

Seventh Edition

# Theory, Practice, and Trends in Human Services

An Introduction

Edward S. Neukrug



Theory, Practice, and Trends in  
**Human Services**  
An Introduction

Seventh Edition

Edward S. Neukrug  
Old Dominion University



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Dedicated to all the hard-working human service professionals in the world.

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# Preface

## Purpose of Text

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I wrote the original version of this book in 1994, and no doubt, much has changed in the knowledge base and the practice of human services. I think I kept up with the changes, and I believe this seventh edition keeps the book cutting edge with current thinking in human services. As in 1994, the purpose of this book is to give the reader an overview of the human services field. I do this by covering 12 chapters that I believe reflect the most important content areas of human services as well as the most current thinking in the field. When you have finished reading this book, you will have a good sense of what it is to be a human service professional. Here are a few of the highlights of the book:

- Knowing the history of human services, its place in the mental health professions, and its unique identity
- Learning about basic characteristics of the effective human service professional
- Understanding ethics codes and ethical decision-making
- Learning about basic counseling theory that can aid you in your work with clients
- Learning about the counseling skills found to be most efficacious when working with clients
- Reviewing a wide variety of case management functions
- Knowledge about working with couples, families, and groups
- Knowing the importance of organizational and community change and consultation and supervision
- Learning about normal and abnormal development and how such knowledge can impact interventions
- Gaining basic knowledge of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision, and how it aids in diagnosis
- Knowing the basics of psychotropic medications
- Knowing what it means to be a culturally competent helper
- Gaining knowledge about how to work with several client populations
- Developing a working knowledge of research, evaluation, and assessment and how they are important to human service professionals
- Learning about career development theory, which can be applied to your clients and to you
- Gaining specific information about applying to graduate school and applying for a job

My goal, when you finish this book, is for you to feel as if you have been immersed in the human service profession. I hopefully do this through the content knowledge you will gain and with the many and varied vignettes, ethical dilemmas, reflective exercises,

experiential exercises, and other activities. And more than anything, I hope you enjoy the book. If I have achieved these goals, I've done a good job. If not, or if there is something you would like me to add or change, please let me know at [eneukrug@odu.edu](mailto:eneukrug@odu.edu).

## Changes to This Edition

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I don't take revisions lightly. So, you will find some major changes in many of the chapters. However, please note that the basic structure and content of this edition has remained the same. Many of the changes include things like updating references, updating wording, the use of more inclusive language, updating vignettes and examples used, and making sure that the models given are up to date. However, the titles of the chapters are the same, and the basic content in most of the chapters remains. Changes were made to each chapter, although some of the more important changes include the following:

1. Updated and more current vignettes
2. Updated and more current references
3. Added information on telemental health
4. Expanded components of case management
5. Updated information on *DSM-5*, to *DSM-5-TR*
6. Alignment with APA's inclusive language guidelines
7. Addition of some basic skills in the helping skills chapter
8. Updated census and demographic information throughout
9. Inclusion of the Multicultural Counseling and Social Justice Competencies
10. Updated information on available credentials for human service professionals
11. Revamped section on SOAP notes to make it more readable and down to earth
12. Information on evidence-based practice and common practice in client outcomes
13. Added information on helping those who have experienced trauma, a crisis, or a disaster
14. Updated information on related mental health professionals and professional associations
15. Reconfiguration of the chapter on theoretical approaches to make it reflect some of the more recent thinking on theory
16. Added important graphic on gender identity, gender expression, sex, and sexual orientation (i.e., "Genderbread Person")
17. Remove the word "counselor" when referring to human service professionals and replaced it with helper, helping professional, or human service professional
18. Updated definitions within the chapter on culturally competent counseling. Now includes: culture; discrimination and microaggression; ethnicity; gender identity and gender expression, intersectionality; minority and nondominant group; power differentials; prejudice, stereotypes, and racism; privilege; race; religion and spirituality; sexism, heterosexism, and sexual prejudice; sexual orientation and romantic attraction; and social class.

My writing style is generally called comprehensive yet down to earth, and I think I maintained that in this edition. Remember, if you think something is amiss, missing, or needs to be changed, contact me at [eneukrug@odu.edu](mailto:eneukrug@odu.edu). I also take emails about things you like!

