Perceptions of the HS-BCP Credential: A Survey of Human Service Professionals

Narketta M. Sparkman, Edward S. Neukrug

Abstract

With the Human Services Board Certified Practitioner credential (HS-BCP) being a few years old, this article sought to obtain the current perception it by members of the National Organization of Human Services (NOHS). A survey of NOHS members suggests that respondents overwhelmingly heard of the credential, that 42% had obtained the credential, and that a large number who were not credentialed indicated a desire to obtain it. Perceived awareness of employers was also obtained from NOHS members, as well as differences as a function of demographics and the perceived value of the credential. In addition, respondents expressed their views regarding their preference toward using the NOHS or HS-BCP code of ethics. Suggestions for increasing the visibility of the credential were made, and future directions of research related to the credential were suggested.

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The role of the human service professional was first defined during the 1960s when the field was established (McPheeters, 1990; Neukrug, 2013). As then, today's human service professionals tend be associate or bachelor-level practitioners who are trained as generalists, which is defined as a human service professional who has "interdisciplinary knowledge, who can take on a wide range of roles and often works side by side with a number of other professionals"(Neukrug, 2013, p. 3). Over the past fifty years, to establish the field as a profession, educators and practitioners involved in human service work founded a national organization, developed accreditation standards, created an ethics code, founded a journal, developed master's and doctoral programs, and most recently, developed a credential—the Human Service Board Certified Practitioner (HS-BCP) (Haynes & Sweitzer, 2005; Hinkle & O'Brien, 2010; Kincaid & Andresen, 2010; Wark, 2010).

The journey towards credentialing was not easy but was necessary if the human service professional was to gain recognition and respect within mental

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health professions. In fact, a review of literature suggests that over the years many have used such words as "assistant" to describe human service professionals and tended to view them as second-rate when compared to counselors, social workers, and psychologists (Evenson & Holloway, 2003). The credentialing process was aimed at solidifying a professional identity, developing an increased professional look for human service professionals, and increasing the status of the human service professional as compared to related mental health professionals (Milliken & Neukrug, 2010). Hinkle and Obrien (2010) suggest that "the overreaching goal [of credentialing] was to create a certification program that would provide quality, value, and integrity for practitioners, their employers, and consumers of human services" (p. 24).

The HS-BCP was established in 2008 as a joint effort between the National Organization for Human Services (NOHS), the Council for Standards in Human Service Education (CSHSE), and the Center for Credentialing and Education (CCE) (Hinkle & Obrien, 2010). Having had a history of developing other professional credentials, CCE was seen as pivotal to the development of a credential as it had the professional knowledge to craft a certification that would be valued by a wide range of professionals, and because the organization was specifically created "for assistance with credentialing, assessment, and management services" (CCE, n.d.a, para. 4). To steer the development of the credential, a certification program development committee was established that included members from NOHS, CSHSE, and CCE. Ultimately, this committee decided that the criteria for credentialing would include education, experience, assessment, ethics, and continuing education (Hinkle & O'Brien, 2010).

Relative to education, it was decided that any individual with a technical certificate through a master's degree in human services, or a closely related degree (i.e., counseling, social work, marriage and family counseling, or criminal justice), could sit for the exam (Hinkle & O'Brien, 2010). In addition, individuals with related degrees could sit for the exam if they had taken 15 credits in specified coursework. Today, this includes three or more courses in the 11 content areas assessed on the exam "including at least two semester hours (three quarter hours) in ethics in the helping professions, two semester hours (three quarter hours) in interviewing and intervention skills, and two semester hours (three quarter hours) in case management" (CCE, 2013, p. 3). For experience, the number of years of post-degree experience varied considerably as a function of the level of degree; those with a technical degree needing five years of experience

while those with a master's degree needing only one year of experience. In addition, it was decided that those who graduated from a CSHSE accredited program did not need to demonstrate post-degree experience (CCE, n.d.b)

The assessment process took the form of a multiple choice exam based on case vignettes, the content of which was suggested by a national job analysis which identified 10 areas: "assessment, service planning and outcome evaluation; theoretical orientation/interventions; case management, professional practice, and ethics; administration, program development, evaluation, and supervision" (Hinkle, & O'Brien, 2010, p. 25). Today, the exam covers the following 11 areas: (a) interviewing and interpersonal Skills, (b) group work; (c) case management; (d) human development; (e) ethics in the helping professions; (f) social and cultural issues; (g) social problems; (h) assessment/treatment planning; (i) intervention models/theories; (j) human behavior; (k) social welfare/public policy (CCE, n.d.b).

