



Council for Standards in
Human Service Education

Bulletin

*Highlighting best practices in
human service education*

Gigi Franyo-Ehlers
Editor

A Message from the President

Elaine R. Green
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CSHSE President

2016-2017 has been a year of successes, transitions, and new practices for CSHSE. Membership has grown to 104 members, with 49 programs currently accredited. Several member programs are in the process of writing their self-studies and preparing for initial accreditation. We continue to field inquiries from programs interested in learning more about the Council. In March, the Council received notice from the Council for Higher Education Accreditation (CHEA) that the committee accepted the Interim Report. The next report will be due in December 2019.

At the June 2017 meeting, the Board said good bye to several Board members, Lori Connors-Tadros, Public Member; Laura Kelley, Vice-President of Accreditation; Don Unger, Treasurer; and Jean Kennedy, Secretary. We appreciate their years of service to the Board and look forward to their continued work as self-study readers and site visitors. At the same meeting, the Board welcomed Winona Schappell, Vice-President of Accreditation; Yvonne Chase, Secretary; and three Members-at-Large (Susan Kinsella, Cheryl McGill and Katherine Pickens). In addition, Adrienne Bey began her term as Treasurer, and Shawn Worthy was elected for a four-year term as a member-at-large.

As we continue to work on initiatives that were identified in last year's Strategic Plan, the Board has focused on Organization Structure. In order to ensure optimal functionality, it was decided that the Council Bylaws would be updated and revised to reflect proposed changes. One major change is to replace Regional Directors with Members-at-Large. Each Member-at-Large will represent a particular type of program (associate degree programs, bachelor degree programs, graduate programs, online programs, and programs offered at multiple sites). In order to ensure that the Board remains representative of its membership, the Board also approved the following statement that has been incorporated into the Council

Bylaws: "Cultural competence is a foundation of ethical human service practice. Therefore, the Council strives to ensure that diversity is demonstrated in the composition of the Board with respect to but not limited to geographical perspectives, types of institutions, and program degree levels."

Changes to Site Visitor fees have been implemented. "Programs applying after July 1, 2016, for initial accreditation or reaccreditation (needing a site visit) will be billed \$2000.00 for each site visitor. Site visits will be scheduled upon receipt of payment. In addition, effective July 1st, the accreditation/reaccreditation application fee will increase to \$500.00."

To satisfy a CHEA requirement (12B Demonstrates Accountability), dates of accreditation decisions and the accompanying letters are now posted on the CSHSE website, <http://www.cshse.org/accredited.html>

The Board has committed to a thorough review and possible revision of the Standards. Other projects include electronic archiving of self-studies and updates to the CSHSE website.

We encourage you to get involved by becoming a self-study reader and site visitor. You will learn more about the Standards and also about other accredited programs.

We look forward to seeing you at the Annual Conference of the National Organization for Human Services. The Council will be presenting "Doing the Write Thing-Simplifying the Accreditation Process." The Council will also be hosting a reception for all CSHSE member programs and those interested in becoming a CSHSE member.

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Burnout Prevention: A Cornerstone for Human Service Trainees

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In the Counseling and Human Services (CHS) undergraduate program at the University of Scranton, there are several core courses with experiential components geared toward measuring student learning outcomes and their personal and professional development. One such course is CHS 441: Crisis Intervention. As a capstone of sorts, this is the last required non-internship course that CHS students typically take prior to graduation.

In Crisis Intervention, the mantra is, as Human Service professionals, we are called to be “Holders of Hope and Agents of Change.” It has long been espoused that to do that for those experiencing trauma and tragedy, self-care in the form of burnout prevention is critical to job satisfaction and longevity. Believing that the best intervention is prevention, an assignment was developed to foster the initiation and long-term utilization of a burnout prevention plan. The idea is for it to become a “living” document that changes as student needs do. We encourage students to realize that successful plans have room for flexibility, adaptation, and growth, as rigidity in self-care and wellness encourages a success/failure evaluation. In a culture that already has such an emphasis, a rigid plan can become counterproductive.