As in past editions, at the end of each chapter is a section called "Ethical, Professional, and Legal Issues," which is followed by a section called "The Effective Human



Service Professional.” Each of these sections refers back to the chapter content. At the end of each chapter is a section called “Experiential Exercises,” which offers a wide range of activities that can be done in and out of class and corresponds to the chapter content. At the end of this set of exercises is a subsection called “Ethical and Professional Vignettes,” which offers ethical dilemmas and professional situations for students to ponder.

## Pedagogical Aids Including Experiential Activities

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*Theory, Practice and Trends in Human Services* is filled with material that highlights the content of each chapter, including:

1. Personal vignettes from the author and others concerning their experiences in the field of human services.
2. “Reflection Exercises” that offers ideas, examples, or other material that has the student reflect, or think about, an important topic.
3. Exercises peppered throughout the chapters that students can do in class or at home.
4. Fact Sheets, tables, and graphs that elaborate on the chapter content.
5. A section called “Experiential Exercises” at the end of each chapter that offers activities related to the chapter content.
6. A section at the end of each chapter called “Ethical and Professional Vignettes,” where you will find 10–15 vignettes of ethical and/or professional situations that students can ponder and discuss in class.
7. Appendix A, which gives a summary of the 22 diagnostic categories of *DSM-5-TR*.
8. Appendix B, which provides information about individuals who work at a fictional mental health center. This appendix can be used when role-playing consultation in class or responding to Experiential Exercises about consultation.
9. Appendix C, which is a privilege exercise you can do in class.
10. A glossary, which provides definitions of the major terms throughout the text.
11. For the instructor, numerous instructional aids (see “Ancillary Package” that follows) at the end of this preface).

## Online Learning Platform: MindTap

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MindTap, today’s most innovative online learning platform, powers your students from memorization to mastery. The MindTap gives you complete control of your course to provide engaging content, challenge every individual, and build student confidence. MindTap introduces students to core concepts from the beginning of your course using a simplified learning path that progresses from understanding to application.

## Ancillary Package

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Additional instructor resources for this product are available online. Instructor assets include an Instructor’s Manual, Educator’s Guide, PowerPoint® slides, and a test bank powered by Cognero®. Sign up or sign in at [www.cengage.com](http://www.cengage.com) to search for and access this product and its online resources.

## Acknowledgments

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# Chapter 1

## Defining the Human Service Professional

### Learning Objectives

LO 1

Define human service professionals by demonstrating knowledge of the history of human services; curriculum, degrees, and job titles; job roles and functions; and the human services professional's focus on the change process.

LO 2

Describe differences among different mental health professionals, including counselors; couple, marriage, and family counselors; creative and expressive therapists; psychiatric mental health nurses, psychiatrists; psychologists, psychotherapists, social workers, and others.

LO 3

Identify benefits of professional associations and the associations affiliated with the varying mental health professions.

LO 4

Describe the eight characteristics of the effective human service professional, including relationship building, empathy, genuineness, acceptance, cognitive complexity, wellness, cross-cultural sensitivity, and competence.

LO 5

Demonstrate an understanding of the developmental process involved in becoming an effective helper.

LO 6

Describe the importance of ethical, professional, and legal issues for human service professionals.

LO 7

Show a willingness to be self-reflective and open for feedback as a human service professional.

I've been a human service professional for many years. For instance, I was a crisis and trauma counselor. I worked in agencies that provided services to individuals with developmental disabilities, assuring that they would be treated appropriately and adequately. I was a counselor at a substance abuse agency, where I helped those who were struggling with their addictions and accompanied them to AA [Alcoholics Anonymous] meetings and detox centers. I assisted therapists at an inpatient psychiatric center and saw some of the painful and unusual disorders that affect people. For many of the jobs I've had, I was a caretaker to clients, helping them get through a particularly rough time in life. Other times, my role was to advocate for clients, helping them to find services and to connect with professionals. Additional roles I found myself in included offering clients counseling so they could know themselves better, providing case management services to clients to facilitate a broad range of services for them, and even being an administrator at some agencies. The roles and functions of

each of my jobs varied, and as you can see, the human service professional must have the knowledge and skills to conduct a wide range of activities and services.

My journey to becoming a human service professional, however, was very different than most people's today. During the 1970s, when I went to college, there were few human services programs. Today, there are hundreds of programs offering associate's, bachelor's, master's, and even doctoral degrees. No doubt, one's career path in the human services is different than it was when I went to school.

