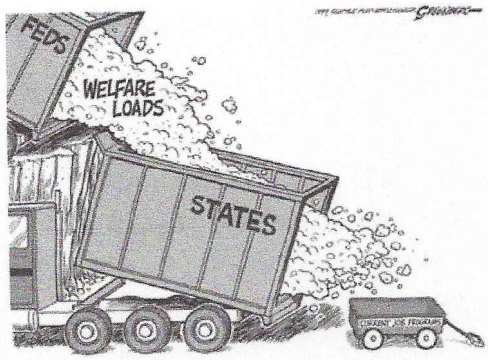
1.2 Finding the Appropriate Human Services Program

The local town hall is usually the first place to begin the search for an appropriate social service agency. There you will find the local health, recreation, and education departments; juvenile and elder services; and the like. The workers in these departments can describe the social services they fund, monitor, or license. They might have listings of services in each area.

The next source we turn to in exploring the human service network is the directories of social services published in hard copy or on the Internet by various private agencies. One type of directory is comprehensive; it lists a broad range of social problems and the agencies that deal with them. This sort of directory is generally compiled and distributed by the group that coordinates and raises funds for social services in a particular town. Such groups include the United Way, Community Chest, Community Council, Social Service Coalition, and Red Feather Agency.

In larger cities where the task is a major undertaking, the work of compiling resources might devolve on a private publishing firm. In Massachusetts, for example, a book titled *The Human Services Referral Directory of Massachusetts* (2002)* (http://content.thuzelearning.com/books/Mandell.7875.17.1/sections/p70004791360000000000000000001781#P70004791360000000000000000017C9) is larger than the phone books of many towns in our country. A well-thumbed copy of that directory is likely to adorn the desk of almost every human service worker in the state.

(http://content.thuzelearning.com/books/Mandell.7875.17.1/sections/p70004791360000000000000000001781#P70004791360000000000000000017C9) * (http://content.thuzelearning.com/books/Mandell.7875.17.1/sections/p70004791360000000000000000001781#P70004791360000000000000000001783) The *Human Services Referral Directory* is now also published in New York (2002) and by other publishers under slightly different titles in many other states.



In recent years there has been a big push to get people out of what many deemed a "failed" welfare system. However, too often, the buck has simply been passed from federal government to state and local governments with insufficient job opportunities and job training, leaving families without the money for

food, shelter, and health care.

The table of contents of a comprehensive directory affords a vivid display of the diversity of problems and agencies. The index of a human services directory might start off like this:

a	b	c
abortion	battered women	child care centers
abuse, physical	bereavement support	children's services
addiction	birth control	consumer protection
adoption	block associations	correctional institutions
aging	bulimia	counseling
AIDS		

The other types of directories are problem specific; they focus on one particular service area. Thus, individual booklets might list services for the developmentally delayed, addiction support groups, or early-childhood centers. Some directories are published by national organizations, which have chapters across the country; others are just for local services. A booklet listing services for senior citizens, for example, is likely to include some of the resources shown in the boxed text.

Some directories list only the objective information about an agency: location, activities, costs, and eligibility requirements. The subjective directories provide a more in-depth picture by describing agency services and then evaluating their quality of service. An excellent example of the more subjective type of directory was compiled by a group of students studying health care issues at the State University of New York at Stony Brook (**Lefferts, 1982 (http://content.thuzelearning.com /books/Mandell.7875.17.1/sections /p70004791360000000000000000022b4#P70004791360000000000000000002483)**). In the process of this research, students learned an amazing amount about the quantity and quality of services in their town. An evaluative directory empowers both the consumer and human service worker, who can thereby make informed decisions when they choose an agency. Subjective directories are much more difficult to compile than factual listings. Each agency must be visited, all its materials must be read, and data must be found that offer feedback on the care that clients have received. And they must then be updated regularly.

