of the New England Organization of Human Service Education (NEOHSE), and present NEOHSE historian.
- (3.) Involvement with the formation of the National Organization for Human Service Educators (NOHSE) in the 1970s.
- (4.) Experiences with human services educators at the regional and national level to create a national organization of human services and to review human service curriculum based on competencies expected of human service generalists.
- (5.) Review of material from the initial development of the Council for Standards in Human Service Education (CSHSE) and participation in SREB Committee Meetings and Faculty Development Workshops.
- (6.) Participation in SREB Worker Certification Workshops and review of materials pertaining to the SREB Worker Certification Project.
- (7.) Review of records and documents pertaining to the National Organization of Human Services (NOHSE). SREB, NEOHSE, CSHSE (including CSHSE self-studies).
- (98.) Experiences gained as CSHSE Vice President of Program Approval and CSHSE President.

I felt it was imperative that knowledge gained through these experiences and analysis of these documents should be shared with others in the field. I also believed that this monograph should include information about individuals I have worked with over the years who have been instrumental in the development of the human service profession in the United States. Accordingly, you will find the names of individuals who have made important contributions to the profession included throughout the document.

Introduction

The field of human services education has evolved significantly since its initial development in the 1960s and deserves to be recognized as a profession. The following facts give credence to this assertion:

- Human service education programs exist at all levels from associate to doctorate degree;
- CSHSE, an organization responsible for accreditation of higher education programs in the field, has existed since 1976;
- Faculty in human service programs are highly accomplished educators, researchers and practitioners with advanced degrees; and
- Graduates of human service programs are employed as human service generalists within the industry.

Higher education programs in human services have had a significant impact on changes in the field. The overarching purpose of this monograph, which is comprised of seven chapters, is to explore the development of the field of human services. Special emphasis has been placed on the important contributions of CSHSE in the development of college-based human service education programs in the United States. Chapter 1 provides a historical overview of the development of the field. Chapter 2 consists of discussion of pertinent professional organizations. Chapter 3 describes the role of SREB in the development of the profession. Chapter 4 details two important credentialing projects that significantly influenced the accreditation process of human services programs. Chapter 5 outlines the structure of standards related to human services program approval. Chapter 6 includes an overview of CSHSE partnerships. Finally, Chapter 7 offers conclusions and recommendations for further development of the field.

CSHSE is the only national organization for the accreditation of human service education programs in the United States. The concept of an organization devoted to the accreditation of programs originated with SREB in Atlanta, Georgia in 1975. Through grant funds provided by the National Institute of Mental Health (NIMH), SREB was able to assist researchers, educators and practitioners in developing a credentialing organization for the field. Included in this monograph are discussions of:

- (1) the role of NIMH in granting funds to SREB to promote workers with the necessary skills and competencies for the delivery of direct care in mental health/human service programs;
- (2) the role of NIMH in granting funds to create a national accreditation organization for the voluntary accreditation of human service education programs in higher education;
- (3) the activities that support CSHSE as the only organization in the United States created for the purpose of human service program accreditation;
- (3) the CSHSE Standards as a valid and consistent set of standards for all human services program levels;
- (4) the role of the CSHSE in providing technical assistance and support to human service education programs at all levels; and
- (6) the collaborative efforts between CSHSE and NOHS to promote the profession of human services.

This field of human services would not be where it is today without support for the development of the human service profession from SREB, funding for research from NIMH, and advocacy of the program approval process of human service programs by CSHSE.

Chapter 1

History of the Mental Health/Human Services Movement

The delivery of mental health and human services in the United States has evolved significantly from its origins. An overview of the historical origins of the movement to provide those services offers an understanding of *why* and *how* human service programs developed. In Colonial American times, it had been a commonly held belief that individuals should assist others in need by providing appropriate care and services. Early settlers from European countries to the American colonies believed caring for others to be a personal responsibility rather than a public duty.

After the American Revolution, the United States adopted laws based on the British Elizabethan “poor laws” to help people who could not economically provide for themselves. Benjamin Franklin founded the first hospital for the care of persons with mental illness and devised a model of care that was practiced in hospital settings at the time. Through the cooperative effort of community members, policy makers, and professionals from the medical field, this new model of care that arose during the “Moral Movement” was conceptually grounded in the belief that it was the responsibility of the general public to care for those in need. The underpinnings of the Moral Movement therefore provided the framework for the establishment of the first mental health movement in America.

A regression followed the Moral Movement, however, and there was a period of less compassionate care for individuals in need of support. Private hospitals that primarily served wealthy individuals emerged. Individuals who could not afford private care went to state asylums, almshouses, or to jails. In the mid 1830s, a retired teacher named Dorothea Dix

made visits to these sites and was disturbed by the inhumane conditions she witnessed. Her efforts to improve care served to influence the development of state hospitals and residential institutions. These hospitals and institutions, which were supported by state funds, spread rapidly throughout the United States. They treated individuals of all ages, with all types of disabilities including mental illness, developmental delays, and alcoholism.

Most hospitals and institutions intended to house approximately 250 patients. Increasing numbers of European immigrants in the early 1900s in need of assistance, coupled with individuals suffering from emotional, social and psychological problems brought on by the Great Depression of the 1930s, caused populations at state facilities to grow.

Public Awareness as an Impetus for Change

In 1940, an investigative reporter named Albert Deutsch wrote the book, *The Shame of the States*. This publication raised awareness of the inhumane treatment of patients and raised public awareness regarding the decaying facilities at state hospitals. Moreover, it exposed the problem that a lifelong pattern of hospitalization and removal from the community was typically established once an individual became a resident of an institution, which often occurred without his or her consent.

The film, *The Snake Pit*, released in 1948, gave a realistic view of the inside of state hospitals. It included the questionable medical treatment of shock therapy. Another film, *One Flew over the Cuckoo's Nest*, which is based on Ken Kesey's 1962 novel, provided visual depictions of daily living experiences of patients in a state hospital. In this film, nurses were in total control, medication was forced on patients, and patients were placed in isolation for lengthy periods of time. Both of these films provided accurate depictions to the

general public about the inadequate treatment and the denial of basic constitutional rights that was occurring to patients in state hospitals at the time.

Federal Legislation

It was not until after World War II that concerns over the treatment of patients and the condition of mental health facilities began to be addressed at the federal level. Following the war, there were an increased number of veterans with psychiatric issues in need of care. To address their needs, as well as the needs of the general public, several major pieces of legislation were passed. The Hill-Burton Act of 1946 authorized funds for the construction of public and non-profit hospitals, health centers, diagnostic treatment centers, nursing homes, and rehabilitation centers. The construction of these new facilities also led to the need for additional employees.

Another important piece of post war legislative action was the National Mental Health Act of 1946. Under the act, increased funding became available for research and education that pertained to the field of mental health. Subsequently, the National Institute of Mental Health (NIMH) was founded in 1949. Shortly thereafter, the Mental Health Study Act of 1955 was also passed. This legislation called for research on major issues pertaining to the field of mental health. To accomplish this task, the Joint Commission on Mental Health and Mental Illness was established. One of the main tasks of this group was to research the availability and preparation of mental health workers in the United States. Based on findings from this research, George Albee wrote the book *Mental Health Manpower Trends* (1959). His report detailed the need for a new type of worker to address the employee shortage in the mental health system.

The final report of the Joint Commission on Mental Health and Illness was called *Action for Mental Health: Final Report of the Joint Commission on Mental Illness and Health* (1961). Findings from this report indicated that patients in state hospitals received little or no treatment for their illness and that care was primarily custodial. Moreover, the commission found that institutions had not kept pace with new treatment models available to those in need. Lawsuits addressing basic human rights, involuntary commitments, and lack of treatment for individuals within locked facilities began to emerge. Gradually, it became evident that movement toward community-based mental health programs should become the standard of care for individuals.

Deinstitutionalization

Continuing the trend towards providing a better standard of care, the Mental Health Facilities Act of 1963 required a reduction of in-patient psychiatric populations and the decommissioning of state institutions over a period of time. Along with this legislation, the Community Mental Health Centers Construction Act of 1963 which mandated that centralized state facilities become decentralized and that community-based treatment centers be developed in their place was also passed. Largely as a result of the aforementioned legislation, the process called “deinstitutionalization” ensued in the 1960s. This monumental process involved breaking hospitals into smaller units, providing patients with community-based treatment options, and changing the type of care given by workers. When community-based programs for former residents of institutions began to emerge, it became evident that there was a need to prepare workers with the skills necessary to facilitate these new programs. The need for a new skill set engendered the development of programs that taught

workers how to provide services in community-based settings.

The New Careers Program

The Economic Opportunity Act of 1964 was another important piece of legislation that influenced the field of mental health/human services. This act authorized grants to states, local agencies, and private organizations to develop new training programs for workers in the field of mental health/human services. In 1966, an amendment to this act called the Schneuer Sub-Professional Career Act was passed. The major goal of this amendment was to provide the opportunity for disadvantaged populations to enter into new careers in the field of mental health. This was to be accomplished through an initiative called the New Careers Program. Dr. Fuller Torry, NIMH Division of Manpower and Training, provided the leadership for the New Careers Program on a national level. This program led to the development of jobs and training opportunities for individuals interested in employment in the field of mental health/human services (Southern Regional Education Board, 1978). In essence, this program opened the door for individuals to transition to careers in the field of mental health/human services.

Career Ladders

In the 1950s and 1960s, career ladders that detailed qualifications of workers at different “levels” of performance based on skills and educational experiences were being developed for the profession. These ladders presented a challenge for the New Careers Program which often recruited individuals with little educational preparation. The limited educational experiences of many individuals recruited to the field forced developers of career

ladders to consider ways to design ladders that allowed, supported and facilitated “levels” of employment for all workers and also provided training opportunities that could help a person move from the first level to the next level and beyond (Fishman, 1969).

One of the first states to institute career ladders was California. In 1951, The California Civil Service Commission developed a state civil service job classification that created career ladders which identified levels for psychiatric technicians. As a result of this early classification system, the state established a system for certification of psychiatric technicians working in government facilities and in the private sector in 1959. The system of certification changed to a full state licensure for psychiatric technicians in California in 1968. This system, which is still in place today, is currently monitored by the California Board of Vocational, Nursing and Psychiatric Technicians.

California paved the way for other states to develop career ladders. By the mid-1960s, levels of mental health worker classification were being developed nationwide. Most states chose not to use the term psychiatric technician in their career ladders. Instead, they selected titles such as mental health worker, mental health assistant, mental health associate, or mental health technician. Levels adopted in the state of Massachusetts were Mental Health Assistant I, Mental Health Assistant II, Mental Health Assistant III, and Mental Health Assistant IV

Advancement through levels was attained through the completion of educational requirements in associate and/or baccalaureate degree programs along with successful on the job performance. Graduates of mental health/human service programs found careers and job opportunities within state mental health/mental systems based on their classification level.

Human Service Programs

The development of college based programs in mental health/human services was instrumental to the growth and “professionalization” of the field. In the 1960s, educational programs conceptually grounded in a human service generalist philosophy began to develop. Although early programs continued to use the term “mental health” in their titles, they were designed around the development of a new type of worker who possessed a broader skill set. The first associate degree program in the field was implemented in Indiana at the Fort Wayne Campus of Purdue University. This program, entitled the *Mental Health Workers Program*, was the result of an NIMH five-year grant awarded to Purdue University in 1965. The goal of this grant was to develop a two-year associate degree program for individuals interested in the new career field of mental health/human services. This program was created under the leadership of Doctors John True and John Hadley. In 1968, Dr. True presented the Purdue Program at the jointly sponsored conference of the National Association of Psychiatric Technology and the California Society of Psychiatric Technicians. Dr. True called the Purdue program “the grandfather” of similar two-year educational programs for mental health workers that were being established in community colleges across America (True, 1968).

Between 1966 and 1967, NIMH supported the development of six other associate degree programs in the field. These programs were located at Daytona Beach Junior College, Daytona Beach, FL; Jefferson State Junior College, Birmingham, AL; Metropolitan State College, Denver, CO; Sinclair College, Dayton, OH; Greenfield Community College,

Greenfield, MA; and Philadelphia Community College, Philadelphia, PA. These programs served as a model for other programs that developed nationwide in the 1960s and 1970s.

Another seminal program in the field was founded in New York City on May 22, 1970 when the New York State Board of Regents granted a five-year provisional charter to begin the College of Human Services (Cohen, 2004). The initial purpose of this new college was solely to prepare human service professionals. This school was based on the contributions of the *Women's Talent Corps Program* which was created in New York City in 1964. The *Women's Talent Corps Program*, founded by Audrey Cohen, was a non-traditional preparation program for women from low-income communities seeking a training program in the field. The charter was awarded to the school based on the belief that this program was equivalent to a two-year college program in the field. Currently, the college has expanded to include other areas and is named Metropolitan College of New York. The *Human Services Program* is housed within the Audrey Cohen School for Human Services and Education. The groundbreaking work of Audrey Cohen and the college's continued commitment to prepare human service generalists received formal recognition through an award from the National Organization of Human Services.

When programs in the field first emerged, limited information was available regarding the presence and efficacy of programs nationwide. The Center for Human Services Research (CHSR) at Purdue University was developed in 1971 through an NIMH grant to explore this void. Researchers conducted a nationwide study of associate degree programs in mental health and investigated the utilization, efficacy, and impact of program graduates. To complete this study, the CHSR sought the assistance of the Southern Regional Education Board (SREB) to help identify existing programs. SREB identified 196 college programs

that were in operation or planning to be developed. They shared this information with CSHR who subsequently sent surveys to identified programs aimed at gathering information about program content. Based on this research, CSHR published a directory of colleges with active or planned programs. This directory was published in Holler & DeLong's 1973 book, *Human Services Technology*. By 1991, over 1,200 human service education programs were identified by the Council for Standards in Human Service Education in the (CSHSE) publication, *National Directory of Human Service Education Programs* (Dobson, 1991).

Human Services Programs: Curriculum & Faculty

Faculty in human service education programs were initially drawn from the fields of psychology, social work, and nursing. When programs first developed, faculty members were typically licensed clinicians from other fields with knowledge of the mental health/human services field. Such faculty members were responsible for developing curriculum relevant to the field and supporting students enrolled and/or interested in programs. Originally, human service programs were placed within a college's existing department of psychology, social science, allied health, or nursing. Over time, many colleges created separate human service departments or divisions enabling programs to become more autonomous.

Faculty in emerging programs were largely supported by resources and workshops developed by the SREB. Publications from this group provided guidance on job responsibilities for program graduates, direction in curriculum design for programs, and information about the development of mental health/human service programs. Additionally,

members of SREB provided support to faculty by organizing national and regional workshops and conferences focusing on their specific needs.

An important role of early faculty in the field was the development of a human service generalist curriculum that covered the myriad responsibilities of direct care workers. For example, faculty created courses that taught students how to provide direct and indirect care within out-patient units, in-patient units, and community-based programs. Additionally, coursework relating to the areas of psychodynamic theories, behavior and learning theories, group and family therapy, biopsychiatry, and humanistic therapy was developed. Faculty also taught students about the legal rights of individuals in private hospitals, state institutions, and community-based programs. From the beginning stages of curriculum development in the field, students were taught that basic human rights of all individuals could not be ignored or denied.

The field of mental health/human services has undergone many changes. The type and location of care provided to clients has changed significantly over the last fifty years. These changes were largely influenced by the “deinstitutionalization” movement of the 1960s. Additionally, changes to the preparation of workers in the field have occurred through the development of accredited college-based preparation programs. The establishment of human service programs at all degree levels has been instrumental in strengthening the profession, and more importantly, improving the quality of care for clients.

Chapter 2

Overview of Relevant Professional Organizations

This chapter provides an overview of the origins of national organizations that have provided support to students, graduates, and faculty in the field. Exploring the contributions of mental health/human service organizations is necessary for thorough understanding of current practices and policies related to the profession. This chapter is divided into two sections. The first section focuses on organizations developed for psychiatric technicians and the second section explores organizations developed specifically for the field of mental health/human services. Discussion of psychiatric technician organizations is necessary because they laid the groundwork for human services organizations.