Who, exactly, is the human services professional of today? This chapter will begin to answer this question and define the professional identity of the human service professional. We will briefly discuss the beginning of human services in the United States and then describe some of what the human services professional does. Next, we will contrast the human service professional with other mental health professionals and identify the associations that serve the various professionals. As the chapter continues, we will examine those characteristics that are important for being an effective helper and discuss ways of acquiring such qualities. The chapter concludes with a discussion of professional relationships with related helping professions and the importance of being willing to continually examine ourselves as professionals.

**LO 1**

## Who Is the Human Service Professional?

This section of the chapter will briefly describe the emergence of human services; typical degrees, curriculum, and job titles in human services; roles, functions, competencies, and skills of the human service professional; and contrast the work of human service professionals with related professionals relative to the change process.

### Emergence of Human Services

Although human service work has been around for hundreds of years, a professional degree in human services is relatively new. In fact, although related mental health professions (e.g., counseling, social work, psychology) developed around the turn of the 20th century, it wasn't until the mid-1960s that associate's and, later, bachelor's degrees in human services arose (McClam & Woodside, 1989; McClam, 1997a, 1997b). This was largely a response to the need for more helpers due to the development of new social safety net programs geared toward the poor, women, mentally ill, and others who were marginalized and disenfranchised.

As the social safety net expanded, it soon became apparent that the established graduate programs in counseling, psychology, and social work could not handle the increasing need for trained mental health professionals. One result was the development of the associate's and bachelor's degrees in human services (McClam, 1997a). Whereas the associate's degree was geared toward training the mental health aide, or paraprofessional, the bachelor's degree was seen as a more broadly based and professional degree (Fullerton, 1990a, 1990b). Quickly, we saw a curriculum develop that borrowed from other related fields yet had a unique core of its own. Soon, thousands of individuals were graduating with human services degrees, identifying as human service workers (now **human service professionals**), and going to work in human service agencies.

Today, associate- and bachelor-level human service degrees are found throughout the United States along with a small number of master's and doctoral level programs (Council for Standards in Human Service Education [CSHSE], 2023; O\*NET OnLine, 2023). In addition, in recent years the **Center for Credentialing and Education (CCE)** developed a

credential for human service practitioners titled the **Human Services—Board Certified Practitioner (HS—BCP)**. In its relatively short existence, thousands of individuals have obtained this credential, which will increasingly be used as a method of validating one's educational and professional knowledge.

With its own accrediting body (CSHSE), a national credential (HS—BCP), and professional organizations like the National Organization of Human Services (NOHS), the human service profession has come into its own. In this chapter, and in Chapters 2 and 3, we will take a closer look at the history of this relatively young profession, the roles and functions of human service professionals, and several standards that help to define the field today.

## Degrees, Curriculum, and Job Titles

The field of human services is broadly defined, uniquely approaching the objective of meeting human needs through an interdisciplinary knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. (NOHS, n.d.a, About Human Services section)

Human services professionals have a deep desire to help others, particularly those in need and those who are marginalized. They tend to be **generalists**, with interdisciplinary knowledge, who can take on a wide range of roles and work side by side with other related professionals (Hinkle & O'Brien, 2010; NOHS, n.d.b).

Although coursework can vary from program to program, most undergraduate human service programs offer a wide range of course content and field experiences that include the following 10 areas (Clubok, 1997; CSHSE, 2023):

1. *the history of human services*;
2. *human systems*, such as having an understanding of the complexities of families, groups, and the community;
3. *human service delivery systems* that focus on populations in need, such as substance abusers, the poor, older persons, and other marginalized groups;
4. *information management*, such as record keeping and data management;
5. *planning and evaluation*, such as assessment of client and program needs;
6. *intervention and direct service*, including counseling, interviewing, group work, and consultation;
7. *interpersonal communication*, such as being able to develop an effective relationship with clients;
8. *client-related values and attitudes*, such as being ethically astute and cross-culturally competent;
9. *self-development*, such as developing strategies for self-care and being aware of personal and professional values and concerns; and
10. *field experiences*, such as practicum or internship placements that help to integrate knowledge with practice.