Some agencies maintain hot-line phone services. One can call them, for example, to get information

on sexually transmitted diseases, learn about various forms of cancer, or find a service agency for stepfamilies. Recently, we read that a new phone service, modeled on the 911 emergency phone system, has been put into place in many cities and states across the country (Griffin, 2007 (http://content.thuzelearning.com/books/Mandell.7875.17.1/sections /p700047913600000000000000000022b4#P700047913600000000000000002403)); it is called Dial 211. Recognizing that an aging population as well as the growing number of young people moving from one city to another face a host of perplexing life issues with no one to turn to for advice, this service will connect callers to agencies whose job it is to help people facing crises that might not be life threatening but are still serious. Perhaps the weather is cold, and there is no heat in the house, or perhaps a single mother cannot leave for her job because the babysitter has not shown up, or maybe there is no food in the house, and a paycheck or disability check will not arrive for days; now these people can call 211 on the phone and, hopefully, find assistance. Try dialing 211 in your town and see if the number is in service. If it isn't, that would be an issue to bring to the attention of a local legislator who might advocate for its inception.

Newspapers also contain information about new agencies that are opening or about the special projects and problems of agencies. The calendar page of the newspaper often lists workshops, seminars, and meetings of support groups. Often notices are placed by social agencies seeking volunteers or donations. Computer bulletin boards and chat rooms on the Internet can also be rich sources of information on virtually every social problem and program.

The classified section of a local newspaper as well as listings on web sites can provide clues to the social service networks in a town. **Figure** 1.1 (http://content.thuzelearning.com/books /Mandell.7875.17.1/sections /p700047913600000000000000001781#P700047913600000000000000001789) shows a selection of want ads clipped from several cities.

American Association of Retired Persons (AARP)

Congregate-living programs

Council on Aging

Day-activity programs

Elderhostel educational programs

Elderly legal services

Exercise programs

Homemaker/home health aides

Meals on Wheels

Nursing homes

Recreation centers

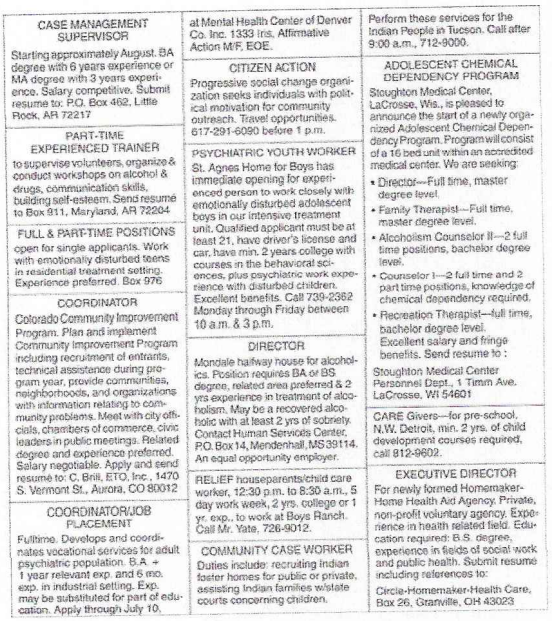
Residences

Retired and Senior Volunteer Program (RSVP)

Shuttle-bus service

Social action or issue groups

Visiting nurses



CASE MANAGEMENT SUPERVISOR
Starting approximately August. BA degree with 6 years experience or MA degree with 3 years experience. Salary competitive. Submit resume to: P.O. Box 462, Little Rock, AR 72217

PART-TIME EXPERIENCED TRAINER
to supervise volunteers, organize & conduct workshops on alcohol & drugs, communication skills, building self-esteem. Send resume to Box 911, Maryland, AR 72264

FULL & PART-TIME POSITIONS
open for single applicants. Work with emotionally disturbed teens in residential treatment setting. Experience preferred. Box 976

COORDINATOR
Colorado Community Improvement Program. Plan and implement Community Improvement Program including recruitment of entrants, technical assistance during program year, provide communities, neighborhoods, and organizations with information relating to community problems. Meet with city officials, chambers of commerce, civic leaders in public meetings. Related degree and experience preferred. Salary negotiable. Apply and send resume to: C. Brill, ETO, Inc., 1470 S. Vermont St., Aurora, CO 80012

COORDINATOR/JOB PLACEMENT
Fulltime. Develops and coordinates vocational services for adult psychiatric population. B.A. + 1 year relevant exp. and 6 mo. exp. in industrial setting. Exp. may be substituted for part of education. Apply through July 10, at Mental Health Center of Denver Co. Inc. 1333 Iris. Affirmative Action M/F, EOE.