Following instruction about history, process, and potential outcomes of professional burnout, students have the opportunity to meet with graduate practicum students for four counseling sessions. The intent of these is for undergraduate students to develop a burnout prevention plan that is unique to their identified strengths, interests, and coping styles. The essential components are to address burnout from cognitive, emotional, behavioral, relational, and spiritual dimensions of the self. The resulting plan should be practical, in that it can effectively be used now and act as a framework for students to continue to develop it as their life situations change. Sometimes sessions may focus on the student's current stressors and/or the impact of specific topics being discussed in class (such as suicide, sexual assault, relationship violence, serious illness, etc.). Sessions can also act as a “safety net” for students who may have been personally impacted by the topics that are a part of the course. Upon completion of sessions, students write a summary of the plan they developed and submit it to the instructor.

The collaborative learning that occurs with faculty along with graduate and undergraduate students benefits all involved, as indicated by what students say about it.

In short, I view burnout prevention as a necessary part of my professional and personal wellbeing in the sense that the two - personal and professional - are inextricably linked, so if something happens in one aspect it can, and will, impact the other...If I do not take these steps to nurture the two and, say, become consumed by a personal issue, my professional wellbeing will suffer. This is not only detrimental to my

professional performance, but can actually end up harming clients, which is why burnout prevention is not only good practice but also an ethical mandate.

I always had ‘go-to’ coping skills to implement in stressful times, but I learned that different stressors sometimes need different coping skills. Instead of carving my plan into stone, I found that it was important to be flexible. I am grateful for this experience and how it has helped me grow into the person that I am and prevent burnout. This was so much more than a class assignment; it is a lifestyle that I will continue every day in my post-graduate life.

As clinicians and educators, it is important to make realistic and concerted attempts to engage in self-care while modeling this to students. This assignment, in addition to providing a venue for learning and practicing self-care, is consistent with our program's expectations with respect to our “Fitness for the Profession” document (see Jacob & Datti, 2014 for an overview) as well as our professional ethics. As a part of facilitating optimal growth of students and their fitness for a profession that mandates direct service delivery to individuals, families, and communities, the burnout prevention plan assignment directly relates to the document's dimensions of Commitment to Wellness, Core Academic/Clinical Competencies, Responsibility, Problem-Solving, and Stress Management (Morgan, Jacob, & Toloczko, 2008). The assignment provides a venue for students to learn and practice skills that promote wellness for both themselves and others, and allows for a closer look at the importance of wellness for clinical competence. It also promotes the importance of responsibility in care of oneself and others, and provides for tangible and structured problem-solving and stress management strategies, which can be used by students both personally and professionally in their work with clients.

But perhaps most importantly, it is about kindness. While kindness may not be the thing that can “fix” everything, it certainly can make hard situations less hard. In its simplest form, this assignment is an exercise in awareness, accountability, and kindness.

References

- Jacob, E. J., & Datti, P. A. (2014, Fall). Fitness for the profession: A model to address the growing edges of human service trainees. *Council for Standards in Human Service Education Bulletin*. Retrieved from <http://www.cshse.org/newsletter.html>
- Morgan, O. T., Jacob, E. J., & Toloczko, A. M. (2008). *Training culturally competent human service professionals: Addressing “Fit for the Profession.”* Unpublished manuscript.

Interactive Activities Applied to Social Welfare

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In our Human Services Program, we want our students to go beyond the concepts and theories in the classroom and text books to building skills and gaining an understanding of the people and community they will serve one day. We accomplish this in many ways, from field trips to agencies and community events, to guest speakers in the classroom. We also use a variety of interactive activities to help achieve these goals.

One class that lends itself well to interactive activities is Social Welfare Programs and Policies. Each week during the semester I have students complete journal assignments that include either answering questions that involve some type of research or activities that help them understand how policy affects people in our society. As a freshman level class, it allows the students to improve their writing skills, get used to citing works using APA style, and become proficient at locating information from reputable sources.