After taking an exam based on the above curriculum and on a national job analysis of human services, and after 350 hours of postgraduate human service work, human service professionals can become HS-BCPs. The exam covers the following 11 content areas:

- |   |                                  |
|---|----------------------------------|
| 1. Interviewing and intervention skills | 6. Social and cultural issues    |
| 2. Group work                           | 7. Social problems               |
| 3. Case management                      | 8. Assessment/treatment planning |
| 4. Human development                    | 9. Intervention models/theories  |
| 5. Ethics in the helping professions    | 10. Human behavior               |
|   | 11. Social welfare/public policy |

**Table 1.1** Selected Job Titles in Human Services

Adult Day Care Worker	Crisis Intervention Counselor	Neighborhood Worker
Alcohol Counselor	Drug Abuse Counselor	Parole Officer
Assistant Case Manager	Eligibility Counselor	Probation Officer
Behavioral Management Aide	Family Support Worker	Psychological Aide
Case Manager	Gerontology Aide	Rehabilitation Case Worker
Case Monitor	Group Activities Aide	Residential Counselor
Case Worker	Group Home Worker	Residential Manager
Child Abuse Worker	Halfway House Counselor	Social Service Aide
Child Advocate	Home Health Aide	Social Service Liaison
Client Advocate	Intake Interviewer	Social Service Technician
Community Action Worker	Juvenile Court Liaison	Social Work Assistant
Community Organizer	Life Skills Instructor	Therapeutic Assistant
Community Outreach Worker	Mental Health Aide	Youth Worker

Source: Adapted from NOHS (n.d.c) and O\*NET Online (2023).

Although most human service professionals have an associate's or bachelor's degree in human services (CSHSE, 2023; O\*Net, 2023), others may decide to go on to earn a master's degree in human services, human services administration and leadership, or a doctorate in human services. Graduate degrees afford individuals opportunities to become administrators and leaders in the mental health professions. Those with undergraduate and graduate degrees have a wide range of job titles in which they can work, a small number of which are identified in Table 1.1.

## Job Roles and Functions

As far back as 1969, the **Southern Regional Education Board (SREB, 1969)** identified 13 roles and functions of the human service professional, most of which are still relevant to today's human service professional (Diambra, 2000; Hinkle & O'Brien, 2010) (see Fact Sheet 1.1).

### Fact Sheet 1.1

#### 13 Roles and Functions of the Human Service Professional (SREB, 1969)

- 1. Outreach worker** who works with clients in their communities
- 2. Broker** who helps clients find and use services
- 3. Advocate** who champions and defends clients' causes and rights
- 4. Evaluator** who assesses client programs and demonstrates accountability for services
- 5. Teacher/educator** who tutors, mentors, and models new behaviors for clients
- 6. Behavior changer** who uses intervention strategies to facilitate client change
- 7. Mobilizer** who organizes client and community support to provide needed services
- 8. Consultant** who seeks and offers knowledge and support to other professionals and meets with clients and community groups to discuss and solve problems
- 9. Community planner** who designs, implements, and organizes new programs to service client needs
- 10. Caregiver** who offers direct support, encouragement, and hope to clients
- 11. Data manager** who develops systems to gather facts and statistics as a means of evaluating programs
- 12. Administrator** who supervises community service programs
- 13. Assistant to specialist** who works closely with the highly professional as an aide and helper in attending to client needs

In more recent years, a large job analysis was completed to identify the competencies and skills necessary for the completion of human service work in a wide variety of human service jobs (CSHSE, 2023; National Alliance of Direct Support Professionals, 2022). Known as the **Skill Standards**, 12 competencies were identified through this effort:

1. Participant empowerment
2. Communication
3. Assessment
4. Community and service networking
5. Facilitation of services
6. Community and living skills and supports
7. Advocacy
8. Vocational, educational, and career support
9. Crisis intervention
10. Organization participation
11. Documentation
12. Assistant to specialist

These 12 competencies, and the skills needed to accomplish them, will be discussed in more detail in Chapter 3. Clearly, there is much overlap between the roles and functions of the human service professional, as identified by the SREB, and the more recent Skill Standards.

## The Human Services Professional's Focus in the Change Process

Although human service professionals help clients problem solve, they do not conduct counseling and psychotherapy or facilitate personality reconstruction. Table 1.2 highlights some of the differences in how human service professionals, counselors, social workers, and psychologists might approach working with a client.

As a generalist, a problem-solver, and a caregiver, the human service professional today plays a critical role in giving hands on assistance to those struggling with disabilities, poverty, health issues, mental illness, addictions, abuse, oppression, and more. They are a critical piece of the social safety net today.