CITIZEN ACTION
Progressive social change organization seeks individuals with political motivation for community outreach. Travel opportunities. 617-291-6090 before 1 p.m.

PSYCHIATRIC YOUTH WORKER
St. Agnes Home for Boys has immediate opening for experienced person to work closely with emotionally disturbed adolescent boys in our intensive treatment unit. Qualified applicant must be at least 21, have driver's license and car, have min. 2 years college with courses in the behavioral sciences, plus psychiatric work experience with disturbed children. Excellent benefits. Call 739-2362 Monday through Friday between 10 a.m. & 3 p.m.

DIRECTOR
Mondale halfway house for alcoholics. Position requires BA or BS degree, related area preferred & 2 yrs experience in treatment of alcoholism. May be a recovered alcoholic with at least 2 yrs of sobriety. Contact Human Services Center, P.O. Box 14, Mendenhall, MS 39114. An equal opportunity employer.

RELIEF houseparents/child care
worker, 12:30 p.m. to 8:30 a.m., 5 day work week, 2 yrs. college or 1 yr. exp., to work at Boys Ranch. Call Mr. Yate, 726-9012.

COMMUNITY CASE WORKER
Duties include: recruiting Indian foster homes for public or private, assisting Indian families w/state courts concerning children. Perform these services for the Indian People in Tucson. Call after 9:00 a.m., 712-9000.

ADOLESCENT CHEMICAL DEPENDENCY PROGRAM
Stoughton Medical Center, LaCrosse, Wis., is pleased to announce the start of a newly organized Adolescent Chemical Dependency Program. Program will consist of a 16 bed unit within an accredited medical center. We are seeking:
- Director—Full time, master degree level.
- Family Therapist—Full time, master degree level.
- Alcoholism Counselor II—2 full time positions, bachelor degree level.
- Counselor I—2 full time and 2 part time positions, knowledge of chemical dependency required.
- Recreation Therapist—full time, bachelor degree level.

Excellent salary and fringe benefits. Send resume to :
Stoughton Medical Center Personnel Dept., 1 Timm Ave. LaCrosse, WI 54601

CARE Givers—for pre-school,
N.W. Detroit, min. 2 yrs. of child development courses required, call 812-9602.

EXECUTIVE DIRECTOR
For newly formed Homemaker-Home Health Aid Agency. Private, non-profit voluntary agency. Experience in health related field. Education required: B.S. degree, experience in fields of social work and public health. Submit resume including references to:
Circle-Homemaker-Health Care, Box 26, Granville, OH 43023

Figure 1.1

Classified advertisements for human service jobs that have appeared in newspapers from different parts of the country

Source: Denver Post, Denver, Colorado; Kansas City Times, Kansas City, Missouri; New Orleans Times-Picayune/States Item, New Orleans, Louisiana; Arizona Daily Star, Tucson, Arizona; Star Tribune, Minneapolis, Minnesota; Detroit News, Detroit, Michigan; Columbus Dispatch, Columbus, Ohio; Arkansas Gazette, Little Rock, Arkansas.

1.3 Barriers that Prevent People from Getting Help

Despite the problems caused by her father's alcohol addiction, Kathy was quite fortunate in some ways. Her town had a variety of social services, and she was able to find and use them. For many people, things do not work out as well. Perhaps they resist seeking help or have difficulty locating, choosing, paying for, or using it.

Many barriers are encountered on the pathway to seeking help. When they are insurmountable, small problems balloon into large, often tragic ones. Because barriers interfere with our ability to serve prospective clients, we need to develop skills to recognize them and then negate or surmount them.

Some barriers, such as feelings of indecision and ambivalence, are inevitable. How could Kathy's father be certain that he had crossed the line that separates a social drinker from an alcoholic? How could he be certain that he needed professional help? How could he be sure that the hospital or group he ultimately chose was the right one for him? These kinds of feelings we call **internal barriers (http://content.thuzelearning.com/books/Mandell.7875.17.1/sections/p70004791360000000000000000021ef#P70004791360000000000000000002251)** to receiving help.

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internal barriers

Emotions or attitudes within a person that make it difficult for him or her to seek help.