One week the students took the multicultural diversity quiz by Paul Gorski (2008). This quiz asks the students a variety of multiple choice questions utilizing statistics based on multicultural issues, such as, "According to the National Center for Education Statistics, what is the percentage of U.S. schools with no teachers of color on staff?" Students are asked to complete the quiz all at once before they score the answers and process their responses. Most people do not score high on this quiz. This was even true for a group of faculty members to whom I gave the quiz. When doing this activity, I have had students journal their answers or, in a blended class, post their responses to a discussion board. I ask students which questions and answers shocked them the most and why. Then I ask them to consider where they get their information from regarding social and cultural issues. I challenge them to ask themselves why they were so misinformed. In class, we follow up with a discussion of how policy decisions are made and what information and beliefs inform decision making. Gorski has developed many excellent resources for educating others about multicultural issues that lend themselves well to the classroom. These resources can be accessed at <http://www.edchange.org>).

Another web site that has been helpful when learning about poverty has been <http://www.povertyusa.org> This site asks the questions, "Is the poverty line a realistic measure? Can families whose income is at the poverty line have enough money to secure the basic needs to live

in America today? Can people hold a steady job, work full time and still find themselves falling below the poverty line?" (Catholic Campaign for Human Development, n.d.). Students are asked to determine the minimum wage and calculate how much a worker would make in a year based on a 40-hour week and 52 weeks a year. They are then asked to compare this number against the income guidelines for the poverty line. Next, they consult the federal poverty guidelines and find the income level for a family of three and the amount considered to be above the poverty line. They compare the annual earnings for an individual working full time receiving minimum wage and the poverty line for a family of three. They then determine how many hours the family must work to be above the poverty line. Students are asked to consider the following: "Is only one member in that family capable of working? Is it a single-parent family? If so, will it require one person working more than one job to rise above the poverty line?" (Catholic Campaign for Human Development, n.d.). Finally, students are asked to estimate how much a family of three would need to spend in a month for various items, such as food, clothing, shelter, etc. to determine if this can be done with a minimum wage income. It is not a surprise that students discover that people have to work two and three jobs if earning minimum wage to be able to survive. Students find this exercise very enlightening, and it has provoked interesting classroom discussion as well as empathy for what people in poverty experience as well as how we define poverty.

Not only do these activities contribute to meeting the objectives of the course, they also help meet our general education outcomes. They reinforce for students the need to think critically about where they get their information and to evaluate whether decisions are made based on credible information, as well as the influence of values and beliefs.

References

- Catholic Campaign for Human Development (n.d.). Adult education focus: Work and economic Security. Retrieved from <http://www.povertyusa.org/poverty-resources/education-center/adult-education/>
- Gorski, P. (2008). EdChange equity and diversity quiz. Retrieved from <http://www.edchange.org/multicultural/quiz/quiz1.htm>

Clinical Supervision: The Consolidation of Learning

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In human services education, there is nothing more transformative than the practicum experience. Students who have just become secure and confident in the classroom setting, now step outside of their comfort zones. In some cases, way outside their comfort zone! Students often relay to me that they are at once “excited” and “scared to death!” While we know that this paradox is a strong foundation for learning, we also know that many lessons from practicum would be lost without strong support and supervision.

I will begin by offering an overview of our practicum and supervision paradigm. Students in our program complete three practica. Each of these practica is one semester in length, requires 200 hours, and is normally at a different social service agency. This affords our students a total of at least 600 hours of hands-on experience with three different populations. Currently, we have anywhere from 35 to 45 students in practicum each semester and 13 clinical supervisors. Our clinical supervisors are assigned their students at the beginning of the semester and remain with those students until the end of the semester.

Every clinical supervisor meets with each of their assigned students for approximately one hour a week at the agency. During these meetings, clinical supervisors provide students with education, mentorship, and occasional, informal counseling. Clinical supervisors can also be very effective advocates for the students or liaisons between the student, the college, and the agency when needed. Students have agency-based assignments that are turned in to the clinical supervisor. Also, the clinical supervisor makes him or herself available to the agency supervisor through the weekly visits and via telephone.