Psychiatric Technician Organizations

Two of the first non-profit organizations devoted to the professional development needs of psychiatric technicians were the California Society of Psychiatric Technicians and the National Association of Psychiatric Technology. These organizations primarily supported workers at state facilities who provided comprehensive care and treatment for individuals with mental illness and developmental delays (Fuzessery & Sherman, 1969). An additional organization, the American Association of Psychiatric Technicians, was formed in 1996 to promote the certification of workers in the field. Table 1 contains an overview of the original psychiatric technician organizations.

The California Society of Psychiatric Technicians was founded in 1950 by a group of hospital attendants employed in California state hospital facilities. In 1970, this organization

changed its name to the California Association of Human Service Technologists. Members of the organization advocated for recognition of psychiatric technicians as part of an interdisciplinary team in mental health. It is important to note that this group of individuals was among the first group of workers in the field to seek some form of professional representation.

| Psychiatric Technician Organizations | |
|---|--|
| Formation Year | Organization |
| 1950 1970: name change | California Society of Psychiatric Technicians <ul style="list-style-type: none"> • Changed name to the California Association of Human Service Technologists |
| 1960 1970: name change | National Association of Psychiatric Technology <ul style="list-style-type: none"> • Changed name to the National Association of Human Service Technologies |
| 1996 | American Association of Psychiatric Technicians, Inc. |

Table 1.

The National Association of Psychiatric Technology formed in 1960 in Sacramento, California. This organization changed its name to the National Association of Human Service Technologies in 1970. To promote the organization, members shared information with program coordinators of early community college mental health technician programs. Program coordinators then disseminated this information to students and graduates. Partially in response to this process, the National Association of Human Service Technologies developed chapters nationwide.

The California Association of Human Service Technologists and the National Association of Psychiatric Technologies entered into partnership agreements, cosponsored annual conferences, and produced joint publications. These associations promoted the

practice of having psychiatric technicians voluntarily seek college level education to develop skills (Grimm, 1969).

In 1996, a third organization for psychiatric technicians emerged. The American Association of Psychiatric Technicians, Inc. (AAPT) was founded as a non-profit organization dedicated to raising the quality of mental health care through the certification of psychiatric technicians. Currently, AAPT is located in Sacramento, California. The states that presently offer AAPT certification include California, Kansas, and Colorado. AAPT currently offers the following four levels of certification:

Level 1: High school diploma or GED.

Level 2: Completion of 480 hours of college or university courses of any type, (30 semester units or 40 quarter units) plus having worked in the field of mental health or developmental disabilities for at least one year.

Level 3: Completion of at least 960 hours of college or university courses of any type, (60 semester units or 80 quarter units) plus having worked in the field of mental health or developmental disabilities for at least two years.

Level 4: Bachelor's degree in mental health or developmental disabilities, plus having worked in the mental health field at least three years (American Association of Psychiatric Technicians, 2008).

In addition to the above requirements, all levels require that candidates pass an exam titled, *Level I National Certification*. Higher levels of certification require successful completion of an essay test containing prompts about job-related situations and other related tasks.

Largely due to the contributions of these three organizations, psychiatric technicians have experienced positive changes in their roles and functions throughout the past fifty years. More specifically, they have seen job responsibilities expand to include some of the functions of licensed nurses including administration of medication, providing immunizations, and drawing blood. With that said, the position is not typical for other professionals in the field.

There is a need for professionals with a broader skill set to work with individuals with mental illness and related issues. Changes in the United States mental health care system largely due to the closure of state facilities and the development of the community systems of care led to the development of new types of positions that focused on a human service generalist approach.

Human Service Organizations

Given the shift to human service generalist positions, it was logical that organizations for human service professionals would develop. Although the aforementioned psychiatric technician organizations effectively addressed the professional development needs of psychiatric technicians, they did not specifically address the needs of faculty, students, graduates, and practitioners in the field of human services. Table 2 details the major organizations that developed for human service students, graduates, and faculty in the 1970s. The organization founded for students in 1972 is not related to the current organization with the same name.

| Human Service Organizations | |
|------------------------------------|--|
| Formation Year | Organization |
| 1972 | National Organization of Human Services <ul style="list-style-type: none"> • First organization for graduates and students of mental health/human service programs |
| 1975 | National Organization for Human Service Educators <ul style="list-style-type: none"> • First organization for faculty in mental health/human service education |
| 1985: name change | <ul style="list-style-type: none"> • Changed name to the National Organization for Human Service Education |
| 2005: name change | <ul style="list-style-type: none"> • Changed name to the National Organization of Human Services |

Table 2.

Student Organization

The concept of a national student organization in human services was first conceived in 1970 by graduates and students of the *Mental Health Workers Program* at the Fort Wayne Campus of Purdue University. Their idea came to fruition several years later with the formation of the National Organization of Human Services. The mission of the organization was to support the human service generalist concept, promote the professional growth of the human service worker, and improve the delivery of human services (National Organization of Human Services, n.d.). To promote the organization, founding members of the organization sent letters to program coordinators and faculty asking them to assist their students in forming local chapters.

The organization was officially incorporated in 1972. By this point, grassroots chapters had developed nationwide. Members from local grassroots chapters became some of the first members of the newly developed national organization. The first annual meeting of the National Organization of Human Services meeting was held in Denver, Colorado in 1972. The following membership criteria were adopted at this meeting. To join the organization, a potential candidate had to:

- (1) Be employed in a position where he or she was working to solve psychological, social, or behavioral problems of other individuals, or groups and was a member of an existing state or local affiliate organization.
- (2) Be a student or graduate of an approved educational program that was preparing human service workers and willing to become a member of an existing state or local affiliate organization.
- (3) In the event that there was no state or local organization, an individual that met qualifications in 1 or 2 above, could petition the National Organization for Membership (National Organization of Human Services, 1975).

In addition to adoption of the membership criteria at the first National Organization of Human Services Annual Meeting, Dr. Ralph Simon, Director of the Experimental Branch of the National Institute of Mental Health (NIMH), presented a paper called, *The Mental Health Worker Movement: Issues of Growth and Responsibilities* (1972). This presentation pertained to the conference theme of “the human service worker.” Participants at this meeting received information about the growth of mental/health human service worker programs, changes in the job responsibilities of graduates from such programs, and grants from the NIMH focusing on the credentialing of workers in the field.

The National Organization of Human Services primarily disseminated information to members through meetings, like the one described above, and through publications. The organization published a newsletter to communicate regularly with its members. The first issue of this newsletter was printed in January 1975 and indicated that membership in the National Organization of Human Services consisted of 232 members from the following six states: Colorado, Indiana, New York, Ohio, South Carolina, and Virginia (National Organization of Human Services, 1975). This newsletter also noted the inception of Human Service Clubs on university campuses with mental health/human service programs. Members of Human Service Clubs completed volunteer work with community-based organizations aimed at bettering the lives of individuals in need. Another function of Human Service Clubs was to promote involvement of students and graduates with local National Organization of Human Services chapters.

This organization remained popular with students and graduates until the development of the National Organization for Human Service Educators in 1975. This organization was originally developed to serve the needs of faculty. However, it was not

long before members of the National Organization of Human Services wanted to become members of the National Organization for Human Service Educators. Although some faculty did not initially want to allow students into a faculty organization, the benefits of student involvement were eventually acknowledged and expansion of membership to include students was allowed. Once they began accepting student members, the National Organization of Human Services disbanded with many of its members becoming part of the National Organization for Human Service Educators.

When the National Organization of Human Services disbanded, the specific needs of students and graduates were not forgotten. Members of the National Organization for Human Service Educators were cognizant of the unique needs of students and graduates and supported programs specifically for them. One important student program they supported was the Alpha Delta Omega Human Service Honor Society. The concept of an honor society for human service students and graduates was conceived by Dr. Patrick C. Coggins, from the University of Wisconsin-Oshkosh in 1988. Installation of the first Governing Council of Alpha Delta Omega Honor Society occurred on April 22, 1988 at the Annual Conference of the Midwestern/North Central Region of the National Organization for Human Service Education.

In 2006, a new honor society for the field of human services was established by the National Organization of Human Services Board of Directors. The name of this organization is Tau Upsilon Alpha. The mission of this organization is “to honor academic excellence; to foster life long learning, leadership and development; and to promote excellence in service to humanity” (Tau Upsilon Alpha, 2008).

Faculty Organization

There was not a professional organization specifically addressing the needs of faculty in the field until the development of the National Organization for Human Service Educators in 1975. The development of an organization for faculty was logical given the increased number of associate and baccalaureate degree programs in mental health/human services that developed in the late 1960s and early 1970s. This concept was proposed at several SREB Faculty Development Workshops. Participants at the 4th SREB Faculty Development Conference of the Faculty Development for the Associate of Arts Project held in Columbus, Ohio in August of 1974 developed a task force to explore the idea. This task force, led by Dr. Harold Mc Pheeters, reported on the need for a faculty organization at an SREB meeting on October 13, 1974 in Atlanta, Georgia.

Following this meeting, the task force developed bylaws for the proposed new organization. These bylaws were presented and adopted on August 21, 1975 at the SREB 5th (and final) Faculty Development Conference in St Louis, Missouri. Capers Brazzell, SREB Director for the Faculty Development for the Associate of Arts Project, was elected as the first president of this newly formed organization for human service educators. Additionally, regional representatives were elected from New England, Mid-Atlantic, and the South. The selection of regional representatives at this conference established the pattern for regional representation at the national level that continues to exist today.

This new organization was officially incorporated in South Carolina as a non-profit organization focusing on the professional development needs of human service faculty. The term “educators” was selected as part of the organization’s title to reflect the focus on the needs of educators in the field. Goals of the newly developed organization included:

- Providing a medium for cooperation and communication among human service professionals and faculty;
- Fostering excellence in teaching, research, and curriculum planning in the teaching of the human services;
- Serving individual faculty and professional members in their career development;
- Maintaining a registry of members available to serve as consultants and resource individuals qualified in planning, developing, and evaluating educational training programs relating to middle level human service workers; and
- Supporting and assisting the development of local, state, and national organizations of students and graduates of human service programs, employment opportunities for graduates, and emphasizing competency in curriculum planning.

The National Organization for Human Service Educators developed a newsletter and journal as a medium for reaching out to their members. Both publications continue to be produced today. The newsletter, originally titled, *NOHSE News*, provided current information to members on a regular basis. Currently, the newsletter is titled, *The LINK*. The journal, originally titled, *Journal of the National Organization for Human Service Educators*, disseminated information about emergent research on promising practices in the field. Presently, the journal is titled, *Human Service Education*.

In 1986, the National Organization for Human Service Educators changed its name to the National Organization for Human Service Education. In 2005, the organization's name was again changed to its current name, the National Organization of Human Services (NOHS). All future references to this organization shall hereinafter be referred to as NOHS.

The aforementioned organizations have greatly influenced both policy and practice within the field of mental health/human services. As a direct result of the efforts of these organizations, the important work accomplished by students, practitioners, and educators in

the profession has been duly recognized. Moreover, these organizations have also contributed significantly to a heightened level of public awareness of this important field.

Chapter 3

Role of Southern Regional Education Board Grants in the Development of the Human Services Profession

The Southern Regional Education Board was established by a resolution of the Southern Governors Conference in 1948. Accomplishments of this board were instrumental in the development of positions of employment within the field of human services. Major goals of this group included improving higher education in the Southern states and assisting in the development of mental health/human service programs. When the board was first developed, members were drawn from the following fourteen states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. The board was comprised of five individuals from each of the aforementioned states, the governor of each of these states, and four individuals from each state appointed by the Governor. Of the four appointed members, at least one had to be an educator and at least one had to be a legislator (McPheeters, 1976). The SREB was supported by an annual appropriation from each of the fourteen states and federal grant funds. This organization continues to exist today and now has two additional members (Delaware and Oklahoma).

It is important to note that SREB has never served as an accrediting body. Instead, it has always functioned as a consulting group that promotes educational opportunities. See Appendix A for a synopsis of SREB (and related organizations) projects that contributed to the development of the human services profession.

Development of the Mental Health Board

Representatives at the Southern Governor's Conference made a resolution in 1954 to establish a regional approach to help solve mental health workforce shortages present at the time in Southern states. To effectuate this regional staffing dilemma, SREB created the Mental Health Board. This board met twice a year to make program recommendations and to review progress on projects and activities. It quickly became apparent to members of the Mental Health Board that the development of middle level workers for the field of mental health had to be a priority. There simply were not enough qualified individuals to meet the demand for trained professionals. The Mental Health Board recognized that the pipeline for new workers could be built through mental health/human service programs within the community college system.

An integral member of the Mental Health Board was Dr. Harold Mc Pheeters. He served as the Associate Director for Mental Health Training and Research for SREB in 1965. Dr. Mc Pheeters' professional experience as a psychiatrist, chief of neuropsychiatry at the U.S. Naval Hospital in Annapolis, Commissioner of the Kentucky Department of Mental Health, and Deputy Commissioner in the New York Department of Mental Hygiene made him well suited for this position. His commitment toward preparing an educated workforce able to provide direct services to individuals in need was instrumental in development of the field of human services.

Ideas into Action: Southern Regional Education Board Grants

Members of the Mental Health Board of the SREB received several federal grants to research the preparation of mental health/human service workers between the years 1968 and

1980 (see Table 3). Outcomes from these grants stimulated the growth of trained professionals entering the field and improved the quality of human service preparation programs nationwide.

| SREB National Institute of Mental Health Grants | Years |
|--|---|
| <i>Community College Mental Health Workers Project</i> | 1968 - 1973 |
| <i>Faculty Development for Associate of Arts Project</i> | 1974 - 1976 |
| <i>Paraprofessional Mental Health Worker Projects</i> Worker Certification Project Program Approval Project Program Approval Project: Basic Education | 1976 - 1979 1976 - 1979 1978 - 1980 |

Table 3.

Community College Mental Health Workers Project: 1968-1973

In 1968, members of SREB received a grant from NIMH known as the Community College Mental Health Workers Project. This project led to several important outcomes. First, it assisted Southern states in developing educational programs that addressed the need for more qualified mental health workers. Second, it supported mental health agencies in the development of job descriptions, career ladders, and recruitment strategies. Third, it influenced the development of curriculum in community college mental health/human service programs nationwide.

An important SREB publication resulting from this project was titled, *Roles and Functions of Mental Health Workers: A Report of a Symposium* (SREB, 1969). This publication provided guidance on specific the roles of mental health workers and information regarding job responsibilities of graduates completing associate and baccalaureate degree

mental health/human services programs. Another seminal publication developed through work based on this project was titled, *Plans for Teaching Mental Health Workers* (SREB, 1971). This publication was instrumental in advancing the notion of preparing “generalists.”

In this publication, a generalist was defined as someone who:

- Provides services to a limited number of clients or families;
- Works in a variety of agencies and organizations;
- Interacts with multiple professionals in the field; and
- Applies multiple therapeutic services and techniques (Mc Pheeters & King, 1971).

The Community College Mental Health Workers Project cemented the identification of a new type of worker in the field, known as a generalist, who was prepared at the associate degree level.

Another important SREB publication largely resulting from this grant was titled, *The Induction and Use of Associate Degree Workers in the Mental Health System* (SREB, 1973c). This publication focused on supporting middle level mental health workers and defining their responsibilities. It detailed effective strategies for assisting faculty in informing employers about the competencies of graduates and included tools for evaluating mental health/human service students in clinical settings.

A final publication resulting from this project was called *Middle Level Workers: Characteristics, Training, and Utilization of Mental Health Associates* (Baker & Mc Pheeters, 1975). This publication detailed differences in personal characteristics between students in associate degree mental health programs and other health related programs, such as nursing. It also provided findings from a study of field supervisors of workers in the profession.

Faculty Development for Associate of Arts Project: 1974-1976

The primary objective of the Faculty Development for Associate of Arts Project was to assist faculty teaching in newly developed mental health/human service programs. Such programs were growing at a high rate in the United States during this period, yet faculty had very little information as to what programs should include.

Three major publications associated with this project contributed greatly to addressing faculty needs. The grant publication, *Teaching Materials Currently Used in Mental Health Worker Training Programs* (SREB, 1974b) included a list of effective instructional materials (e.g., books, articles, films, videotapes) for use in mental health/human service programs. Another publication, *A Kit for Review of Mental Health Worker Training Programs* (SREB, 1974a), provided guidelines for faculty to utilize to evaluate their own programs. This publication contained a sample alumni survey form, student survey, and a program review template. A third publication, *A Guidebook for Mental Health Human Service Programs at the Associate Level* (SREB, 1976), provided detailed information about important considerations in the development of human service programs.