Other, more tangible barriers can stand in the way. Often there are no beds available in a detoxification unit when the client is ready. Frequently there is not enough money to train or pay staff to learn about a new treatment modality. The red tape of bureaucrats in government and in the insurance industry often interferes with a well-thought-out service plan. We call these **external barriers (http://content.thuzelearning.com/books/Mandell.7875.17.1/sections/p70004791360000000000000000021ef#P70004791360000000000000000222F)** .

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external barriers

Barriers in the environment that make it difficult for a person to receive help.

We cannot always remove or mitigate the impact of internal and external barriers, but we must be aware of them. Both client and worker interact within the constraints these barriers impose and are challenged to work creatively around them, using all the intervention strategies we will describe in **Chapter 3 (http://content.thuzelearning.com/books/Mandell.7875.17.1/sections/p70004791360000000000000018b2#P70004791360000000000000000018B2)**.

Following is a list of barriers to finding and using human services. The first six are primarily internal barriers that will need to be dealt with in the worker–client counseling relationship. The last five are more external to the client and are most appropriately dealt with by using the strategies of organizing and advocacy. But here, as with most categories, lines do blur.

Each of the first ten barriers is followed by some inner thoughts or questions that reflect them. We will discuss the last one in more detail.

1. The Difficulty of Evaluating the Seriousness of a Problem

   - Does my child have a learning disability that needs special help, or is he or she just developing a little bit more slowly than the other kids in the class?
   - Is it normal to be so furious at my parents? Are other teenagers as depressed as I am?
   - Is this kid in my class just mischievous, or is there some other more serious problem? Does he just have a high energy level, or is he biologically hyperactive?

2. The Tendency to Deny the Gravity of a Problem

   - I'm just a social drinker who sometimes has a bit too much. I can stop anytime I decide to. Can I really?
   - Well, I know he hits me once in a while. But don't all marriages go through rough spots?
   - There is no discrimination in this company; we just can't seem to find any qualified women (or disabled or Latino) supervisors. No one can say I didn't try, can they?

3. The Fear of Being Judged, Labeled, or Punished

   - If I get tested for AIDS and it turns out I'm positive, will I lose my job and my medical insurance? Will my family stick with me?
   - If I ask for an evaluation of my child's learning problems, will he or she be labeled retarded or be stuck in a low track for the rest of his or her schooling?
   - I know I don't have enough food in the house, but if I apply for food stamps, will my neighbors begin referring to me as the old lady who's a "welfare cheat"?

4. The Suspicion or Distrust of Human Service Workers and Agencies

- I know they assure you that complaints of child abuse are anonymous, but how do I know they won't give out my name? Maybe my neighbor will come after me.
- If I admit how mad I get at my child, will they try to take him or her away from me?
- If I agree to a voluntary commitment to the hospital for an evaluation, will they decide I'm crazy and throw away the key?

5. The Shame of Not Being Able to Solve One's Own Problems

- I don't see any other men bursting into tears when they get turned down for a job. Why can't I act like a "real" man?
- I was always taught that you don't air your dirty linen in public; so, although I know the landlord is not giving me enough heat, won't I look like a crybaby if I complain to the rent board?
- How can I ask for help paying my medical bills? My family has always taken care of its own.

6. Fear of the Unknown

- If we start marital counseling and I say what I really think, will we end up in divorce court?
- Maybe this school isn't as good as it should be, but if the parents start making decisions, won't it get worse? What do they know about education?
- Living at home might be lonely for our son, who's developmentally delayed, but maybe when he's older we'll think about his moving into a community residence. How can we be sure he won't be hurt if he moves out into the world?

7. The Difficulties of Choosing the Appropriate Program and Helper

- I've heard about three special programs for autistic children; how do I know which one is best?
- Our committee has interviewed six candidates for the job of hot-line director, and they are all different. What kind of person (race, gender, age, degree) would make the best director?
- My family has been going to this clinic for three years, and we don't seem to be getting along any better. Whom can I talk with to see if maybe we should try another approach?