But there is a lot more to clinical supervision than the nuts and bolts of it all. I took some time to speak to a few of our clinical supervisors and students to hear their feelings about the experience of supervision. I spoke to the supervisors first.

There was one word that many of the supervisors used to describe the process of clinical supervision: bridge. Clinical supervisors serve as a bridge from the theoretical textbook knowledge to the in-your-face, real world experience, adding meaning and direction to everything the student has learned thus far. The clinical supervisor is the safe harbor in the storm of practicum.

Clinical supervisors serve as a model of professional and ethical behavior as well as a model of personal growth and development.

Another word that was used repeatedly by supervisors to describe the process of clinical supervision was support. Often, within the practicum experience, students’ issues, biases, and fears will bubble to the surface. The clinical supervisor can play a crucial role in assisting the student to understand what is happening and direct these often painful feelings towards personal and professional growth. Beyond this, however, clinical supervisors can also help students recognize strengths that they didn't even realize they had. This can be tremendously empowering for the student.

From my interviews with students, the word I heard most frequently about the process of clinical supervision was encouragement. Several students even said that they “loved” and “adored” their clinical supervisors. The supervisors helped open their minds to new professional experiences and put them in perspective. Clinical supervisors help the students clarify their thoughts and prioritize their goals, offering support along the way. Students feel that their supervisors have helped them to grow personally and to establish a professional identity in the community. Finally, students were grateful that their supervisors encouraged them to develop the oft-overlooked skill of self-care.

In my dealings over the last decade with our practicum sites, it has been repeated to me that the agencies are also very grateful that we have clinical supervisors for our students. Agency supervisors say that it lightens their load, they are grateful to have a direct contact person, and the clinical supervisor helps keep students on track. Frankly, when I talk with agency supervisors about our clinical supervisors, they almost always say that they wish they had been afforded this kind of opportunity as a student.

Of all the teaching tools at our disposal, clinical supervision is the most valuable. Clinical supervisors help our students open doors they never knew existed, consolidate learning, plan for their professional and academic futures, and experience the joy and the heartache of personal and professional growth.

CSHSE Standard 2: Philosophical Statements, Mission Statements, Conceptual Frameworks

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CSHSE Treasurer (Outgoing)

Completing a self-study is a daunting endeavor, especially compiling the breadth and depth of information needed. To help a little with this process, we are providing additional definitions of some terms that are used in the Self Study. In particular, “philosophical statement,” “mission,” and “conceptual framework” are words that can have ambiguous meanings and sometimes these terms are even interchanged. The following clarifications of these terms are meant to help programs engage in thoughtful self-reflections about how these concepts apply to their human services programs. Hopefully these reflections will assist programs in more clearly articulating their guiding philosophy, mission, and frameworks in their self studies as well to their students and to their wider communities.

The **Philosophical Statement** states the guiding values, beliefs, and assumptions of your human services program. It can include the values of the profession, of the faculty, and of the institution in which the program functions (e.g. innovation, excellence, public service). This is what the faculty value and what they hope their graduating students will value as well in regard to human services. Also, a Philosophical Statement may include the beliefs, perspectives, and assumptions guiding the human services program (e.g. belief in social justice and eliminating racial and ethnic disparities in the delivery of human services, belief in service learning as critical for mastering concepts and skills, belief in cultural competence as integral to the curriculum, assumptions about human services as a valuable profession to address needs of marginalized populations).

A **Mission Statement** focuses on why the human services program exists, and its unique purpose in the program's University/College and human services community. In addition, the statement can a) identify the major curriculum foci of the program (e.g. emphasis on at-risk populations), b) communicate what the program hopes to accomplish (e.g. to prepare practitioners, provide preparation for graduate school), and c) highlight how this is achieved (e.g. through close faculty-student mentoring, field-based experiences integrated with classroom instruction). The Mission Statement serves to set parameters and boundaries for the program's activities and curriculum, and sets the direction for the program. In the case of CSHSE, the mission is to assure the quality, consistency, and relevance of human service

education programs through national standards, accreditation, consultation, research, and publication. Finally, the stated mission of a human services program is expected to be shared by faculty members in the program, and be accessible to students and the community.