Work completed through the Faculty Development for the Associate of Arts Project laid the groundwork for the program approval process developed through the Paraprofessional Mental Health Worker Projects. More specifically, suggestions detailed in the aforementioned publications were utilized by faculty seeking program approval. For example, teaching materials described in, *Teaching Materials Currently Used in Mental Health Worker Training Programs* (SREB, 1974b), and assessments described in, *A Kit for Review of Mental Health Worker Training Programs* (SREB, 1974a), were considered in initial self-studies from programs seeking program approval.

Paraprofessional Mental Health Worker Projects: 1976 - 1980

NIMH funded additional SREB grants between 1976 and 1980. These grants consisted of two very distinct projects identified as the *Worker Certification Project* and the *Program Approval Project*. A third project, *Program Approval Project: Basic Education* was a continuation of the *Program Approval Project*. These projects were jointly designed and led by Vernon R. James, Chief of the Paraprofessional Manpower Development Division of Manpower and Training Programs of NIMH, and Dr. Harold Mc Pheeters, Director of Mental Health Programs of SREB. These grants are described in detail in the following chapter.

Members of SREB provided leadership throughout every phase of these projects. They served as role models and sources of support to students and practitioners interested in worker certification and faculty considering program approval. The contributions of the groundbreaking work of SREB continue to positively influence and impact the field of human services.

Chapter 4

Paraprofessional Mental Health Worker Credentialing Projects

In 1976, SREB received funds from NIMH for two related credentialing projects. These projects, known as the *Worker Certification Project* and the *Program Approval Project*, centered on the development of a certification system for workers in the profession and the delineation of a set of standards that would serve as the basis of curriculum design for mental health/human service programs. An important goal of these projects was to have certification competencies identified in the *Worker Certification Project* parallel the content of standards developed through the *Program Approval Project*. To achieve this goal, a Project Advisory Committee was developed. This committee included Dr. Harold McPheeters from SREB; Vernon James and Donald Fisher from NIMH; Edward Jacobs, Project Director of the *Program Approval Project*; and Arthur Benton, Project Director of the *Worker Certification Project*; and other professionals in the field. Additionally, task forces and committees were created to assist the Project Advisory Committee in completing activities associated with these projects.

Training Program Survey

One of the first activities of the credentialing projects was to identify practices in the field at the time of grant implementation. This effort was led by Edward Jacobs, Program Approval Project Director, who conducted a survey of programs titled, *Training Program Survey*. Over 600 surveys were mailed to programs nationwide. Of the returned surveys, 308 met criteria for inclusion in the study (Jacobs, 1979). Programs had to have content that

specifically pertained to the field of mental health/human services, offer field-based experiences, and prepare graduates for employment upon program completion for inclusion in the study. Of the included surveys, 27% were from programs at the certificate level, 60% from programs at the associate level, 11% from programs at the baccalaureate level, and 2% from programs at the graduate level (Jacobs, 1979).

This survey obtained information on a national level about the structure of mental health/human service programs functioning at the time, characteristics of students and graduates, program objectives and curriculum models, clinical experiences for students, and staffing patterns of faculty/staff. Jacobs (1979) found strong agreement on major generic skills that should be required for human service workers. These included communication, interpersonal relations, group process, interviewing skills, and counseling skills. Survey data also indicated that the most typical degree for faculty in the field was a doctoral degree in psychology followed by a master's degree in social work. Moreover, findings revealed that it was universally agreed that field experiences must be a required program component (Jacobs, 1979). Findings from the Training Program Survey provided baseline data and contextual information on practices in the field during the beginning stages of the credentialing projects.

Task Forces

The Project Advisory Committee met quarterly to discuss activities of both projects. This committee created task forces identified as the Strategy Task Force, Levels Task Force, and Standards Task Force to assist them in meeting project objectives. The Project Advisory Committee and task force members utilized findings from the *Training Program Survey* as a

baseline for their work. Although task force members were assigned particular areas to focus on within each project, they provided general direction on activities related to both projects.

Strategy Task Force

The Strategy Task Force focused on the identification of activities that should be completed through the credentialing projects. They proposed the following recommendations:

- Collect and synthesize a composite set of competencies from the existing data;
- Analyze Training Program Survey Data for compatibility with competencies;
- Collect demographic data on utilization of paraprofessionals;
- Test a few pilot competencies through the identification, specification process; and
- Develop a common glossary of terms. (Jacobs, 1979)

Recommendations of the Strategy Task Force were considered by the other task forces and the Project Advisory Committee. Their comments helped to guide others in the development and implementation of grant activities.

Standards Task Force

The Standards Task Force was asked to provide assistance in problem analysis, to validate major assumptions underlying the standards and design of the project, and to evaluate what additional information was needed for implementing project strategy (Jacobs, 1979). Their work resulted in several important outcomes. To begin with, it was instrumental in the development of standards for program approval that were differentiated by levels of programs. Moreover, their recognition that programs would need assistance

going through the approval process led to the creation of technical assistance workshops. The contributions of the Standards Task Force members were instrumental in advancing the goals of the credentialing projects.

Levels Task Force

The Levels Task Force met to define skills and competencies that should be included at different program levels. Jacobs (1979) stated, “The main problem addressed [by the Levels Task Force] was how to design a practical, workable, conceptual model for defining the division of labor between levels of training programs” (p. 30). The original 1979 program approval standards identified two program levels: *technical* and *associate/professional*. The *technical* level referred to associate degree programs that primarily prepared direct care workers. Programs at the *associate/professional* level were baccalaureate degree programs that prepared human service workers who could provide advanced levels of service delivery and/or beginning levels of administration.

In October 1983, the Council for Standards in Human Service Education Board of Directors reexamined program levels. They developed new specifications that called for *technical* (non-degree granting programs), *associate*, and *baccalaureate* program levels. In 2005, the levels were examined once again, resulting in the current model of levels which includes *technical* (non-degree and certificate programs), *associate degree*, and *advanced degree* (bachelors and masters degree).

Worker Certification Project

A significant step in the development of a credentialing system for workers in the field was taken in 1977 through the *Worker Certification Project*. Goals of this project included:

- 1) Development of a competency-based methodology for human service workers;
- 2) Creation of the organizational structure, by-laws and procedures for a credentialing organization;
- 3) Development of the examinations for competency-based assessment and the process for worker certification; and
- 4) Promotion of the certification process for workers, educators, and other Professionals.

To accomplish these goals, a committee was created to work with members of the Project Advisory Committee and its task forces to study the results of the *Training Program Survey*, review literature on credentialing and competency-based assessment, and conduct research on competency levels.

Competency Statements

An important outcome of the *Worker Certification Project* was the identification of competencies expected of mental health/human service workers. In the context of their work, the committee defined the term competency as: “Proficient performance in carrying out a rather discrete portion of a job or functional activity together with the conditions and criteria for the demonstration of proficiency in that activity” (Benton, 1978, p 10). To develop competencies, committee members studied several job analysis models available at the time. This research led to the development of “tasks” that became the basis of competency statements. The statements were divided into two categories of workers:

technical and *associate/professional*. Benton (1978) reported that criteria for classifying competencies into a specific level centered on the difficulty and complexity of the work and risk to the client if the task was poorly completed. Other criteria Benton identified as a consideration for classifying a competency included the amount of knowledge and time required to complete a task as well as the level of worker autonomy. In all, forty competency statements were developed through the *Worker Certification Project* (see Appendix B). With the development of competencies complete, the project moved to its second phase – creation of a national organization that would oversee the certification process of workers.

The National Commission for Human Service Workers

An important objective of the *Worker Certification Project* was to develop an organization responsible for certifying direct care workers in the field. Through this project, the National Commission for Human Service Workers (NCHSW) was developed and incorporated in 1982 as an independent, non-profit credentialing organization that provided a voluntary system of national certification for human service workers. NCHSW was responsible for operating a registration system for workers who wanted to be identified in a national directory, developing a classification system for human service workers, publishing newsletters and reports about human service workers, providing conference speakers knowledgeable about credentialing, and consulting with agencies regarding employees for the field.

One of the first tasks of NCHSW was to develop and validate a competency-based certification process that was grounded in the competencies identified in the first phase of the *Worker Certification Project*. Members of NCHSW created a multi-step certification process

that included completion of an application, written exam, case management exercise submitted as part of a portfolio, and submission of an observation form by a site-based supervisor.

The observation form completed by supervisors was an instrument called the Behaviorally Anchored Rating Scale (BARS). This instrument was created by a task force of thirteen individuals that included human service workers and representatives from human service agencies. The BARS instrument used a 1 (poor) to 7 (excellent) point rating scale based on the following areas: (1) understanding clients; (2) acting in the clients' behalf; (3) attitudes about working with clients; (4) communicating and cooperating with other staff; (5) self-awareness and professional development; (6) observing, recording, and reporting; (7) responding to crises, emergencies, and hazards; (8) working with groups of clients; (9) working with a service delivery system; (10) orienting, teaching, consulting with others; (11) and giving supervision (National Commission for Human Service Workers [NCHSW], 1982).

Validation of materials associated with the certification process was completed through a two-phase pilot study. In Phase I of the study, rating instruments including the written exam, case management exercise, and the BARS evaluation were validated on a sample population of 600 workers in the field. Fifty-eight percent (58%) of the participants in the pilot study were from associate or baccalaureate degree programs, and forty-two percent (42%) were from agencies or site-based training programs (NCHSW, 1983). Findings from Phase I were used to revise test instruments. The revised instruments were field tested during Phase II of the study. The pilot testing process was completed in January 1983 and implementation of the certification process began immediately.

All aspects of the certification process were grounded in the competency statements developed in the first phase of the project. The first step in completing the certification process was submission of an application to NCHSW to determine eligibility for certification. If deemed eligible, an applicant was asked to complete a portfolio documenting his/her performance on job-related activities. Candidates were required to include the BARS assessment that was completed by their supervisor. Completed portfolios were submitted to NCHSW by the candidates. If a passing score was achieved on his/her portfolio, the applicant completed a written exam containing job-related multiple choice questions. Applicants who passed all parts of the process were certified and listed in the NCHSW National Register of Human Service Workers.

Closure of the National Commission for Human Service Worker

In 1982, the certification system was officially endorsed by the major national organizations related to the human services profession that existed at the time. They were all united in their support of this important process. It was vital that members from these organizations support the project because of the potential benefits and positive recognition certification could bring to graduates of human service programs. The success of the registry was largely dependent on faculty members believing in the process and on employers in the human service industry encouraging their employees to seek certification.

Despite the efforts of faculty and employers in the field, the success of the certification process was short-lived. Although over 600 people had become credentialed, by the end of 1986 NCHSW was forced to close due to limited resources. The program ceased to have a consistent level of financial support once funding from NIMH ended. Additionally,

the project lacked sufficient staff. It was predominantly run by volunteers who did not have the time to support the project at a level necessary for long-term sustainability. The combination of limited finances, resources, and manpower led to the closure of NCHSW.

Program Approval Project

The *Program Approval Project* focused on the development of a program approval/accrediting process for human service programs and the creation of an organization to oversee this process. This project consisted of two phases. The first phase, known simply as the *Program Approval Project*, focused on the development of standards and a program approval process. The second phase, referred to as *Program Approval: Basic Education*, emphasized developing an organization to oversee the program approval process, creation of the mechanisms and instruments to complete the process, and provision of technical assistance conferences for programs seeking approval (Jacobs, 1979).

Development of the Standards

As a first step in the development of standards for the *Program Approval Project*, findings from the *Training Program Survey* conducted in 1976 were analyzed and results categorized for casting into preliminary proposed standards (Jacobs, 1979). The proposed set of standards did not focus on curriculum but rather programmatic considerations. The format and general content of the standards were identified, and in June 1977 were incorporated into a formal document titled *Proposed Standards for Program Approval*. Following is a

description of the adopted format for the presentation of the initial set of program approval standards.

The standard was to be stated in compact language emphasizing a principle central to good program design. It was to be written in italics to set it off and make it more visible. The language was to be formal language. Preceding each standard, there should be a section describing the rationale for each standard, that is, why it was important to be included in a list of program standards. Following each standard, there would be a statement containing further interpretations, elaborations of the standards, examples, and descriptions of measures that would help program reviewers determine the degree of conformity of each program with the program standards (Jacobs, 1979, p. 21 -22).

The draft set of standards was field tested with approximately 20 programs before being duplicated for distribution in the field for formal response and criticism (Jacobs, 1979). Following feedback from the initial field testing, a survey of the proposed standards was distributed to associate and baccalaureate degree human service programs in January 1978 for comments. Respondents were asked to rate the content of each standard as inappropriate, below minimum, minimum, optimal, or ideal. A high degree of acceptability of the standards was indicated in the survey and no major resistance to any one standard on a conceptual or philosophical basis was present (Jacobs, 1979).

Program Approval Coordinating Committee

The *Program Approval Project* called for the creation of a Coordinating Committee that would serve as a transitional mechanism between the project and a future program approval organization. Representatives from existing human service organizations, SREB, and NIMH were invited to join the Coordinating Committee. The first meeting of the Coordinating Committee was held May 8 - 9, 1978 in Atlanta, GA. Major objectives of this meeting included reviewing the project history and mandate, establishing rules for decision

making and committee procedures, exploring organizational design, and electing of officers (Jacobs, 1979).

Another important outcome of the first Coordinating Committee meeting was the identification of functions of the proposed program approval organization. They agreed on nine functions. The first four functions were considered to be central to the mission of the organization and the final five were intended to support the primary functions. The *primary* functions included: 1) establish standards of training; 2) maintain standards of training; 3) assess and provide training programs; and 4) provide technical assistance to programs. *Supportive* functions included: 5) conduct research on standards; 6) facilitate the coordination of the components of the human service systems (educators, workers, service systems); 7) disseminate knowledge; 8) educate faculty and staff of training programs; and 9) advocate and promote the concept of human service/mental health program approval (Jacobs, 1979).

The Coordinating Committee met a total of four times between 1978 and 1979. However, subcommittee work occurred on more consistent basis throughout the year. Outcomes from the Coordinating Committee and its subcommittees included:

- Completion of a membership fee study;
- Clarification of program levels of training;
- Creation of application and notification forms;
- Development of self-study guidelines and site review manual;
- Discussion of selection and training of program reviewers;
- Completion of a needs assessment for use with technical assistance workshops;
- Development of by-laws and articles of incorporation; and

- Discussion of organizational design and roles of board members (Jacobs, 1979).

Program Approval versus Program Accreditation

One important consideration of the Coordinating Committee was whether the proposed organization would offer “program approval” or “program accreditation.” Although they would be accrediting programs, committee members were not sure if they wanted to use the term accreditation term in the project’s initial stage. In the end, the Coordinating Committee decided to have the proposed organization initially offer program approval and eventually transition to offering accreditation. It was felt that the term accreditation may have appeared to have a restrictive element that could have inhibited human service programs at the time from applying to complete the process. In May 1999, the CSHSE Board of Directors decided to officially start offering accreditation instead of approval (Di Giovanni, 2000).

The Coordinating Committee wanted to design a developmental and consultative process of program approval. They felt it was imperative that programs completing the approval process had to be provided support and guidance on a regular and consistent basis. This process was later referred to as technical assistance. As an additional means of supporting programs, CSHSE developed a handbook to inform educators and employers about the organization, standards, approval process, membership, and regions of the organization.

Program Approval Process

The Coordinating Committee created a subcommittee specifically responsible for developing a process for program approval and the materials necessary to support this process. In 1975, the subcommittee (in collaboration with the Coordinating Committee) agreed on the following steps for program approval: (1) program submits application, (2) program completes self-study, (3) site reviewers complete visit, (4) program is reviewed, (5) decision on approval is made. An appeals process was also developed for both initial approval and re-evaluation. The current review decisions include: approval of accreditation, provisional accreditation, denial of accreditation, or table consideration (CSHSE, 2006).

The instruments developed to facilitate the program approval process were field-tested using two methods before widespread use by the programs. Subcommittee members took the instruments to their respective programs for review by colleagues. Additionally, the newly developed program approval process was field tested in six human service programs. Insight gained from these two activities was used to strengthen and improve the process.