**Table 1.2** Comparing Undergraduate HSPs' and Graduate Level Helpers' Work with Clients

Characteristics	Associate's or Bachelor's Level HSP	Master's Level Counselor or Social Worker	Ph.D. Psychologist
Supportive	High	Moderate	Low
Problem focused	High	Moderate	Low/moderate
Works with conscious	High	Moderate	Low/moderate
Focused on present	High	Moderate	Low/moderate
Directive	Moderate	Moderate/low	Low
Facilitative	Moderate	Moderate/high	High
Nondirective	Moderate/low	Moderate/high	High
Insight oriented	Moderate	Moderate/high	High
Works with unconscious	Low	Moderate/high	High
Focused on past	Low	Moderate	High
Personality reconstruction	Low	Moderate	High

\*These are generalizations, and professionals may demonstrate any of these characteristics as a function of the work setting in which they find themselves and their own personal style of conducting the helping relationship.



## LO 2

## Related Mental Health Professionals

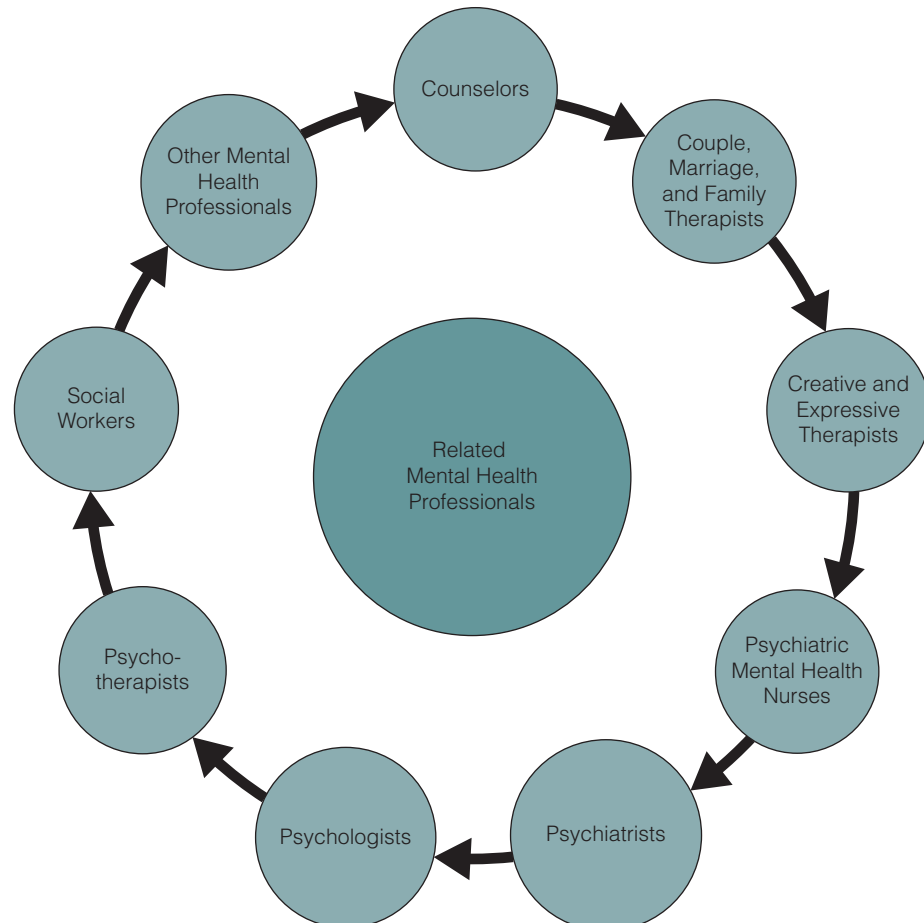
Although there is some overlap in the training of the many different professionals in the social service fields, great differences also exist. This section briefly describes some of the different kinds of mental health professionals (see Figure 1.1).

### Counselors

Today, most individuals who call themselves **counselors** have a master's or doctoral degree in counseling and can be found working in many settings performing a variety of roles (Neukrug, 2023). For instance, they may serve as addiction counselors, career counselors, clinical mental health counselors, college counselors, couple and family counselors, pastoral counselors, rehabilitation counseling, and school counselors. Depending on the counselor's specialization area and interests, they can be found at a vast array of different agencies doing individual, group, and couples and family counseling; administering and interpreting educational and psychological assessments; offering career counseling; consulting on a broad range of educational and psychological matters; and presenting developmentally appropriate activities for individuals.