8. The Inadequacy of Services

- Will there be anyone in that program who understands my culture and speaks my language? Will any of the other staff be disabled the way I am? (**Sue, Ivey, & Pederson, 1996 (http://content.thuzelearning.com/books/Mandell.7875.17.1/sections /p70004791360000000000000000022b4#P70004791360000000000000000025CA)**)

- We worry that the steep stairs will be hard to maneuver for many of the senior citizens, but what can we do? It is the only building we could afford.
- No one wants to have this prison (halfway house for addicts, drop-in center for teenagers) in the neighborhood; should we locate it on the edge of town, even though it can't be reached by public transportation.

9. The High Cost of Services

- We don't have enough money for our day camp, so we have to save the spaces for those most in need. But how do you decide whom to reject?
- I know that your mom needs this nursing home, but Medicaid doesn't pay the full cost, and we never get those payments on time anyway.
- We could try to run a reform candidate for the school board who is in favor of racial integration, but can we pay the advertising costs to get enough publicity?

10. Past History, Reputation, or Public Image of a Program

- First it was the antipoverty program, then Model Cities, and now it's privatization. I've seen them all come and go. Our neighborhood never seems to get any better. Why should I participate in this new program?
- With all the taxes I pay, why do the schools still turn out kids who can't read?
- As a legislator, I'm convinced that this town does not need another shelter for the homeless. Do you think the social workers complain about problems so they can keep their jobs?

11. Myths and Lack of Information about the Human Services

Because the field is so broad and the barriers to finding and using help so pervasive, the public is understandably confused. This lack of clarity can lead to hostility. Much of what people think they know about the role of the human service worker is, in fact, either incomplete or just plain wrong.

The public sees many other professionals—fire fighters, doctors, secretaries—doing their jobs; this is not the case with human service workers. We don't wear uniforms or have any observable symbols or tools of our trade. People usually visualize the human service professional primarily in the role of therapist, counselor, or welfare investigator, working one-on-one to solve individual problems or ferret out wrongdoing. Although these are important roles, they do not show the full dimensions of human service work.

Instead of working in a one-on-one counseling relationship with Kathy, for example, some human service workers tackled the problem of alcohol abuse by trying to change the social system that supports it:

- They made speeches about the need for funding alcohol education programs.
- They designed training programs for schools and private industry.
- They met with legislators to change the laws governing the advertising and sale of addictive substances.
- They conducted research to find out what kind of prevention programs work best.
- They published newsletters, books, and journal articles that disseminated the wisdom they have gleaned about alcohol intervention.
- They designed computer programs so that information about addiction could be easily retrieved.

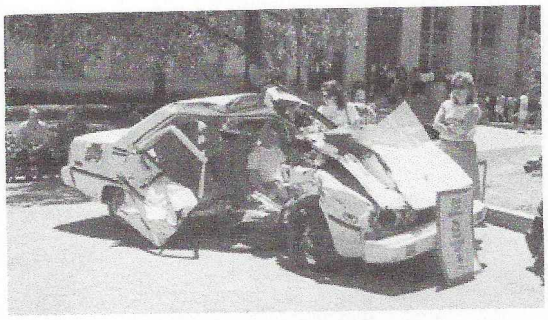
These social change activities are just as important as the therapy or counseling interventions that the public identifies as the province of human service workers. Yet, the media does little to help the public get a well-rounded picture of the varied work of the field. Television programs show the exploits of doctors, emergency medical technicians, lawyers, detectives, newspaper reporters, and an occasional schoolteacher but rarely those of a human service worker.

Only one major network show—*Eastside, Westside*—featured a human service worker as its "hero." Each episode showed him interacting with people who were struggling to overcome difficult situations. The program dealt with racial prejudice, prostitution, alcoholism, marital discord, labor strikes, and runaway children. Most of the dramas were real-life situations, filled with suspense, emotion, conflicting values, and expectations. Because the program tried to hold a mirror up to life, many of the problems could not be resolved in neatly packaged, hour-long segments. Sadly—but accurately—the black family depicted on the show was not welcomed with open arms by their neighbors in an all-white suburb, the divorcing couples and runaway kids were not always reunited, and alcoholics often drifted back to the bottle. Although the critics liked it, *Eastside, Westside* ran for only one season. The uniqueness of the program lay not only in its portrayal of the excitement and frustration of human service work but also in its depiction of the wide-ranging activities of the human service worker.