Two integral steps of the program approval process include submission of a self-study by program faculty and a completion of a site visit by program reviewers. The self-study process provides program faculty the opportunity to reflect on their programs and consider the alignment of their program with CSHSE Standards. The site visit allows CSHSE site reviewers to see a program in action, meet individuals responsible for the development and implementation of program objectives, discuss the program with important stakeholders, and confirm that the program meets CSHSE Standards.

Over the years, CSHSE has developed several important publications to assist programs in preparing for site visits. One of the first publications, *Site Visit Procedures* (1979), provided general information about important considerations about the site review

process. This publication was revised and published again with the new title, *Site Visit Orientation Manual* (1983). Other publications focused on the self-study process. *Self-Study Guidelines* (1980) was developed to assist programs in completing their self-study. This publication was revised in 2006 and is now titled, *Member Handbook: Accreditation & Self-Study Guide*. It contains information about current accreditation requirements and procedures.

Program Approval Project: Basic Education

In 1978, SREB sought additional funds that would support full implementation of the *Program Approval Project*. These funds were attained resulting in the grant, *Program Approval Project: Basic Education*. In essence, this grant was simply an extension of the *Program Approval Project*. The goals of this grant were to refine and complete the standards, create an organization for program approval, and to develop technical assistance conferences to support faculty seeking program approval.

Curriculum Standards

During the initial development of the standards, Standards Task Force members knew that particular consideration had to be given to the content of the curriculum standards. Human services was a career field in its infancy, and the scope and nature of services were still being defined and clarified in the community. This presented a challenge as to the type of material that should be covered in the curriculum related standards.

The Coordinating Committee wanted increased understanding of the curriculum areas mental health/human service employers viewed as important for workers in the field to assist

them in developing standards. To obtain this information, a Curriculum Standards Study was conducted in 1979. Curriculum from training programs available nationwide at the time was analyzed as part this study. A field study with service providers was also conducted as part of this study. Results from this study were used to guide the content of the curriculum standards.

Creation of CSHSE Organization

Finalizing the development of an organization focusing on the program approval process of human service programs was an important component of the *Program Approval Project: Basic Education*. The Coordinating Committee developed through the *Program Approval Project* served as a steering committee for the new organization. It was intended for the Coordination Committee to disband when initial officers for the new organization were selected to officially conduct business (Jacobs, 1979).

The name of the accrediting organization created through this project was the Council for Standards in Human Service Education (CSHSE). At the third meeting of the Coordinating Committee in December 1978, members approved and adopted this name. The committee selected this name because they wanted the function of the organization to be evident in its title. CSHSE was officially incorporated in the state of Georgia in 1979 as a non-profit organization. An interim Board of Directors comprised of Coordinating Committee members was created following the official incorporation of the new organization. Detailed information about current and past CSHSE directors can be found in Appendix C.

Technical Assistance Conferences

Another important element in this final grant was the development of nationwide technical assistance conferences to assist programs completing the program approval process. It was believed that nationally offered conferences would be an effective way to disseminate information about the process and provide an effective level of support to institutions seeking accreditation.

In 1979, the first technical assistance conferences were held in Baltimore, Maryland; Atlanta, Georgia; Bangor, Maine; and San Antonio, Texas. The main goals of the initial conferences were to introduce college faculty to the newly developed program approval organization, provide participants with information and materials for approval, discuss the self-study process, and to review procedures for a site review. Feedback from these conferences confirmed that technical assistance workshops were an effective mechanism for supporting human service programs seeking program approval.

CSHSE continues to provide support to programs seeking approval through technical assistance workshops. Additionally, CSHSE Regional Directors provide college programs in their region with direct and personal assistance regarding program accreditation. Regional directors are responsible for providing technical assistance to any program that is seeking approval in their region, assisting programs in their region in the completion of self-studies, and recommending to the CSHSE Board when a program is ready for a site visit.

The *Worker Certification* and *Program Approval Projects* were instrumental in clarifying roles and responsibilities of workers in the profession and standards for human service education programs. Important outcomes of these projects included the development of expected competencies of workers and standards for human service professionals, creation

of a professional organization for worker certification, completion of standards by which programs would be aligned, and implementation of a program approval process for human service programs.

Chapter 5

The Council for Standards in Human Service Education:

National Standards and Accreditation

The following chapter provides information about the development and application of the CSHSE National Standards. Between 1976 and 1978 national standards for program accreditation of human service programs were developed through the SREB Paraprofessional Program Approval Project. Twenty-three standards that serve as the conceptual grounding for the accreditation of human service education programs were written as a result of this project. It is important to note that these standards were not developed to be a static document. They were meant to be reviewed and updated over time. Since their inception, the standards have served as a reliable framework guiding the program approval process and have become accepted by higher education programs in the human services field as the primary set of standards for accreditation.

The CSHSE National Standards are divided into two areas. The first 10 pertain to general program characteristics and the latter 13 to curriculum. In May 2005, CSHSE adopted a “clarified” set of standards which are meant to provide additional information to college faculty and site reviewers about the program review process. It is important to note that the substance of the standards did not change significantly with this revision.

This chapter is organized by the standards and based on a content analysis of self-studies from human service programs seeking CSHSE program approval between the years 1979 and 2004. Relevant SREB & CSHSE documents primarily related to the *Worker Certification* and *Program Approval Projects* are cited within each standard. These

documents provide historical grounding for the standards. Many early programs utilized these materials to assist them with preparing for the program approval process.

Within each CSHSE standard described in this chapter, specific information is included. Each standard addresses the following areas:

- (1) Standard Number and Description;
- (2) Relevant SREB & CSHSE documents;
- (3) Information about the standard and/or evidence examples from self-studies; and
- (4) Applicable National Community Support Skill Standard.

CSHSE Standards 11 – 23 include specific curriculum components that should be addressed at different program levels (i.e., technical, associate, and advanced). Information pertaining to specific curriculum components is briefly summarized below under the appropriate standard. See www.cshse.org for the full text of the CSHSE 2005 National Standards which includes detailed discussion of curriculum components delineated at each program level. Although not described below, it is important to note that all self-studies are required to include a matrix that maps the relationship of program curriculum to Standards 11 – 23.

STANDARD NUMBER 1

The primary program objective shall be to prepare human services professionals to serve individuals, families, groups, communities and/or other supported human services organization functions.

Relevant Publications:

- Benton. A. (1978). *Paraprofessional worker certification project interim progress report*. [SREB Report].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1969). *Roles and functions of mental health workers: A report of a symposium*.
- SREB. (1973b). *The creation of a discipline: Middle level mental health workers*.
- SREB. (1976). *A guidebook for mental health/human service programs at the associate*

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|--|
| <p><i>degree level.</i></p> <ul style="list-style-type: none"> • SREB. (1977). <i>Mental health and human service competencies: Issues and trends.</i> • SREB. (1978). <i>Staff roles for mental health personnel: A history and rationale for paraprofessionals.</i> • SREB. (1979). <i>Mental health/human service worker activities: The process and the products.</i> <p><i>See reference list for complete citations.</i></p> |
| <p>Additional Information and/or Evidence Examples:</p> <p>The formal preparation of human service professionals was engendered with the passing of the 1963 Community Mental Health Centers Act and the 1964 Economic Opportunity Act. These two acts influenced the development of preparation programs for workers in the mental health/human services field who could provide services for clients of in- and out-patient facilities and community-based programs. To prepare workers in this emerging field, new curriculum focusing on the specific skills and competencies of human service practitioners had to be designed. The SREB Credentialing Projects of Program Approval and Worker Certification addressed this need by developing human service curriculum and helping to establish CSHSE and NOHS.</p> <p>Self-studies indicate that program objectives and philosophy statements emphasize the preparation of human service generalists. This concept was promoted by the SREB <i>Program Approval Project</i> and <i>Worker Certification Project</i>.</p> |
| <p>Crosswalk with Community Support Skill Standard:</p> <p>Competency Area 1. Participant Empowerment</p> |

| |
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| <p style="text-align: center;">STANDARD NUMBER 2</p> <p>The program shall have an explicit philosophical statement and clearly defined knowledge base.</p> |
| <p>Relevant Publications:</p> <ul style="list-style-type: none"> • Aldridge, M. (1983). <i>Developing and rejuvenating human service programs.</i> [CSHSE Monograph]. • Mc Pheeters, H., & King, J. (1971). <i>Plans for teaching mental health workers: Community college curriculum objectives.</i> [SREB Report]. <p><i>See reference list for complete citations.</i></p> |
| <p>Evidence Examples/Additional Information:</p> <p>The philosophy statement, which must be clearly defined in self-studies, provides a conceptual framework for a program by which all other elements are grounded. Self-studies indicate that human service programs typically develop a philosophy statement that emphasizes the worth and dignity of all human life, promotes the right of all individuals to be treated with respect, encourages all individuals to reach their maximum potential, and promotes the belief that learning is a life-long process. Philosophy statements encourage students and graduates to demonstrate a commitment to a high level of performance, practice personal reflection, and enhance the profession of human services.</p> |

Crosswalk with Community Support Skill Standard:
Competency Area 1. Participant Empowerment

STANDARD NUMBER 3

The program shall include periodic mechanisms for assessment of and response to changing policies, needs, and trends of the profession and community.

Relevant Publications:

- SREB. (1969). *Roles and functions of mental health workers: A report of a symposium.*
- SREB. (1973). *Induction and use of associate degree workers in the mental health system.*
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level.*
- CSHSE. (1982). *Needs assessment activities of human service programs.*

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Original self-studies document that the creation of human service education programs within college systems involved a community needs survey to collect data that would justify the development of a mental health/human service program. Community needs surveys help to identify the needs of the local community, specify employer needs for trained workers, and detail employment opportunities for program graduates. The completion of community needs assessments continues to be included in the program approval process today.

Service providers and programs work together to develop and implement community needs assessments on a regular basis to determine whether programs prepare competent human service practitioners able to provide quality care to clients. Information gained from community needs assessments influence topics covered in human services coursework.

Self-studies document that advisory boards typically comprised of college administrators, faculty, alumni, students, and members of community-based organizations provide another means for programs to learn about community needs. Advisory board minutes contained in self-studies indicate that boards conduct myriad activities including review of program curriculum and CSHSE program accreditation processes, discussion of articulation agreements, documentation of changes in the mental health/human service field, development of descriptions of new job titles and positions, consideration of current and projected employment needs of local agencies, examination of legislation and federal mandates impacting human service delivery systems, and identification of competencies expected of human service practitioners.

There is a joint responsibility of college programs and community agencies to collaborate on the development of human service education programs at all levels. It is evident in self-studies that establishing collaborative partnerships is vital to the growth and success of both programs and agencies.

Crosswalk with National Community Support Skill Standard:

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| Competency Area 4. Community and Service Networking |
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| STANDARD NUMBER 4 |
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| The program shall conduct consistent formal evaluative processes to determine its effectiveness in meeting the needs of the students, community, and the human services field and to modify the program as necessary. |
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| Relevant Publications: |
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| <ul style="list-style-type: none"> • CSHSE. (1982). <i>Needs assessment activities of human service programs.</i> • SREB. (1974a). <i>A kit for review of mental health training programs.</i> • SREB. (1976). <i>A guidebook for mental health/human service programs at the associate degree level.</i> • SREB. (1981). <i>Survey of activities to follow up graduates, assess agency and worker needs in mental health/human service worker programs.</i> <p><i>See reference list for complete citations.</i></p> |
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| Evidence Examples and/or Additional Information: |
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| To receive CSHSE accreditation and reaccreditation, programs must conduct a formal evaluation every five years. These evaluations assess community needs and the status of program graduates among other items. Program evaluations documented in self-studies include student and agency surveys, course and faculty evaluations, information about involvement of agencies in field placements, and relevant institutional data. |
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| Self-studies indicate that graduate surveys document information about multiple areas including positions of employment held by graduates, completion of continuing education opportunities, satisfaction level of the college program, professional concerns about credentials, salary ranges of graduates, achievement of applicable national or state licensure, and membership in professional organizations. |
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| Crosswalk with Community Support Skills Standard: Not Applicable |
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| STANDARD NUMBER 5 |
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| The program shall have written standards and procedures for admitting, retaining, and dismissing students. |
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| Relevant Publications: |
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| <ul style="list-style-type: none"> • SREB. (1973a). <i>Middle level mental health workers are here. What now?</i> • SREB. (1976). <i>A guidebook for mental health/human service programs at the associate degree level.</i> <p><i>See reference list for complete citations.</i></p> |
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| Evidence Examples and/or Additional Information: |
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| <i>Admission</i> |
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| General admission requirements to community colleges typically include attainment of a |
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high school diploma or general education diploma (GED) and completion of an assessment in reading, writing and math. These assessments help to determine appropriate college programs and/or coursework for applicants. Baccalaureate degree programs generally require scores from the Scholastic Aptitude Test, or similar assessment, an essay and other related items. International applicants regularly apply to human service programs. Prior to admission, applicants from foreign countries need to have their educational backgrounds evaluated through centers for educational documentation.

Affirmative action policies that increase access to educational programs should be considered by program faculty. It is important that human service program procedures concerning affirmative action should parallel those of its institution.

Self-studies indicate that applicants to human service programs are required to meet general admission requirements of a college along with other program specific requirements. Criteria specific to human services programs may include an interview with a human service faculty member, reference letters, physical examinations, immunizations, and/or a criminal record check.

Retention

Self-studies reveal that faculty members play a critical role in helping to retain students. In many programs human service faculty serve as academic advisors responsible for assisting students with course registrations, assigning appropriate field experiences, and reviewing academic records. A high level of interaction between students and faculty appears to be an important factor in student satisfaction.

Dismissal

CSHSE Standards require that colleges develop their own guidelines in regard to dismissal of a student from a practicum or program. These guidelines must follow due process procedures established by an institution. It is imperative that student rights be recognized and respected in any dismissal process. For field placements, program faculty and students must recognize that agencies accept students on a voluntary basis and that it is important to honor field agreements in regard to dismissal of a student from a field placement. Self-studies indicate that students are typically made aware of dismissal policies in human service program manuals and college student manuals.

Crosswalk with Community Support Skill Standard:

Competency Area 1. Participant Empowerment

STANDARD NUMBER 6

The combined competencies and disciplines of the faculty for each program shall include both a strong and diverse knowledge base and clinical/practical experience in the delivery of human services to clients.

Relevant Publications:

- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Diverse faculty who collectively hold experience in the field of human services and/or related professions are working with human service programs. Self-studies provide evidence of this through the inclusion of curriculum vitae that include detailed information about the qualifications of faculty members. Faculty experience in the field of human services as well as the related disciplines of psychology, social work, counseling, nursing, and education is detailed in vitae included in self-studies. Moreover, expertise in varied specializations associated with the field including addiction, gerontology, rehabilitation, education, administration, and criminal justice was present. This finding was not surprising given that the field of human services is grounded in a multidisciplinary approach in the delivery of care.

Self-studies also indicate that programs hire individuals who are uniquely qualified to provide clinical supervision. Many programs hire faculty members who are experienced practitioners with the required professional qualifications to practice in their respective fields. Educational preparation, career experience, and clinical expertise are all considered when determining which courses faculty members will teach.

Crosswalk with Community Support Skill Standard: Not Applicable

STANDARD NUMBER 7

The program shall adequately manage the essential program roles and provide professional development opportunities for faculty and staff.

Relevant Publications:

- SREB. (1973). *Induction and use of associate degree workers in the mental health system*.
- SREB. (1974b). *Teaching materials currently used in mental health worker training programs*.
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

The 1976 SREB publication, *A Guidebook for Mental Health/Human Service Programs at the Associate Degree Level*, suggested an organizational framework for relationships of individuals associated with programs. This publication advocated two types of relationships: intraorganizational and interorganizational. Intraorganizational relationships pertained to those within the college between staff, faculty, and

administrators. Interorganizational relationships referred to those beyond the college to include community-based partners; state and federal agencies; and state, regional and national organizations. Self-studies indicate that consideration of these types of relationships has persisted over time. Information about the specific responsibilities of faculty and staff members and how these responsibilities intersect with the needs of community-based partners was provided in self-studies.

Information about the number of faculty employed by a program was also present in self-studies. One important area of consideration is the level of interaction that students have with full-time and adjunct faculty members. Student interaction with faculty is partially dependent on faculty availability on a consistent basis. It is problematic if programs rely heavily on adjunct faculty who cannot sufficiently provide a consistent level of support to students because of part-time employment status.