Clinical mental health counselors often become **Licensed Professional Counselors (LPC)**, or some variant of that name (e.g., licensed mental health counselor); however, with additional training and supervision, most counselors can also get licensed if they wish (see Box 1.1). Some counselors will go on to obtain a doctoral degree and become

**Figure 1.1** Related Mental Health Professionals





**Box  
1.1****Licensure**

Discussed further in Chapter 3, some master's level counselors, social workers, and doctoral level psychologists can become licensed to practice therapy. This allows them to

attain third-party payments (insurance reimbursement of therapy sessions) and practice independently. Licensure is strictly regulated by the states.

counselor educators or agency administrators. Three of the more popular professional associations for counselors are the **American Mental Health Counselors Association (AMHCA, 2023a)**, the **American School Counselor Association (ASCA, 2023)**, or the **American Counseling Association (ACA, 2023a)**, which has 19 specialty divisions.

## Couple, Marriage, and Family Therapists

**Couple, marriage, and family therapists** almost always have a master's or doctoral degree in counseling, social work, psychology, or couple, marriage, and family therapy and are specifically trained to conduct counseling with couples and families. Found in a vast array of agency settings and in private practice, couple, marriage, and family counselors have typically completed specialty coursework in systems dynamics, couples counseling, family therapy, family life stages, and human sexuality, along with the more traditional coursework in the helping professions. The **American Association for Marriage and Family Therapists (AAMFT, 2023a)** is one professional association for couple, marriage and family counselors; another is the **International Association of Marriage and Family Counselors (IAMFC, 2018)**, which is a division of ACA. Although all 50 states have licensure for couple, marriage, and family counselors, the requirement to obtain such a credential can vary dramatically (Association of Marital and Family Therapy Regulatory Boards, n.d.).

## Creative and Expressive Therapists

*Creative and expressive therapists* generally have a master's degree in art, play, dance/movement, and music therapy (Deaver, 2015). Through expressive therapies, individuals gain a deeper understanding of themselves, work through some of their issues, and decrease their symptoms. Expressive therapists work with individuals of all ages and do individual, group, and family counseling. They work in many settings and are often hired specifically for their ability to reach individuals through a medium other than language.

Probably the most common creative and expressive therapist is the art therapist, who generally belongs to the **American Art Therapy Association (AATA, 2022)**; however, a number of other creative therapy associations also exist. Although different forms of credentialing exist for some kinds of creative and expressive therapies (e.g., see Art Therapy Credentials Board, 2021), states generally do not license creative and expressive therapists to conduct therapy. However, some state licensing boards will allow the creative and expressive therapist to take additional courses and field placements (e.g., internship) so they have obtained the equivalency of existing state licenses requirements in related fields (e.g., counseling, social work, etc.) and apply for licensure in that field.

## Psychiatric-Mental Health Nurses

Primarily trained as medical professionals, **psychiatric-mental health nurses** are also skilled in the delivery of mental health services (**American Psychiatric Nurses Association [APNA], 2023**). Most psychiatric-mental health nurses work in hospital settings, with lesser numbers working in community agencies, private practice, or educational settings.

Psychiatric-mental health nursing is practiced at two levels. The **Psychiatric-Mental Health Nurse (PMH)** does basic mental health work while the **Advanced Practiced Registered Nurse (APRN)** has a master's degree in psychiatric-mental health nursing and assesses,

diagnoses, and conducts individual, group, couples, and family counseling. In addition, they may be found conducting clinical supervision and more (APNA, 2023). Because APRNs hold prescriptive privileges in all 50 states (Stokowski, 2018), they have a unique position in the mental health profession. The professional association of psychiatric-mental health nurses is APNA.

## Psychiatrists

**Psychiatrists** are licensed physicians who generally have completed a residency in psychiatry, meaning that in addition to medical school, they have completed extensive field placement training in a mental health setting (American Psychiatric Association, 2023a, 2023b). Most psychiatrists have also passed a specialization exam to become board certified in psychiatry. Being a physician, the psychiatrist has expertise in understanding the organic nature of some mental disorders, diagnosing mental disorders, identifying and treating psychopathology, and prescribing medications for psychiatric conditions.

Some psychiatrists have minimal training in conducting counseling and psychotherapy and may not be experts in the delivery of such services. However, their expertise in conceptualizing client problems, diagnosing clients, and prescribing medication can be a great help to mental health professionals and the clients with whom they work. Psychiatrists may be employed in mental health agencies, hospitals, private practice settings, and health maintenance organizations. The professional association for psychiatrists is the **American Psychiatric Association (APA)**.