A **Conceptual Framework** articulates the mechanisms by which the mission and philosophical statement are implemented. It includes the critical components which are believed to be important in pursuing and carrying out the mission and philosophy of the program. This might include, for example, an emphasis on human development, disabilities, children, humanism, clinical practice, prevention, and/or health promotion. An example is taken from Stevenson University's human services program: The Human Services Department follows the ASK conceptual model as described by Mandell and Schram, in *An Introduction to Human Services* (2012). This model emphasizes the importance of the following three components to becoming an effective human services professional: Attitudes, including self-awareness and such personal attributes as empathy, warmth and genuineness; Skills, including case management, ethical decision-making, counseling strategies, and group leadership; and Knowledge of topics such as human development, psychopathology, group and family dynamics, diversity of lifestyles, legal issues that affect helping, the impact of society and culture on behavior, and the evaluation of research). Lastly, a Conceptual Framework can include primary theories and/or paradigms that steer the mission; for instance, ecological theory, developmental theories, family systems, and/or community development paradigms).

The process of articulating Philosophical Statements, Mission Statements, and Conceptual Frameworks is best completed with input from all faculty, along with students and a program's Advisory Board. Getting consensus and “buy in” during this process will help make these statements more meaningful and useful, particularly during periods of College/University program reviews, strategic planning, and ongoing program development.

Empathy: The Most Important Skill for Human Services Students

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Human Services Program

There are many learning objectives we, as Human Services educators, want our students to achieve; however, only one may be an absolute requirement for success in this field. I am speaking of empathy. I assert that the development of empathy should be our highest priority when sending students out into the workforce. Empathy is the cornerstone of this field, and its existence allows us to understand a level of humanity that most individuals never consider. Empathy is the key that can unlock the soul, the gift that delivers acceptance, and the understanding that allows for change. Simply put, “feeling heard rescues us” (Slattery & Park, 2010, p. 4).

Although students usually understand what empathy is, they often need extensive training to develop the skill of applying empathy. How does one teach this process, or, more importantly, can one teach this process? I believe that empathy does not have to be an inherent skill, but one that can be taught to those with a capacity for it.

In order to assist students in gathering this skill, I provide the following vignettes and subsequent discussions. I have found that this activity can begin the transformation of empathy from an abstract concept to an actionable skill:

I'd like to introduce you to T-Bag, a 37-year-old bisexual male who is currently in prison. Over his life time, he has engaged in battery, assault, sexual assault, kidnapping, attempted murder, and murder. He is an active member of a white supremacy group in prison and maintains a forced relationship with another inmate. He is very manipulative and cunning, yet he is also very charismatic and intelligent. How do you feel about him?

Many students express judgment, disgust, and repulsion. They cannot relate or understand, and most of them have little desire to understand. He is a “bad guy” and should be treated as such.

Now meet Theodore. He is a 10-year-old white male who is caring, sensitive, and sweet. He has recently begun acting out in school. He is a people pleaser and very intelligent. He is the product of rape and incest, and is currently being sexually abused by his father. How do you feel about him?

Most students express sadness, pain, anguish, and sorrow for him. They have the desire to save him and protect him. He is clearly a “victim,” and that always solicits an empathic response. Teaching empathy for the victim is rarely necessary, but teaching one to experience empathy for the “bad guy” is where the conscious development of this skill becomes paramount.

According to Slattery and Park (2010), in order to obtain the skill of empathy one must first master its four components: understanding, acceptance, hopefulness, and communication. They describe these components as:

Understanding

Students learn that understanding includes

- 1) exploring your own worldview and values,
- 2) becoming curious about others' feelings and behaviors,
- 3) gaining knowledge that behavior is often symptomatic, and
- 4) suspending judgment.

Acceptance

In learning about acceptance, students explore the concept of unconditional positive regard, what “real” listening is, and learn the ability to find likeable qualities in those who make it difficult.