Professional development for faculty has always been an important component of the CSHSE Standards. SREB laid the foundation for faculty workshops and conferences during the beginning stages of the human service education movement. Faculty in early programs took advantage of varied opportunities for professional development offered through SREB conferences and regional human service education organizations. Self-studies reveal that faculty members continue to develop their skills through professional development opportunities. Such opportunities enable them to discuss current research findings, explore best practices in the field, and collaborate on pertinent issues and trends in the profession.

Crosswalk with National Community Support Skill Standard: Not Applicable

STANDARD NUMBER 8

Evaluations for each faculty and staff member shall reflect the essential roles and be conducted at least every two years.

Relevant Publications:

- SREB. (1974b). *Teaching materials currently used in mental health worker training programs.*
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level.*

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Self-studies describe the process and tools for faculty and staff evaluation. Evidence such as classroom teaching evaluations, descriptions of instructional methods and materials, documentation of professional development and community service, feedback from peer review, and input from community-based partners were provided in self-studies as sample assessment measures. Regardless of measures used by programs, it is imperative that programs can provide evidence of an evaluative process that provides substantive feedback on a regular basis to faculty and staff.

When developing evaluation processes, programs also consider whether union contracts are in place. Colleges that have union contracts are bound by such contracts. Information about evaluation processes detailed in contracts must be considered when reviewing faculty and staff performance.

Crosswalk with Community Support Skill Standard: Not applicable

STANDARD NUMBER 9

The program shall have adequate faculty, staff, and program resources to provide a complete program.

Relevant Publication:

- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level.*

See reference list for complete citation.

Evidence Examples and/or Additional Information:

Budgets

Program budgets must provide evidence that an adequate amount of funding is available to deliver a complete program. Areas typically detailed in budgets include fees for CSHSE membership and program accreditation, salaries for program faculty and staff, cost of supplies and materials, funds for field supervision and professional development activities, and payments for consultants and guest speakers.

Faculty Resources

Self-studies indicate that the number of faculty members connected to a program is dependent on many factors including amount of human service courses in the curriculum, number of students in these courses, number of required site visits for field placements, student enrollment status (i.e., full time vs. part time), retention rate of students, cost of the program to the college, and degrees awarded.

Faculty/student ratio in the supervision of students in field placements is an important consideration. This ratio is largely dependent on agreements with human service agencies, role of college faculty members and agency staff in the field supervision process, budgetary and resource constraints, and time required by field supervisors to conduct observations and develop collaborative relationships with agencies.

Available college resources are examined by CSHSE for program accreditation and re-accreditation. Site visitors review how programs utilize campus resources and the overall adequacy of resources including technology and computer lab availability. Another important campus resource is the library. Human service program faculty typically consult with library staff to ensure that appropriate holdings in the field are available to the campus community. Site visitors review the efficacy of available resources in providing systemic support to students.

Student Resources

College programs provide several supports to assist students in reaching their personal and educational goals. Student resources on most campuses include academic advising centers, disability services, assessment centers, computer labs, centers for adult and alternative studies, career planning and placement centers, and academic support centers. Additionally, colleges provide support services to veterans and international students. Also available are student government organizations, student activities, and student newspapers. Faculty may refer or encourages students to use available student services. However, utilization of such services by students is a personal choice.

One emerging resource available to students on community college campuses is on-campus housing. Community colleges have not typically provided this service to students. However, this option has recently become available at several schools. Examples of community colleges with on-campus housing include Allegany College of Maryland in Cumberland, Maryland and New Hampshire Technical Institute in Concord, New Hampshire.

Crosswalk with Community Support Skill Standard: Not applicable

STANDARD NUMBER 10

Each program shall make efforts to increase the transferability of credits to other academic programs.

Relevant Publications:

- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level.*
- Jacobs, E. (1979). *Program approval project summary: July 1976 - June 1979.* [SREB Report].

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Self-studies describe how faculty members collaborate with each other regarding the transferability of credits from one college to another through articulation agreements. These agreements (which are regularly reviewed) are typically developed by program faculty of both colleges involved. To develop agreements, representatives from both educational institutions review college catalogues, course descriptions, and curriculum to determine appropriate and valid transfer credit.

In the early 1980s, transferability of academic credit from associate degree programs to baccalaureate degree programs began to be identified in college catalogs. An important issue in the original programs that had to be resolved when articulation agreements were first developed pertained to the transferability of human service coursework taken in associate degree programs toward other types of degree programs. When CSHSE standards were first developed, baccalaureate degree programs in human services were not available in many areas of the country. Thus, it was common to create articulation

agreements between associate degree programs in human services and bachelor degree programs in social work. As human services programs developed at the baccalaureate degree level, agreements were changed to reflect this new area of specialization.

Currently, associate degree human service program graduates commonly transfer to baccalaureate degree human service programs as well as programs in social work, psychology, sociology, counseling, or education programs. Students benefit from academic advising by program personnel to help determine which baccalaureate degree program best suits their needs and interests. Important factors that can influence a student's decision to attend a particular program include the amount of transfer credits accepted, the time it will take to earn a bachelor's degree, and the overall cost of the program.

It is common for publicly funded schools within the same state to have a similar course numbering system which is indicated in a college catalog. This common numbering system helps faculty articulate courses and award appropriate transfer credit to students.

Crosswalk with Community Support Skill Standard:

Competency Area 7. Education, Training, and Self Development

STANDARD NUMBER 11

The curriculum shall include the historical development of human services.

Relevant Publications:

- Aldridge, M. (1983). *Developing and rejuvenating human service programs*. [CSHSE Monograph].
- Fullerton, S. & Osher, D. (1990). *History of the human service movement*. [CSHSE Monograph].
- Heckman, I. (1993). *Human services: Visions for the future*. [CSHSE Monograph].
- Kronick, R. (1987). *Curriculum development in human service education programs*. [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1969). *Roles and functions of mental health workers: A report of a symposium*.
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Programs document where curriculum addresses the historical development of the human service profession and pertinent current and past legislation. Additionally, they describe coursework that prepares students in understanding individual, group, organization, and societal structure and dynamics. Sample courses indicated in self-studies that address these areas include Introduction to Human Services, Introduction to Social Welfare, and Introduction to Sociology and Community Mental Health.

Crosswalk with Community Support Skill Standard:
Competency Area 8. Advocacy

STANDARD NUMBER 12

The curriculum shall include knowledge and theory of human systems, including individual, interpersonal, group, family, organizational, community, and societal and their interactions.

Relevant Publications:

- Jones, J., Kerstein, S. & Osher, D. (1994). *Diversity and human services*. [CSHSE Monograph].
- Kronick, R. (1987). *Curriculum development in human service education programs*. [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1969). *Roles and functions of mental health workers: A report of a symposium*.
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.
- SREB. (1978). *Staff roles for mental health personnel: A history and rationale for paraprofessionals*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Programs are required to provide evidence of coursework that addresses knowledge and theory of human systems including individual, groups, community, and organizational systems. Related field models in medicine, psychology, psychiatry, sociology, rehabilitation, and education were considered extensively when designing initial human services coursework that covers these areas.

Self-studies provide evidence of curriculum content that helps prepare students to work with diverse clients. Students are taught about the role of diversity within clinical settings. More specifically, they learn about the importance of respecting cultural, ethnic, gender, ability, and socioeconomic differences.

Identified roles of the human service generalist listed in the 1969 SREB publication, *Roles and Functions of Mental Health Workers: A Report of a Symposium*, influenced curriculum content of early programs. Many of the roles in this document related to providing care to individuals in need of assistance. This focal point has not changed over time. Sample roles of students found in field placements today include outreach worker, advocate, evaluator, teacher, behavior changer, mobilizer, consultant, community planner, care giver, data manager, administrator, and assistant specialist. One shift that has occurred over time is the expansion of roles to include more administrative tasks.

Crosswalk with Community Support Skill Standard:
Competency Area 4. Community and Service Networking

STANDARD NUMBER 13

The curriculum shall address the conditions that promote or limit human functioning.

Relevant Publications:

- Kronick, R. (1987). *Curriculum development in human service education program*. [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1969). *Roles and functions of mental health workers: A report of a symposium*.
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Self-studies provide evidence that the knowledge, skills, attitudes, and values developed in programs prepare graduates able to serve as human service practitioners responsible for direct client care. Students develop knowledge of differing kinds of human needs, support individuals to reach a maximum level of functioning, recognize common behavioral and personality patterns, utilize appropriate treatment and rehabilitation techniques, and practice within the human service profession as part of a multi-disciplinary team.

Human service curriculum also addresses conditions that promote or limit functioning. Students learn about personal and community issues relating to addiction, mental illness, developmental delays, homelessness, family dysfunction, delinquency, abuse, violence, diversity, aging, and disability.

Crosswalk with Community Support Skill Standard:

Competency Area 6. Community Living Skills/Support

STANDARD NUMBER 14

The curriculum shall provide knowledge and skill training in systematic analysis of services needs; selection of appropriate strategies, services, or interventions; and evaluation of outcomes.

Relevant Publications:

- Kronick, R. (1987). *Curriculum development in human service education programs*. [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1969). *Roles and functions of mental health workers: A report of a symposium*.
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Self-studies reveal that human service education programs prepare students who are able to provide direct support services in the human service industry. Curriculum content prepares students to develop the necessary skills to assess the needs of clients, implement individual service plans, collaborate with inter-disciplinary team members, utilize appropriate intervention and treatment modalities, and respect participant empowerment. Through program curriculum, students become advocates for change and learn to recognize the significance of legislation that directly impacts their clients. In field placements, students have the opportunity to participate in agency trainings and workshops related to providing services to diverse populations.

Crosswalk with Community Support Skill Standard:

Competency Area 9. Vocational, Educational and Career Support

STANDARD NUMBER 15

The curriculum shall provide knowledge and skills in information management.

Relevant Publications:

- Kincaid, S. (2004). *Technology in human services: Using technology to improve quality of life*. [CSHSE Monograph].
- Kronick, R. (1987). *Curriculum development in human service education programs*. [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1969). *Roles and functions of mental health workers: A report of a symposium*.
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Self-studies provide evidence that observation, documentation, and reporting processes are taught in classes and practiced in field placements. Students learn communication, interviewing, documentation, and reporting skills essential to the collection and sharing of information. They also learn policies and procedures of agencies, the importance of confidentiality, data reporting processes, and agency information management systems.

Evidence of an interesting shift pertaining to information storage was found in self-studies. Human service agencies have transitioned from paper to computer-based systems of information storage. This shift has meant that employees must enter the workforce with a strong technical skill set. Self-studies indicate that programs in human service education have added courses in computer technology and/or have required students to be evaluated on technological skills to ensure they are entering the workforce with the necessary technical skills for success.

Crosswalk with Community Support Skill Standard:
Competency Area 12. Documentation

STANDARD NUMBER 16

The curriculum shall provide knowledge and skills in human services interventions that are appropriate to the level of education.

Relevant Publications:

- Kronick, R. (1987). *Curriculum development in human service education programs*. [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1969). *Roles and functions for mental health workers: A report of a symposium*.
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Intervention techniques for use in personal, psychological and physical crisis situations are an important element of human service coursework. Self-studies document that programs help students learn how to recognize a crisis situation, apply appropriate intervention techniques, cope with inappropriate behaviors, set limits on behaviors, follow mandated agency procedures for reporting incidents, make decisions utilizing problem solving and conflict resolution skills, and seek assistance when necessary. Students are expected to practice and follow ethical principles when addressing challenging situations.

Self-studies reveal that students develop and implement crisis intervention skills in field-based settings. Many human service programs provide the opportunity for students in field experiences to attend mandated training sessions about intervention strategies for use in crisis situations. Through clinical and classroom experiences, students learn and apply intervention, counseling and communication techniques necessary to assist them in meeting client needs.

Crosswalk with Community Support Skill Standard:
Competency Area 10. Crisis Intervention

STANDARD NUMBER 17: Learning experiences shall be provided for the student to

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| develop his or her interpersonal skills. |
| <p>Relevant Publications:</p> <ul style="list-style-type: none"> • Kronick, R. (1987). <i>Curriculum development in human service education programs</i>. [CSHSE Monograph]. • Mc Pheeters, H., & King, J. (1971). <i>Plans for teaching mental health workers: Community college curriculum objectives</i>. [SREB Report]. • SREB. (1976). <i>A guidebook for mental health/human service programs at the associate degree level</i>. <p><i>See reference list for complete citations.</i></p> |
| <p>Evidence Examples and/or Additional Information:</p> <p>Human service education programs provide instruction in interpersonal and therapeutic skills that can be applied in the field. Curriculum helps prepare students to clarify expectations, address challenging situations, establish positive relationships with clients, and utilize critical thinking skills (e.g., problem solving, decision making) when interacting with others. Self-studies indicate that faculty use a variety of teaching techniques including role play, group discussion, taping of interviews, brain-storming, and case presentations to assist students in the development of interpersonal skills.</p> |
| <p>Crosswalk with Community Support Skill Standard:</p> <p>Competency Area 2. Communication</p> |

STANDARD NUMBER 18

The curriculum shall provide knowledge, theory, and skills in the administrative aspects of the services delivery system.

Relevant Publications:

- Kronick, R. (1987). *Curriculum development in human service education programs*. [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Advanced degree programs place greater emphasis on administrative roles than technical and associate degree programs which emphasize roles for direct care worker roles. Curriculum in advanced degree programs prepares students to become integral members of the administrative structure of an agency. It addresses organizational management, budgets, program evaluation, grants and contracts, legal issues, resource management, and advocacy.

Field experiences provide students the opportunity to apply administrative skills. Students are placed in clinical settings under the supervision of an administrator who serves as a role model in an agency setting. In this supportive environment, students in advanced degree programs learn the skills necessary to become program managers and

administrators upon program completion.

Crosswalk with Community Support Skill Standard: Not applicable

STANDARD NUMBER 19

The curriculum shall incorporate human services values and attitudes and promote understanding of human services ethics and their application in practice.

Relevant Publications:

- Kronick, R. (1987). *Curriculum development in human service education programs*. [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1969). *Roles and functions for mental health workers: A report of a symposium*.
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Self-studies indicate that programs prepare graduates that understand values and ethics intrinsic to the human services profession. Classroom and clinical experiences in human service programs provide students the opportunity to consider ethical standards and examine their personal philosophy of care for others. By reflecting on personal beliefs, students consider personal biases and attitudes that may help and/or hinder their ability to support clients.

Crosswalk with Community Support Skill Standard:

Competency Area 1. Participant Empowerment

STANDARD NUMBER 20

The program shall provide experiences and support to enable students to develop awareness of their own values, personalities, reaction patterns, interpersonal styles, and limitations.

Relevant Publications:

- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Students in human service programs are taught to be open to beliefs and practices that may differ from their own, value diverse cultures, reserve judgment, form new ideas, be sensitive to the needs of others, and respect the dignity and human rights of all individuals. Safe learning environments where students can reflect on personal values,

limitations, and awareness of diversity must be part of a program's curriculum. It is imperative that faculty recognize students with beliefs or attitudes that may hinder their ability to support clients. In such cases, faculty must provide appropriate referrals to resources or provide additional instruction.

Self-studies indicate that portfolios are used as a tool to help students reflect on their beliefs and practices, document their increasing capabilities as practitioners, and showcase their accomplishments. A portfolio is generally a collection of artifacts that can include many different items. Common portfolio items include resumes, philosophy statements, class assignments, observation forms completed by field supervisors, and recommendations.

Crosswalk with National Community Support Skill Standard:
Competency Area 7. Education, Training, and Self Development

STANDARD NUMBER 21

The program shall provide field experience that is integrated with the curriculum.

Relevant Publications:

- CSHSE. (1982). *Needs assessment activities of human service programs.*
- Di Giovanni, M. (1989). *The development of a field work manual.* In Tower, C. (Ed.). *Field work in human services education.* [CSHSE Monograph].
- Jacobs, E. (1979). *Program approval project summary: July 1976 - June 1979.* [SREB Report].
- Jacobs, E., & Feringer, R. (1985). *A three parameter model for planning, monitoring, and evaluating human services field experiences.* [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives.* [SREB Report].
- SREB (1976). *A guidebook for mental health/human service programs at the associate degree level.*

See reference list for complete citations.