## Psychologists

Many types of **psychologists** practice in a wide range of settings and are often found running agencies, consulting with business and industry, or serving in supervisory roles for all types of mental health professionals. Relative to the practice of psychotherapy, all states offer licensure in counseling psychology and in clinical psychology and many states allow individuals with a “Psy.D.”—a practitioner doctorate in psychology—to become licensed as clinical or counseling psychologists (American Psychological Association, 2023a, 2023b; Michalski & Fowler, 2016). Licensed counseling and clinical psychologists have a doctoral degree in psychology, acquire extensive supervised experience after graduate school, and pass a licensing exam. Although a few states allow psychologists to prescribe psychotropic medication (American Psychological Association, 2022), psychiatrists, and in some cases psychiatric nurses, typically take the lead in this important treatment approach. The professional association of counseling and clinical psychologists is the **American Psychological Association (2023a)**, which has the same acronym as the American Psychiatric Association: APA.

In addition to counseling and clinical psychologists, human service professionals may work alongside **school psychologists**. School psychologists have an advanced graduate degree or a doctoral degree in school psychology and are credentialed by state boards of education (**National Association of School Psychologists, [NASP], 2021a**). School psychologists “apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally” (NASP, 2021b, para. 1). A large portion of their work involves testing and assessment. In addition to NASP, another professional association for school psychologists is **Division 16 of the American Psychological Association**.

## Psychotherapists

Because most states do not have laws that regulate use of the term **psychotherapist**, individuals with no training, experience, or even a degree can call themselves psychotherapists. On a practical level, psychotherapists usually have advanced degrees in psychology, social work, or counseling and work in mental health settings or in private practice, providing individual, group, or marital counseling. It is illegal to practice counseling and therapy without a license; thus, if someone tells you they are a psychotherapist, inquire about their credentials.

## Social Workers

Professionals who obtain a bachelor's or master's degree from a social work program are generally called **social workers**. However, because the term “social worker” is applied to a wide range of jobs in the mental health field, you will sometimes find individuals with related degrees (e.g., human services, counselors) being called social workers. Professionals who obtain a master's degree in social work are generally called **MSWs**. The professional association for social workers is the **National Association of Social Workers (NASW)**, 2023a).

Although social workers have historically been found working with the underprivileged and with family and social systems, today's social workers provide counseling and support services for all types of clients in a wide variety of settings. Some bachelor-level social workers have similar training to human service professionals. A person pursuing an MSW can focus on “micro” or “macro” social work. Those who have a micro focus are trained to conduct counseling and psychotherapy, whereas those who have a macro focus work to change systemic injustices of a group or of society and often advocate for political and societal change. With additional training and supervision, MSWs can become nationally certified as an **ACSW** by the **Academy of Certified Social Workers** (NASW, 2023b). In addition, all states have specific requirements for becoming a **Licensed Clinical Social Worker (LCSW)**.

## Other Mental Health Professionals

The professionals just discussed account for a large part of the circle of mental health professionals with which most individuals come in contact. However, the helping professions also include many other types of professionals, such as body-oriented therapists, pastoral counselors, psychoanalysts, Jungian therapists, complementary and alternative helpers, and many more—most of whom have their own professional association (Neukrug, 2015). Most of these individuals have degrees in counseling; couples, marital, and family counseling; social work; or psychology; are licensed in one of these areas; and have done additional training in a specialty area. If not licensed, they cannot practice counseling and psychotherapy. Don't be surprised if in addition to the professionals highlighted, you come across other kinds of mental health professionals in your professional journey.

### LO 3

## Professional Associations in Human Services and Related Fields

This part of the chapter will describe benefits of professional associations and then give relatively brief descriptions of the major associations affiliated with human services, marriage and family therapists, counselors in general, clinical mental health counselors, psychiatrists, psychiatric nurses, psychologists, and social workers.

## Benefits of Professional Associations

To protect the rights of their members and support the philosophical beliefs of their membership, professional associations have arisen for each of the professional groups discussed in this chapter. These associations tend to offer a wealth of benefits, including some or all the following (Huber et al., 2019; NOHS, n.d.d):

- Providing job banks
- Supporting credentialing efforts
- Providing grants for special projects
- Offering continuing education credits
- Advocating for accreditation of programs
- Offering webinars and online workshops
- Providing access to malpractice insurance
- Initiating advocacy for mental health concerns