Worse than the paucity of information about the field are the myths and misinformation projected by the popular media using human service workers as the objects of ridicule: "Hello," says the client. "Hmmm, now what do you really mean by that?" asks the counselor.

On the rare occasions that the theater or Hollywood movies depict us at all, they often portray us as narrow, rigid, inept snoopers. The social worker in Herb Gardner's often-performed comedy *A Thousand Clowns* (1962) is a classic portrayal of this **stereotype (http://content.thuzelearning.com/books/Mandell.7875.17.1/sections/p700047913600000000000000000021ef#P700047913600000000000000000229B)** . In it, a child-protective-services worker (with hair pulled back, glasses halfway down her nose, flat shoes, and a man-tailored suit) is sent to investigate charges that a man is corrupting his young nephew. He is romping with him through New York's parks and neighborhoods instead of sending him to school, where the boy could be taught to take life seriously. The uncle and nephew are portrayed as witty, energetic, loving people, while the young female social worker and her stuffy

male supervisor represent the boredom of society, full of rigid rules and unfeeling bureaucracy.



Encouraging responsible behavior and reducing the self-defeating cycle of alcohol and drug abuse require creative approaches. This wrecked car raises frightening questions about the fate of its once-carefree driver. Change in drinking patterns is painstakingly slow, yet we believe that change is always possible.

The definitive parody of human service workers was written by Stephen Sondheim (1957) for *West Side Story*. Set in an urban ghetto, this musical drama is an updated version of the tragedy of Romeo and Juliet. In this saga of poverty, prejudice, and conflicting emotions, a group of teenage gang members tell a police officer about their misadventures with the human service workers they have been sent to. Each "helper" disagrees with the others and comes to a ridiculous, simplistic conclusion about the teenagers' delinquency. A judge says they are misunderstood neurotics, so he sends them to a therapist. The therapist says that delinquency is a social disease, so he sends them to a social worker to get a "good honest job." The social worker says they're not antisocial, they're only "antiwork" and could use a year in jail. And so they are sent back to court, right where they started!

1.4 A Paradox

When we consider the barriers strewn along the path to getting help, we should think about them in their current context. When placed in perspective, these barriers reveal a frustrating paradox.

At no time in the history of the social services has there been such a wide array of program approaches for solving social problems as there is today, although many programs are struggling to stay solvent. Thirty years ago, Kathy's father would probably have been fired from his job when his alcohol addiction began interfering with his performance. Back then, few companies hired trained mental health counselors for their personnel departments, and most workers could not afford the luxury of an inpatient facility to "dry out" and regroup. But Kathy's dad overcame barriers with the help of a professional **employee assistance program (EAP) (http://content.thuzelearning.com/books/Mandell.7875.17.1/sections/p70004791360000000000000000021ef#P70004791360000000000000000002228)** counselor at his firm. His health insurance plan paid for his stay at the rehabilitation center. He was lucky!

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employee assistance program (EAP)
Supportive services dealing with mental health or financial or legal issues that are offered directly to employees by their company or agency. Their goal is to reduce worker turnover and raise productivity.

And certainly, attitudes toward addicts have improved. Thirty years ago, if a police officer had encountered Kathy's Dad sleeping off his binge in a public park, he probably would have arrested him, and a judge might have charged him with disorderly conduct, public drunkenness, and the like. But by the time Kathy wrote this paper, most police officers had learned to define alcohol addiction as an illness.

So the barriers of inaccessibility and stigma, for example, should be toppling down for families facing the kinds of problems Kathy described. Right? Wrong! Strangely enough, this isn't happening. In actuality, in this new millennium, most health care plans, which at their inception were fairly generous with mental health benefits, are drastically cutting back on these treatments.

At the same time, in public forums in the mass media and in the halls of Congress, the following demands are being shouted with louder and louder voices:

- Give the public tax cuts instead of social services.
- Allow each of the fifty states to make its own decisions about whether to fund specific social services.

- Bring to a halt the days of massive public support for social services.
- Admit that social services hinder rather than help troubled individuals.

In later chapters, we will return to these themes to see how they play out as human service workers try to ameliorate social problems in an ever-more-complex world in which priorities are moving away from dealing with social problems through governmental intervention.