Evidence Examples and/or Additional Information:

Self-studies must demonstrate that programs offer field experiences that enable students to transfer competencies developed in classroom settings into practice in clinical settings. Program reviewers look for evidence of the process programs use to inform students about guidelines for clinical experiences.

CSHSE Standards require field experiences in programs to include a minimum of 180 clock hours at the technical level, 250 at the associate level, and 350 at the advanced level. Activities, expectations, and roles of students in field experiences must be detailed in written agreements with agencies. During field experiences, students learn about the structure and population of local community agencies, develop skills for becoming interdisciplinary team members, interact with diverse clients, and reflect on personal values and beliefs. This is largely accomplished through observations and direct interaction with clients and agency staff.

All programs are required to develop a program manual as part of the program approval process. In the *Field Work in Human Service Education* (1989), Di Giovanni wrote a chapter that provided guidelines for development of a field work manual. This chapter described important information that should be included in this publication.

Recommended areas included admission criteria, rationale and purpose of the program, pertinent objectives and policies, ethical standards of human service workers, curriculum connections to field experiences, details about placement agreements and partnerships with community agencies, field placement policies, and information about multi-disciplinary supervision by agency supervisors and program faculty. These areas were (and still are) present in program manuals reviewed for this monograph.

It is important to note that manual titles differ by program. Titles are designed to reflect the uniqueness of each college program. Examples of titles include: Human Service Program Policies and Procedures Manual, Field Placement Manual, and The Practicum Experience.

Crosswalk with Community Support Skill Standard:

Competency Area 4. Community Service and Networking

STANDARD NUMBER 22

The program shall award academic credit for the field experience.

Relevant Publications:

- Jacobs, E., & Feringer, R. (1985). *A three parameter model for planning, monitoring, and evaluating human services field experiences*. [CSHSE Monograph].
- Mc Pheeters, H., & King, J. (1971). *Plans for teaching mental health workers: Community college curriculum objectives*. [SREB Report].
- SREB. (1976). *A guidebook for mental health/human service programs at the associate degree level*.
- SREB. (1979). *Mental health/human service worker activities: The process and the products*.

See reference list for complete citations.

Evidence Examples and/or Additional Information:

CSHSE Standards currently require that one academic credit be awarded per week for no less than three hours of field experience. Credit for field experience is largely based on a student's ability to apply knowledge, skills, and appropriate attitudes in the delivery of human services and reach certain expectations as delineated in agreements between agencies, colleges, and students.

Self-studies reveal that human service education programs utilized a variety of performance evaluation measures. Important skills measured across evaluation tools include competencies in interpersonal relations, crisis intervention, advocacy, treatment modalities, group dynamics, case management, counseling, implementing a service plan, networking with community resources, documentation, and rehabilitation.

Some of the early human services self-studies used the Behaviorally Anchored Rating Scale (BARS) which was developed by the National Commission for Human Service Workers (NCHSW, 1982). Newer evaluation instruments have been developed using the National Community Support Skill Standards (CSSS) as a part of the framework.

Crosswalk with Community Support Skill Standard:

Standard 4. Community Service and Networking

STANDARD NUMBER 23

It is the responsibility of the program to insure that field placements provide quality supervised learning experiences.

Relevant Publications:

- Cogan, D. (1989). *A theoretical perspective on the supervision of field work students.* In Tower, C. (Ed.). *Field work in human services education.* [CSHSE Monograph].
- Jacobs, E., & Feringer, R. (1985). *A three parameter model for planning, monitoring, and evaluating human services field experiences.* [CSHSE Monograph].
- SREB (1976). *A guidebook for mental health/human service programs at the associate degree level.*
- SREB (1979). *Mental health/human service worker activities: The process and the products.*

See reference list for complete citations.

Evidence Examples and/or Additional Information:

When human service programs first developed, the structure of field experiences were based on previously developed models in similar fields. The concept of “field experience” had already been established in the college system through nursing and allied health programs. Given that the practice of developing competencies in field settings while under professional supervision served as an effective model in other fields, it was logical that the field of human services adopt such a model.

Supervision of students by qualified professionals has consistently been an important element of successful clinical experiences. Current CSHSE standards require that field supervisors have no less than the same degree or credential offered by a program and that supervisors observe students at least once per quarter or semester.

Collaborative efforts between program and agency staff are essential for professional growth and development of students. Program reviewers look for evidence of collaboration between students, agency staff, and college supervisors when determining objectives, activities, and outcomes of field experiences.

Crosswalk with Community Support Skill Standard:

Standard 4. Community and Service Networking

Chapter 6

Council for Standards in Human Service Education Partnerships

The Council for Standards in Human Service Education has formed several important partnerships with major organizations related to the field of human services. These organizations include the National Organization for Human Services (NOHS), Human Services Research Institute (HSRI), and the National Alliance for Direct Support Professionals (NADSP). This chapter contains detailed information about important outcomes resulting from these partnerships. More specifically, this chapter includes description of activities jointly completed by CSHSE/NOHS members, the CSHSE/HSRI Community Support Skill Standards and Crosswalk Project, and the CSHSE/NADSP Pathways Project.

CSHSE/NOHS Partnership

The partnership between CSHSE and NOHS has been beneficial to the growth and development of both organizations. Although these two groups share common goals, it is important to note that they serve different purposes. CSHSE primarily serves as an accrediting body for human service education programs, while NOHS is a professional organization for human service faculty, practitioners, and students. Membership in CSHSE is gained at the *institutional* level by a college/university, while membership in NOHS is gained at the *individual* level by human service faculty, practitioners, and students. In 1998, NOHS expanded its membership to include human service organizations interested in promoting the field of human services.

The Development of Regions

Both NOHS and CSHSE are governed by a National Board of Directors and several Regional Directors. Including regional representation as part of the overall leadership structure of both organizations has helped to ensure that all parts of the country have an individual in a leadership role who can represent a region's unique interests. When NOHS incorporated in 1975, three previously existing grassroots regional organizations in the field became part of the national organization. It was only a matter of time before additional regions were added. By 1979, the number of NOHS regions increased to eight. By 1982, CSHSE also had eight regions. In later years, NOHS combined several regions and now has six regions. The following table contains an overview of current regions of both organizations.

| CSHSE and NOHS Regions | |
|-------------------------------|---------------------|
| CSHSE Regions | NOHS Regions |
| New England | New England |
| Mid Atlantic | Mid Atlantic |
| South | Southern |
| South West | Mid-West |
| Mid-West | Northwest |
| North Central | Western |
| Northwest | |
| Far West | |

Table 4.

Joint Meetings

Despite their different purposes, members of CSHSE and NOHS provide support to each other on a regular basis. One of the first CSHSE/NOHS joint sessions occurred at an SREB sponsored conference in Chicago, Illinois in October 1981. At this conference, a joint session focusing on the mutual interests of these two organizations was held. Additionally, a

focus group with members from NOHS, CSHSE, and SREB convened at this conference to discuss issues related to the CSHSE site review process for program approval/accreditation. CSHSE and SREB wanted feedback from NOHS about site visit procedures. CSHSE was particularly curious about perceptions program faculty had about site visitors.

Findings from this focus group indicated that site visitors were often perceived as consultants rather than evaluators by program faculty. Based on this feedback, it was recommended that site visitors receive additional training in evaluation processes to ensure they would avoid appearing or behaving as consultants. The focus group also revealed the challenge that reviewers encountered when trying to evaluate programs objectively while remaining supportive of program faculty. This feedback resulted in the following recommendations: potential bias on the part of the site reviewers should be recognized, site visit teams should be instructed to judge programs solely on CSHSE standards, and judgments of deficiencies should be supported by documented evidence. The focus group also agreed that future site reviewers should be identified and selected from NOHS faculty members and that reviewer workshops should be provided at both regional and national conferences.

In addition to meetings at conferences between the members of the two organizations, many meetings just for board members of both organizations have occurred. An important meeting was held in 1983 in Atlanta, Georgia. Vernon James from NIMH chaired a session with the “Big Four.” The goal of this meeting was to have leaders from the four major national human service organizations at the time (CSHSE, NOHS, the former student NOHS, and NCHSW) identify areas of collaboration and form sub-committees to work on issues related to the profession.

At a joint board meeting between CSHSE and NOHS which took place in Chicago in 1986, the name of the National Organization for Human Service Educators was changed to the National Organization for Human Service Education. Additionally, the organization's by-laws were modified to include students. Also at this joint board meeting, a motion was passed to establish a joint task force to explore a possible merger of the two organizations.

The merger task force held their first meeting in October 1987 at the NOHS Conference in Philadelphia. It was agreed that the two organizations were fragile in terms of their ability to fulfill their respective missions and that a merger might be beneficial to members of both groups. Through a written survey, the task force solicited input about a merger from the boards and members of both organizations. Based on findings from this survey and discussions at task force meetings, the task force felt that a merger would be beneficial. "We believe that the best solution would be a merger of the two groups. Accomplishment of this merger, if it is to be done, should be approached through an education/consultation approach involving the boards and memberships of both organizations" (NOHSE, 1988, October). Although the task force recommended a merger, this never materialized, resulting in each organization continuing to work independently toward the achievement of organizational goals and collaboratively on common goals.

Another important joint CSHSE and NOHS board meeting was held in Seattle, Washington on October 8, 1991. The boards of both organizations wanted this meeting to focus on the broader picture of the field, namely the future of the profession. A consultant was hired to facilitate this important session. The primary goals of this session were to provide an opportunity for board members to discuss a shared vision for the future of the profession, identify critical tasks that had to be undertaken to reach this vision, and to clarify

the roles that CSHSE and NOHS would undertake together and separately to complete identified tasks. Members from both boards conducted a follow-up session to this initial meeting at a second meeting in June of 1992 at Fitchburg State College in Massachusetts. At this meeting, participants reviewed changes in human service education courses and teaching techniques, discussed the development of a code of ethics, developed strategies for using computer technology and teleconferencing, and created literature about the field of human services.

Code of Ethics

Members from both organizations expressed an interest in developing a code of ethics for the profession. Consequently, a task force consisting of CSHSE and NOHS members was formed at the 1991 NOHS meeting to create this document. An important publication reviewed by this task force during the development of the Code of Ethics was the SREB report, *Roles and Functions of Mental Health Workers: A Report of a Symposium* (1969). This publication referred to the human service professional/client relationship throughout the document. Like the 1969 SREB publication, the term “client” was selected for use in the newly developed Code of Ethics. A draft Code of Ethics was completed and reviewed at a joint session of both boards at a summer meeting in Massachusetts in 1992 at Fitchburg State College. By 1996, the *Ethical Standards of Human Service Professionals* were adopted, published, and distributed. This document shaped espoused values and ethics of the profession and continues to be utilized by human service professionals and educators. The initial set of standards included 37 standards for professionals. The current set of standards includes an additional 17 standards which were developed specifically for human service

educators. Particularly noteworthy is Standard 53 of this document which states, “Human service educators are aware of all relevant curriculum standards, including those of the Council for Standards in Human Services Education (CSHSE); the Community Support Skills Standards; and state/local standards, and take them into consideration in designing the curriculum” (NOHSE, 2000).

Credentialing Efforts

Despite the short-lived certification process and closure of the NCHSW, the concept of credentialing was regularly discussed at joint CSHSE and NOHS meetings over the years. This concept was considered again in 2001 by CSHSE and NOHS board members. In response to this renewed interest, CSHSE Past President Mary Di Giovanni prepared a historical summary of the first credentialing project and provided a packet of material about the NCHSW organization to board members. In 2002, efforts paid off and a credentialing committee comprised of members of both organizations developed a human service credential entitled, *Certified Human Service Professional*. This program is currently administered by NOHS. The credential is only available to graduates of CSHSE accredited programs. Qualified candidates are required to submit a transcript, application, CSHSE verification form, and a \$160.00 fee directly to NOHS to earn the credential.

Planning the Annual NOHS Conference

Lastly, it is important to discuss the contributions of both organizations in planning the NOHS Annual Conference. To ensure that the two organizations collaborate on this annual fall conference, a timeline was developed in 1995 between both organizations

presidents. The purpose of this timeline was to assist leaders in planning this important conference. This timeline covers the expected pre-conference, conference, and post conference activities of the both board presidents and includes details about the responsibilities of the national conference planner from NOHS and the regional director of the area where the conference is being held. The timeline calls for both organizations to maintain continuous communication throughout the year to address mutual concerns such as planning a pre-conference meeting with board members. Important responsibilities of both presidents prior to the conference include collaborating on the planning of a CSHSE board meeting which occurs at this conference, clarifying the arrival date of board members, creating a joint meeting between board members, and discussing the financial arrangements related to the conference.

Human Services Research Institute Partnership

Another important CSHSE partner is the Human Services Research Institute (HSRI) which is located in Cambridge, MA. In November 1992, David Maloney, Immediate Past President of NOHS, contacted the CSHSE Past President, Mary Di Giovanni, and informed her about his role as a consultant to HSRI. At the time, HSRI was exploring federal grants related to the national movement to upgrade the skills of American workers in various disciplines. HSRI wanted to collaborate with national human service organizations on these grants. Thus, CSHSE and NOHS became involved in HSRI projects. More specifically, presidents from both organizations served on the HSRI Technical Committee responsible for the development of national skill standards for the human service workplace.

Background of the National Skills Standards Project

The *Goals 2000: Educate America Act*, S. 1150, National Skills Standards Act, Title V, 1993, strengthened the connection between the fields of education and employment through the development of a National Skills Standards Board in 1994. The goal of this board was to help support a process for a national system of voluntary skill standards and certification through partnerships in business, industry, labor, and education. The National Skills Standards Board identified broad clusters of major occupations that shared common characteristics. Once the National Skills Standards Board identified these broad clusters, they sought the expertise of professionals in the field to create standards applicable to their respective cluster(s).

To accomplish this task, the US. Department of Education and Labor funded twenty-two national skills standards grants in 1994. HSRI received one of these grants. The purpose of the HSRI grant titled, *The Community Support Skill Standards Project*, was to develop a set of competencies expected of direct care workers responsible for providing care to clients in agency settings. This grant was divided into two phases. The first phase centered on the development of standards, while the second phase focused on the implementation of the standards.

Community Support Skill Standards Project: Development Phase

The National Skills Standards Board encouraged grant recipients to establish voluntary partnerships with important stakeholders in their respective fields. Accordingly, HSRI partnered with several organizations to create a Technical Committee charged with gathering and analyzing information from college faculty and field-based practitioners

regarding skills that should be included in the standards. The Technical Committee consisted of human service employers and employees, educators, professional organizations, consumers, and policy makers.

To systematically gather information about areas to be covered in the skill standards, HSRI, with assistance from Technical Committee members, conducted a survey of human service education programs throughout the United States. The *CSHSE Directory of Human Service Education Programs* was used to help identify programs to survey (Dobson, 1991). Surveys were mailed by HSRI in November 1994 to 622 colleges and universities with degree or certificate programs in human services (Taylor, Bradley, & Warren, 1996). This survey reviewed the type of degrees or certificates awarded, the number of program graduates, CSHSE accreditation status, curriculum development activities, field placement requirements, core courses and competencies, college credit for life/work experiences, and student evaluations. Survey findings were used to assist in the development of the Community Support Skill Standards.

Also instrumental in developing the standards were a series of workshops entitled Job Analysis Workshops, Skill Standards Development Workshops, and Skill Standards Validation Workshops. These workshops were offered in different cities throughout the nation. The Job Analysis Workshops focused on the identification of professional responsibilities and attributes of workers in the field. Workshop participants were selected by human service agencies. Direct support workers with excellent performance records, sufficient job tenure, and positive evaluations from peers and supervisors were asked to participate in the workshops. The Skill Standards Workshops focused on synthesizing information gained from the Job Analysis Workshops. A list of duties, tasks, knowledge, and

attributes of workers in the field were developed through these workshops. Information obtained at these workshops provided the foundation of the Community Support Skill Standards. The Validation Workshops were held in four cities and organized around stakeholder groups identified as human service workers, providers, individuals who utilize human services, and teachers/trainers. Participants at these workshops examined the content of the proposed standards and made recommendations to the Technical Committee about the standards.