Hopefulness

In learning about hopefulness, the focus moves to being able to communicate hope for the future in a realistic way.

Communication

Experiencing empathy is not enough. One must be able to communicate it for it to be effective. The communication must be clear and assertive, with no interpretation required.

A common misconception of students is that tapping into their feelings about their personal experiences allows for empathy. This myth misinforms our students as to the role they are to play in their clients' lives. To truly master the skill of empathy students are tasked with letting go of their own experiences and feelings, and instead solely experiencing from the vantage point of their client. This relearning of what empathy really is and what it's not can take several weeks to set in. Students are quite surprised (as you, the reader may be) to learn that, in-fact, T-Bag and Theodore are the same person, that Theodore, the “victim,” grew up to be T-Bag, the “bad guy.” They must learn that having empathy for those for whom it comes easily is not a sign of the special quality needed to be a positive force in this field; it is having empathy for those whose behaviors, thoughts, and feelings make empathy difficult that will be the most powerful skill leading to success.

Reference

Slattery, J. M., & Park, C. L. (2011). *Empathic counseling: Meaning, context, ethics, and skill*. Belmont, CA: Brooks/Cole.

Thoughts on Empathy, Compassion, Mindfulness, and Cultural Competence

Harold Gates
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CSHSE Member-at-Large

For some time, I have been thinking about the challenge that we have with relating to people and organizations that are “different.” This has been the case as it relates to our communities and the agencies that provide human services to an ever increasing and diverse population. It seems that the more privilege one has the more difficult it is to relate to or provide services that are culturally competent. As I have been pondering this dilemma, I’ve come up with some thoughts that could help to facilitate that process. As helping professionals, we are taught to have empathy and compassion for those to whom we provide services. What are the barriers that challenge us to act on this and consistently provide culturally competent services to clients who are “different?” Our lack of self-compassion could be one explanation. What follows are some concepts that could facilitate our mastery of the process of becoming more self-compassionate human services professionals.

1. “Empathy is our natural ability to understand other people's feelings and share their experience. It consists of two key components: an emotional response to someone's feelings and cognitive

understanding of her/his situation.” (Jinpa, 2015, p. 8)

2. “Compassion arises from empathy, adding the dimensions of wishing to see the relief of suffering and wanting to do something about it.” (Jinpa, 2015, p. 11,12)
3. “Self-compassion means that we take care of ourselves while being attentive to the feelings and needs of those around us.” (Jinpa, 2015, p. 28)
4. “Mindfulness as seen through this lens is the ability to hold painful experiences in awareness, instead of over identifying with them through obsessive thinking or desperately trying to fix them.” (Jinpa, 2015, p. 35)
5. Cultural Competence is the ability to relate to individuals in a number of personal, professional, or organizational cross-cultural situations.

Reference

Jinpa, T. (2015). *A fearless heart: How the courage to be compassionate can transform our lives*. New York, NY: Hudson Street Press.

Accredited/ Re-Accredited Programs

Congratulations to the most recent programs to earn CSHSE accreditation or re-accreditation. (A complete list of CSHSE accredited programs is available at www.cshse.org/members.html)

Anne Arundel Community College	(MD)
Brookdale Community College	(NJ)
California State-Fullerton	(CA)
Central Piedmont Community College	(NC)
Clarion University	(PA)
Harrisburg Area Community College	(PA)
Hillsborough Community College	(FL)
Ivy Technical Community College	(IN)
Kennesaw State University	(GA)
Madison Area Technical College	(WI)
Metropolitan State University of Denver	(CO)
St. Charles Community College	(MO)
University of Scranton	(PA)

CSHSE welcomes the following new and rejoining members: (A complete list of CSHSE member programs is available at www.cshse.org/members.html)

Gateway Technical College	(WI)
Hiltbay Community College	(MA)
Joliet Junior College	(IL)
Palm Beach Atlantic University	(KY)
University of Alabama	(AL)
University of the Rockies	(CO)

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(As of October 2017)

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