The publication, *The Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes*, was released in 1996 and included 12 competencies and 42 skill standards (Taylor, Bradley, & Warren, 1996). The standards can be applied to differing direct service positions in all types of human service employment settings. See Appendix D for a list of the standards. The primary role of the human service practitioner, as described in *The Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes*, is to assist individuals to lead a self directed life and contribute to their community. This definition mirrors that of the “human service generalist” position described in SREB publications and the CSHSE standards.

Community Support Skill Standards Project: Implementation Phase

Upon completion of the Community Support Skill Standards, the CSHSE Board of Directors endorsed a “voluntary partnership” with HSRI that focused on integrating the new standards into the preparation process of practitioners. HSRI recognized the importance of the CSHSE Program Standards and requested that CSHSE determine how their standards corresponded to the newly developed Community Support Skill Standards. Consequently, an

alignment of the two sets of standards was completed and described in the report, *Analysis of the Content Between the National Community Support Skill Standards and the National Standards for Human Service Worker Education and Training Programs* (Di Giovanni, Rother, & Maloney, 1996). The report provided detailed information about the relationship between the two sets of standards. This alignment is referred to as the “Crosswalk” and is currently published in the human services textbook, *Human Services: Contemporary Issues and Trends* (Harris, Maloney, & Rother, 2004).

Not all of the CSHSE Program Standards were relevant to the Community Support Skill Standards. CSHSE Standards pertaining to program evaluation, credentials of core staff/faculty, essential faculty/staff roles, faculty evaluation, and program support did not apply to the Community Support Skill Standards and, accordingly, were not aligned in the Crosswalk. As a result of the Crosswalk project, the relationship between Community Support Skill Standards and CSHSE standards is now detailed in the *CSHSE Member Handbook: Accreditation and Self-Study Guide* and indicated in the CSHSE Program Approval Standards.

CSHSE members share the Community Support Skill Standards through various methods including addressing them in human service curricula and presenting workshops on the integration of standards in the workplace for practitioners. Specific examples of activities completed through the Human Services Program at Northern Essex Community College in Haverhill, Massachusetts include:

- Development of a 12-credit Certificate of Accomplishment in Human Services for the employees of the Greater Lawrence Head Start Training Program who ground their practices in the standards (1996-1997).

- Completion of a sabbatical project by Mary Di Giovanni that focused on the integration of the Community Support Skill Standards into Human Service Certificate and Associate Degree Programs at Northern Essex Community College (1997).
- Workshops for Human Service Agency Supervisors that focused on the integration of Community Support Skill Standards into the workplace (1997 –1998).

Additionally, the Massachusetts Department of Mental Retardation, in collaboration with the Massachusetts Community College System, developed a certificate program around the Community Support Skill Standards. This program, known as the Direct Support Certificate Program, was created to support and enhance the careers of direct support staff employed by Department of Mental Retardation agencies. To complete the certificate program, students are required to complete a 21-22 associate degree credit program. Currently, this certificate is offered at eight community colleges located throughout the state.

Pathways Project

CSHSE was supportive of efforts that focused on integrating the Community Support Skill Standards into the workplace. Accordingly, CSHSE Past President Mary Di Giovanni, wrote a letter of support in 1997 to the U.S. Department of Education for a jointly sponsored HSRI and Institute for Community Integration grant focusing on the development of performance-based assessments to measure worker attainment of Community Support Skill Standards in the workplace. The title of the grant, which was selected and funded, was *Pathways from the Classroom to Credentials*.

Members of the National Alliance for Direct Support Professionals (NADSP) served as advisors on the project. NADSP, which developed in 1996, includes a national coalition

of professional and provider organizations, advocacy groups, academic institutions, government agencies, and private foundations who work toward strengthening the skills of direct support staff responsible for providing services to individuals with disabilities. When the organization first formed, it was originally called the Alliance for Direct Support Workers. The name was changed in its second year of operation to convey the importance of defining individuals in the field as professionals.

This overarching purpose of the *Pathways Project* was to strengthen the nexus between what was *taught* in the classroom and what was *practiced* in the work site. This was accomplished through a project that included 165 participants at select educational and training sites in Massachusetts and Minnesota. Educational and training sites selected for this project were community and technical (2 year) colleges that offered at least certificate level education programs in human services that were aligned with the Community Support Skill Standards (Taylor, M, Silver, J., Peter, D. Hewitt, A., O’Neill, S., & Letourneau, A. 2004).

As part of this project, participants completed a multiple choice questionnaire, a short answer response exercise, and portfolio. All three tasks were intended to measure participant mastery of the Community Support Skill Standards. To assist college faculty in supporting their students who were involved the project, the publication *Guidelines for Instructors: The Pathways Portfolio Assessment* (1997) was jointly developed by the Human Services Research Institute and the Research and Training Center on Community Living.

NADSP also wanted to see a credentialing process in place for direct care workers. Accordingly, at their first meeting in Washington, DC in December 1996, NADSP developed a subcommittee charged with the task of researching this credential. By 1997, the

subcommittee developed a position statement regarding a national voluntary credential for direct support professionals and a direct support professional Code of Ethics. Their efforts paid off in July 2006 when NADSP unveiled the Direct Support Professional.

CSHSE partnerships developed in the 20th century have endured into the 21st century. These partnerships have been developed in trust. In each of the partnerships described in this chapter, individuals from the respective organizations have supported the mission and goals of their fellow organizations. They serve as advocates for each other and shared the common goal of strengthening the preparation of human service professionals resulting in higher levels of care provided to clients. Without this trust and advocacy, it is unlikely that the many accomplishments of these groups could not have been achieved.

Chapter 7

Conclusions and Recommendations

Several important conclusions emerged from completion of this monograph. To begin with, activities completed through NIMH grants awarded to the Southern Regional Education Board were instrumental in developing and advancing the human services profession. The basis of these important grants was grounded in the law of supply and demand. Implications from federal legislation pertaining to individuals in need of mental health services (e.g., Mental Health Facilities Act of 1963, Community Mental Health Centers Construction Act of 1963) resulted in the need for a new cadre of workers able to provide direct services in community-based settings. Accordingly, mental health/human service education programs that could prepare workers with a new generalist skill set were created.

When human service programs first emerged, there was limited information pertaining to the necessary components of effective mental health/human service programs and curriculum for faculty working in the field was scant. Activities completed through NIMH grants awarded to the Southern Regional Education Board helped fill these voids. Outcomes from the *Worker Certification Project* and *Program Approval Project* provided guidance on effective strategies for preparing human service professionals. Additionally, these projects positively influenced the development of human services curriculum that directly pertained to the field of human services. Publications resulting from both projects provided direction on areas that should be addressed in coursework.

Another important conclusion that emerged from completion of this monograph pertains to the CSHSE program approval process developed through the *Program Approval Project*. This process has proven to be an effective method for the accreditation of human service programs. Through the CSHSE program approval process, human service education faculty successfully document professional programs in the field offered at varying degree levels ranging from certificate to doctorate. It is evident that human service programs are preparing graduates able to serve as generalists competent at working in all types of human service delivery care systems.

Additionally, a review of self-studies for this monograph provided evidence that human service associate degree programs have successfully developed articulation agreements with baccalaureate degree programs. It was imperative that these agreements be developed and utilized for they serve as the critical link for students to higher level degree programs. Articulation agreements help students earn advanced degrees which is an important step toward professional growth and development.

Lastly, it is evident through the review of self-studies that faculty in the profession serve as role models for students and advocates for the profession. They hold varied experiences from a range of related disciplines. Research and teaching experiences described in self-studies indicate that faculty members are researchers and practitioners with ample knowledge of the field of human services.

Recommendations

Findings from completion of this monograph prompt a number of recommendations. These recommendations are all grounded within the overarching theme of “growth and

sustainability.” Despite significant developments in the preparation process of workers and overall quality of care provided to clients, there are still challenges that impact the growth and sustainability of the profession. One critical problem is that the profession does not receive the recognition it deserves and acceptance of the field as a distinct discipline still has not been achieved. Other related professions are generally accepted as “true” professions. However, this is not the case for the field of human services. Although the field is relatively new in comparison to related fields, it is a profession that is theoretically and conceptually grounded in research and practice. It deserves and needs to be recognized as its own occupation at the national level.

Growth: Recruitment and Recognition

One of the main steps toward growth and sustainability of the field involves the recruitment of qualified candidates to the profession. It is important to note that the need for workers in the field is projected to grow in upcoming years. According to the U.S. Bureau of Labor Statistics, Department of Labor, *Occupational Outlook Handbook* (2008 – 2009):

Employment of social and human service assistants is expected to grow by nearly 34 percent through 2016. Job prospects are expected to be excellent, particularly for applicants with appropriate postsecondary education. . . .The number of social and human service assistants is projected to grow by nearly 34 percent between 2006 and 2016, which is much faster than the average for all occupations. This occupation will have a very large number of new jobs arise, about 114,000 over the projections decade. Faced with rapid growth in the demand for social and human services, many employers increasingly rely on social and human service assistants.

It is imperative the higher education community respond to current market trends regarding the need for workers. However, it is important that efforts should focus on the recruitment of qualified workers who are committed to working in human service positions.

One strategy for hiring qualified workers is for employers to seek individuals who have graduated from human service education programs. This will help to ensure they are hiring individuals with the knowledge, skills, and competencies necessary to effectively serve as human service generalists. Another recommendation is for CSHSE and NOHS to develop marketing material to send out to human service education programs nationally about CSHSE accreditation and NOHS credentialing.

Another way to help recruit and maintain a qualified pool of professionals in the field pertains to the certification of workers. Successes from other related professions provide evidence that mandated certification can lead toward positive outcomes. Health careers (e.g., Certified Nurse Assistants) and technical positions in medical technology, physical therapy, occupational therapy, and respiratory therapy provide good examples of this practice. These fields typically require that individuals participate in educational programs to receive certificates or degrees and that program graduates meet particular standards for a state license or certificate. Members of the human service profession should advocate for a mandated credential/certification for individuals to be allowed to serve as human service professionals.

One important challenge that hinders growth in the field pertains to the tendency for human service positions to be incorrectly identified. Currently, there is little definitional uniformity of positions in the field, especially within federal documents. The *Standard Occupational Classification Manual* (2000) published every ten years by the United States Office of Management and Budget, includes a system for classifying all occupations in the economy, including private, public, and military occupations. In this publication, human services workers are included under the category of “Community and Social Services

Occupations.” Within this category, practitioners are classified as “Social and Human Service Assistants.” The job description states:

Assist professionals from a wide variety of fields, such as psychology, rehabilitation, or social work, to provide client services, as well as support for families. May assist clients in identifying available benefits and social and community services and help clients obtain them. May assist social workers with developing, organizing, and conducting programs to prevent and resolve problems relevant to substance abuse, human relationships, rehabilitation, or adult daycare. (p. 54)

This job definition does not completely document the unique skill set and job performance activities of workers the human services field. It doesn't adequately address the many roles of human service direct support staff and presents the field of human services as an offshoot of social work. The poorly defined classification of human service professionals in this document diminishes the value of human service education programs that prepare students at all degree levels from associate to doctoral degree.

The incorrect title and description in the *Standard Occupational Classification Manual* (2000) is problematic. Other federal publications adopt this definition in their own publications which then perpetuates the misleading labeling of workers in the field. For example, the *Occupational Outlook Handbook* which is published every two years by the United States Department of Labor, Bureau of Labor Statistics is required to include the definition of human service workers that is listed in the *Standard Occupational Classification Manual*. The *Occupational Outlook Handbook* cannot recognize the human services as a separate classification until it is first classified as a separate occupation within the *Standard Occupational Classification Manual*. Unfortunately, getting this language changed is challenging because the *Standard Occupational Classification Manual* is only published every ten years.

There is hope that changes to the *Standard Occupational Classification Manual* will be made soon. In July 2008, CSHSE Past President Mary Di Giovanni responded to a request for public comment on revisions for the 2010 edition of the *Standard Occupational Classification Manual*. Suggested revisions to the current classification were submitted by Di Giovanni and are being considered for the upcoming edition. Making changes to this important federal publication will help to solidify the field of human services as its own profession.

Despite the limited definition of the profession in the *Standard Occupational Classification Manual*, the *Classification of Instructional Programs* published by the U.S. Department of Education's National Center for Education Statistics (NCES) started to categorize human services programs as a separate area beginning in 2000. The purpose of the *Classification of Instructional Programs* is to provide a taxonomic scheme that will support the accurate tracking, assessment, and reporting of fields of study and program completion activity (National Center for Education Statistics, NCIS, 2000). Following is the narrative for the profession stated in the *Classification of Instructional Programs*.

Human Services, General

A program that focuses on the general study and provision of human and social services to individuals and communities and prepares individuals to work in public and private human services agencies and organizations. Includes instruction in the social sciences, psychology, principles of social service, human services policy, planning and evaluation, social services law and administration, and applications to particular issues, services, localities, and populations. (NCIS, 2000, ¶ 1)

Sustainability: Retention Strategies

Although it is important to consider strategies to help bring workers into the profession, they are of little use if workers do not remain in it. There are many factors that

can influence an individual's decision to leave the human services profession. Light (2003), a researcher for the Brookings Institute, released a report in 2003 titled, *The Health of the Human Services Workforce*. Although the report revealed that non-profit human service workers were motivated by organizational missions and that they wanted to make a difference in the lives of the people they served, the report also indicated that workers had heavy workloads, stressful work environments, and low salaries. Light (2003) stated, "Much as they want to want to make a difference for the people they serve, many work under intense pressure with limited resources and rewards" (p. 6). Given the challenges workers encounter on a daily basis, it is not surprising that some choose to leave the profession.

Faculty associated with human service preparation programs have long recognized that students enter programs because they want to help others and seek to obtain a job with a high level of personal satisfaction. However, once students enter the profession, they are faced with the reality of low salaries and challenging working conditions. It is imperative that supports such as career ladders be developed that assist individuals with remaining in the profession. It is equally vital that human service education programs continue to collaborate with community-based partners to ensure they are meeting the needs of students, employees, and clients. Human service advisory committees that meet regularly could serve this purpose.

Graduates of human service programs should be provided ample professional growth opportunities. Program graduates would benefit from access to succession of career opportunities. Workers should be provided access to career ladders that include steps toward career growth and advancement. Movement along steps in a career ladder can be based on

multiple factors including completion of education coursework and/or attainment of a special type of certification.

An exciting new professional development opportunity for workers in the field was recently unveiled. In 2008 the Center for Credentialing & Education created the Human Services – Board Certified Practitioner (HS-BCP) in collaboration with CSHSE and NOHS. This new credential is available to eligible professionals with degrees from all levels (i.e., associates, bachelors, and advanced degrees) who meet certain experience and testing requirements.

Another possibility for growth within the profession is through mentorship opportunities. Experienced workers can serve as role models for new workers. Such opportunities would benefit all individuals involved in the partnership. Mentors would be able to share their knowledge and experiences with new hires, while new employees would have someone they can rely on for support and advice.

In conclusion, the field of human services has evolved significantly, mostly due to the work of dedicated professionals that were committed to the highest standards of professional development. Because of the efforts of these pioneers in the human service field, quality educational programs have evolved as a direct result of the program approval process. In turn, this has led to important improvements to the profession including higher levels of care provided to clients and significant advancements in the preparation process of workers.

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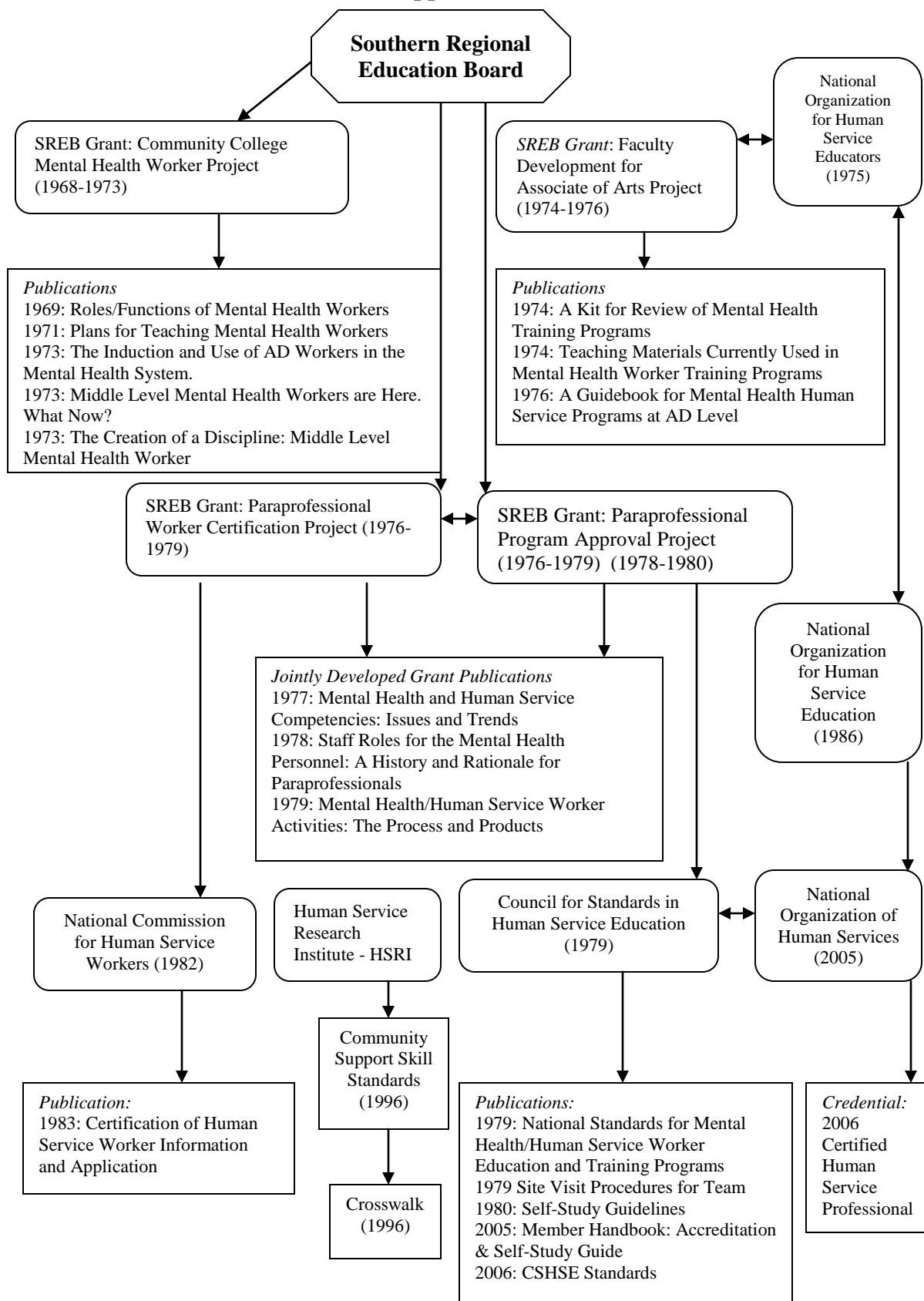
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Appendix A



Appendix B

Competency Statements for the Mental Health/Human Service Workers from the Paraprofessional Worker Certification Project

| Competency Number | Title |
|-------------------|--|
| 001 | Eligibility Determination |
| 002 | Behavioral Techniques |
| 003 | Preparation for Transition |
| 004 | Plans Service Delivery Program |
| 005 | Explain Service Plan |
| 006 | Personal Living Skills |
| 007 | Data Handling/Case Planning |
| 008 | Conducts Activity Program |
| 009 | Service Referral |
| 010 | Problem Identification -Linkage |
| 011 | Nurtures Client |
| 012 | Monitors Medication |
| 013 | Transfer Responsibility |
| 014 | Advocates for New Programs |
| 015 | Monitoring Client Placement |
| 016 | Team Review |
| 017 | Client Advocacy |
| 018 | Monitors Medical Treatment |
| 019 | Group Therapy |
| 020 | Fiscal Management |
| 021 | Facilitate Changes in Client Behavior |
| 022 | Observing, Recording, and Interpreting Behavior |
| 024 | Consultation |
| 025 | Interactive Communication |
| 026 | Self Development |
| 027 | Facilitate Group Problem Solving and Decision Making |
| 028 | Facilitate Learning Experiences in a Group Setting |
| 029 | Manage and Communicate Policy –Related Data |
| 030 | Home Visitation/Follow Up |
| 031 | Vocational Training and Job Placement |
| 032 | Violent or Destructive Behavior Control |
| 033 | Liaison |
| 035 | Staff Supervision |
| 036 | Personnel Functions: Recruitment/Selection |
| 037 | Personnel Functions: Employee Relations |
| 038 | Research/Evaluation |
| 039 | Provide Information in Written Form |
| 040 | Obtain Information for Recorded Materials |

Appendix C

CSHSE BOARD OF DIRECTORS AND REGIONAL DIRECTORS (1979-2008)

Names are listed within each category in the order in which an individual served. Institutions that individuals were affiliated with during their time of service are listed below.

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|------------------|---|
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| Jean Macht | Montgomery County Community College, Blue Bell, PA |
| Cynthia Tower | Fitchburg State College, Fitchburg, MA |
| Mary Di Giovanni | Northern Essex Community College, Haverhill, MA |
| John Heapes | Harrisburg Area Community College, Harrisburg, PA |

| <i>Vice President: Program Approval/Accreditation</i> | |
|---|---|
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| Mary Cantrell | Mc Lennon Community College, Waco, TX |
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Vice President: Publications and Technical Assistance

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| | |
|------------------|--|
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| Jean Macht | Montgomery County Community College, Blue Bell, PA |
| Bob Gerl | Nazareth College, Kalamazoo, MI |
| Iris Heckman | Washington University, Topeka, KS |
| Mary Jane Dobson | Leeward Community College, Pearl City, HI |
| John Heapes | Harrisburg Area Community College, Harrisburg, PA |
| Jim Palmer | College of Southern Idaho, Twin Falls, ID |
| Rita Bobrowski | College of DuPage, Glen Ellyn, IL |

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| | |
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|----------------|--|
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| | |
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| Joanne Silver Jones | Springfield College, Springfield, MA |
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| William Fisher | Springfield College, Springfield, MA |
| Tom Richardson | Southern Maine Community College, South Portland, ME |
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| Harry Smith | Baltimore City Community College, Baltimore, MD |
| Gigi Franyo-Ehlers | Stevenson University, Stevenson, MD |

| <i>Regional Directors: South</i> | |
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| Arthur Slater | University of South Florida, Tampa, FL |
| Margaret Korb | Santa Fe Community College, Gainesville, FL |
| Robert Kronick | University of Tennessee, Knoxville, TN |
| Nan Littleton | Northern Kentucky University, Highland Heights, KY |
| Margaret Barbee | Pitt Community College, Greenville, NC |
| Mary Rawls | Midlands Technical College, Columbus, SC |
| Susan Andersen (retired) | Darton College, Albany, GA |

| <i>Regional Directors: North Central</i> | |
|--|--|
| Jeanette Kimbrough | St Louis Community College, St Louis, MO |
| Martha Aldridge | Kirkwood Community College, Cedar Rapids, IA |
| Edward Jacobs | College of Saint Mary, Omaha, NE |
| Iris Heckman | Washburn University, Topeka, KS |
| Anne Bonner | Mount Mary College, Leavenworth, KS |
| Janet Hagen | University of Wisconsin, Oshkosh, WI |
| Matt Kinkley | Lima Technical College, Lima, OH |
| Tom Hull | Lima Technical College, Lima, OH |
| Rita Bobrowski | College of Du Page, Glenn Ellyn, IL |
| Jacquelyn Kaufmann | Elgin Community College, Elgin, IL |
| Note: Beginning in 1993 North Central and Mid West started to be covered by one Regional Director. | |

| <i>Regional Directors: Mid West</i> | |
|--|---|
| Pal Baasel | Ohio University, Athens, OH |
| Patrick Mc Grath | National College of Education, Evanston, IL (Name change to National-Louis University later) |
| Susan Kerstein | National-Louis University, Evanston, IL |
| Robert Gerl | Nazareth College, Kalamazoo, MI |
| Janet Hagan | University of Wisconsin, Oshkosh, WI |
| Matt Kinkley | Lima Technical College, Lima, OH |
| Tom Hull | Lima Technical College, Lima, OH |
| Rita Bobrowski | College of Du Page, Glenn Ellyn, IL |
| Ms. Jacquelyn Kaufmann | Elgin Community College, Elgin, IL |
| Note: Beginning in 1993 North Central and Mid West started to be covered by one Regional Director. | |

| <i>Regional Directors: Far West</i> | |
|--|---|
| Mary Jane Dobson | University of Hawaii, Leeward Community College, Pearl City, HI |
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| Mary Jane Dobson | University of Hawaii, Leeward Community College, Pearl City, HI |
| Susan Kincaid | Western Washington University, Bellingham, WA |

| | |
|-----------------|---|
| Jim Palmer | College of Southern Idaho, Twin Falls, ID |
| Laura W. Kelley | University of Alaska, Anchorage, AK |

| <i>Regional Directors: Southwest</i> | |
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| Arlene Rhodes | Community College of Denver, CO |
| Shawn Worthy | Metropolitan State College of Denver, Denver, CO |

Appendix D

The Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes

Competency Area 1: Participant Empowerment:

The competent community support human service practitioner (CSHSP) enhances the ability of the participant to lead a self-determining life by providing the support and information necessary to build self-esteem, and assertiveness; and to make decisions.

Skill Standards:

- A. The competent CSHSP assists and supports the participant to develop strategies, make informed choices, follow through on responsibilities, and take risks.
- B. The competent CSHSP promotes participant partnership in the design of support services, consulting the person and involving him or her in the support process.
- C. The competent CSHSP provides opportunities for the participant to be a self-advocate by increasing awareness of self-advocacy methods and techniques, encouraging and assisting the participant to speak on his or her own behalf, and providing information on peer support and self-advocacy groups.
- D. The competent CSHSP provides information about human, legal, civil rights and other resources, facilitates access to such information and assists the participant to use information for self-advocacy and decision making about living, work, and social relationships.

Competency Area 2: Communication

The community support human service practitioner should be knowledgeable about the range of effective communication strategies and skills necessary to establish a collaborative relationship with the participant.

Skill Standards:

- A. The competent CSHSP uses effective, sensitive communication skills to build rapport and channels of communication by recognizing and adapting to the range of participant communication styles.
- B. The competent CSHSP has knowledge of and uses modes of communication that are appropriate to the communication needs of participants.

C. The skilled CSHSP learns and uses terminology appropriately, explaining as necessary to ensure participant understanding.

Competency Area 3: Assessment

The community support human service practitioner should be knowledgeable about formal and informal assessment practices in order to respond to the needs, desires and interests of the participants.

Skill Standards:

A. The competent CSHSP initiates or assists in the initiation of an assessment process by gathering information (e.g., participant's self-assessment and history, prior records, test results, additional evaluation) and informing the participant about what to expect throughout the assessment process.

B. The competent CSHSP conducts or arranges for assessments to determine the needs, preferences, and capabilities of the participants using appropriate assessment tools and strategies, reviewing the process for inconsistencies, and making corrections as necessary.

C. The competent CSHSP discusses findings and recommendations with the participant in a clear and understandable manner, following up on results and reevaluating the findings as necessary.

Competency Area 4: Community and Service Networking

The community support human service practitioner should be knowledgeable about the formal and informal supports available in his or her community and skilled in assisting the participant to identify and gain access to such supports.

Skill Standards:

A. The competent CSHSP helps to identify the needs of the participant for community supports, working with the participant's informal support system, and assisting with, or initiating identified community connections.

B. The competent CSHSP researches, develops, and maintains information on community and other resources relevant to the needs of participants.

C. The competent SCHSP ensures participant access to needed community resources coordinating supports across agencies.

D. The competent CSHSP participates in outreach to potential participants.

Competency Area 5: Facilitation of Services

The community support human service practitioner is knowledgeable about a range of

participatory planning techniques and is skilled in implementing plans in a collaborative and expeditious manner.

Skill Standards:

- A. The competent CSHSP maintains collaborative professional relationships with the participant and all support team members (including family/friends), follows ethical standards of practice (e.g., confidentiality, informed consent, etc.), and recognizes his or her own personal limitations.
- B. The competent CSHSP assists and/or facilitates the development of an individualized plan based on participant preferences, needs, and interests.
- C. The competent CSHSP assists and/or facilitates the implementation of an individualized plan to achieve specific outcomes derived from participants preferences, needs and interests.
- D. The competent CSHSP assists and/or facilitates the review of the achievement of individual participant outcomes.

Competency Area 6: Community Living Skills & Supports

The community support human service practitioner has the ability to match specific supports and interventions to the unique needs of individual participants and recognizes the importance of friends, family and community relationships.

Skill Standards:

- A. The competent CSHSP assists the participant to meet his or her physical (e.g., health, grooming, toileting, eating) and personal management needs (e.g., human development, human sexuality), by teaching skills, providing supports, and building on individual strengths and capabilities.
- B. The competent CSHSP assists the participant with household management (e.g., meal prep, laundry, cleaning, decorating) and with transportation needs to maximize his or her skills, abilities and independence.
- C. The competent CSHSP assists with identifying, securing and using needed equipment (e.g., adaptive equipment) and therapies (e.g., physical, occupational and communication).
- D. The competent CSHSP supports the participant in the development of friendships and other relationships.
- E. The competent CSHSP assists the participant to recruit and train service providers as needed.

Competency Area 7: Education, Training & Self-Development

The community support human service practitioner should be able to identify areas for self improvement, pursue necessary educational/training resources, and share knowledge with others.

Skill Standards:

- A. The competent CSHSP completes required training education/certification, continues professional development, and keeps abreast of relevant resources and information.
- B. The competent CSHSP educates participants, co-workers and community members about issues by providing information and support and facilitating training.

Competency Area 8: Advocacy

The community support human service practitioner should be knowledgeable about the diverse challenges facing participants (e.g. human rights, legal, administrative and financial) and should be able to identify and use effective advocacy strategies to overcome such challenges.

Skill Standards:

- A. The competent CSHSP and the participant identify advocacy issues by gathering information, reviewing and analyzing all aspects of the problem.
- B. The competent CSHSP has current knowledge of laws, services, and community resources to assist and educate participants to secure needed supports.
- C. The competent CSHSP facilitates, assists, and/or represents the participant when there are barriers to his or her service needs and lobbies decision makers when appropriate to overcome barriers to services.
- D. The competent CSHSP interacts with and educates community members and organizations (e.g., employer, landlord, civic organization) when relevant to participant's needs or services.

Competency Area 9: Vocational, Educational & Career Support

The community based support worker should be knowledgeable about the career and education related concerns of the participant and should be able to mobilize the resources and support necessary to assist the participant to reach his or her goals.

Skill Standards:

A. The competent CSHSP explores with the participant his/her vocational interests and aptitudes, assists in preparing for job or school entry, and reviews opportunities for continued career growth.

B. The competent CSHSP assists the participant in identifying job/training opportunities and marketing his/her capabilities and services.

C. The competent CSHSP collaborates with employers and school personnel to support the participant, adapting the environment, and providing job retention supports.

Competency Area 10: Crisis Intervention

The community support human service practitioner should be knowledgeable about crisis prevention, intervention and resolution techniques and should match such techniques to particular circumstances and individuals.

Skill Standards:

A. The competent CSHSP identifies the crisis, defuses the situation, evaluates and determines an intervention strategy and contacts necessary supports.

B. The competent CSHSP continues to monitor crisis situations, discussing the incident with authorized staff and participant(s), adjusting supports and the environment, and complying with regulations for reporting.

Competency Area 11: Organization Participation

The community based support worker is familiar with the mission and practices of the support organization and participates in the life of the organization.

Skill Standards:

- The competent CSHSP contributes to program evaluations, and helps to set organizational priorities to ensure quality.
- The competent CSHSP incorporates sensitivity to cultural, religious, racial, disability, and gender issues into daily practices and interactions.
- The competent CSHSP provides and accepts co-worker support, participating in supportive supervision, performance evaluation, and contributing to the screening of potential employees.
- The competent CSHSP provides input into budget priorities, identifying ways to provide services in a more cost-beneficial manner.

Competency Area 12: Documentation

The community based support worker is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently.

Skill Standards:

- A. The competent CSHSP maintains accurate records, collecting, compiling and evaluating data, and submitting records to appropriate sources in a timely fashion.
- B. The competent CSHSP maintains standards of confidentiality and ethical practice.
- C. The competent CSHSP learns and remains current with appropriate documentation systems, setting priorities and developing a system to manage documentation.