Per the CCE, it was suggested that practitioners meet certain requirements in order to renew their credential. Thus, to maintain one's credential, the committee suggested that continuing education would encourage practitioners to remain abreast of current trends important to the profession. Today, those who are credentialed need to gain 60 continuing education hours during each five year certification period which includes a minimum of six hours specific to ethics (CCE, 2013).

CCE also developed its own ethics code, and today, human service professionals have two codes which they could follow—one developed by NOHS (currently in a revision process) and the separate code developed by CCE. The reason for CCE developing its own code was two-fold (Wark, 2010). First, it was quickly realized that not all individuals who became credentialed would be members of NOHS. Therefore, these individuals would need an ethical code to follow. Second, as with most ethical codes in the helping profession, NOHS's code was aspirational being based on principles for which human service practitioners should strive to attain. Thus, this code is broad and covers 54 important areas that are typically addressed in an ethical code. In contrast, CCE's code was developed to focus, sharply, on a minimal number of specific ethical behaviors necessary to "withstand legal challenges and focused on behavioral expectations" (Wark, p. 20). This created somewhat of a dilemma for those who are both credentialed and members of NOHS—which code to follow?

The establishment of the HS-BCP is the culmination of the efforts of a number of human service practitioners and educators who wanted to continue the professionalization of the human service field. Along with accreditation, a national association, an ethics code, the creation of a journal, and other professional activities, it provides one more step toward the settling in phase of the human service profession (Milliken & Neukrug, 2010). To understand if the human service credential has "taken hold" and found a place in the profession, this research sought to (a) determine how familiar members of NOHS were with the HS-BCP credential; (b) approximate the percentage of members who had attained the credential; (c) examine demographics of those who are most likely to attain membership; (d) understand the importance that holding a credential has to members; (e) determine whether non-credentialed members were planning on becoming credentialed; (f) discover any benefits seen by those who already had the credential.

Method

Instrument

After conducting a review of the literature regarding the newly developed HS-BCP, a preliminary survey was developed to assess the knowledge, impact and value, and affiliation to an ethical code. This survey was distributed to six faculty members from a large human services program at a medium-sized mid-Atlantic University who were asked to take the survey and provide feedback regarding its efficacy and usefulness. A number of changes to the survey were completed after this feedback.

Following the completion of the informed consent statement, the survey requested demographic information, including age, ethnicity, highest degree obtained, and major or field of the highest degree. In addition, respondents were asked whether they primarily identified as a student, practitioner, faculty member, or "other" (options were given to write in responses). A separate question asked what individuals secondarily identified as professionally.

Demographic questions were followed by a series of questions regarding knowledge of the HS-BCP. Participants were asked whether they had heard of the credential, if they were credentialed, if they were intending to attain their HS-BCP, whether their employer had heard of the credential, and if they perceived a need for further education about the HS-BCP. These items were followed by a series of questions regarding the value of the HS-BCP. Included in this series

were questions on the extent the credential has or will add value, ways in which the credential has impacted them, whether their colleagues valued the credential, whether the credential was equal to other credentials (e.g., NCC, ACSW, LPC, LCSW, CSAC) and the value and support their employer placed on the credential.

Finally, questions regarding ethics were addressed, including whether respondents were familiar with both the NOHS ethical code and the ethical code of HS-BCP and which code they viewed as governing their profession. The survey concluded with an open ended question asking respondents to note any other questions or concerns they had regarding the HS-BCP.

Procedure

A copy of the survey and procedures for the study were approved by the college's human subjects committee. An initial e-mail and two additional emails were sent over a 3-month period to all members of NOHS. These e-mails included an explanation of the survey, an informed consent statement, and the survey's URL. After the third email, it was found that only a few additional surveys had been completed and it was decided to discontinue survey requests.

Results

Response Rate

Of the approximate 1,300 members of NOHS, at the time of the survey, we hoped to obtain a response rate of approximately 248 to allow for a 95% confidence interval (CI) with a margin of error of 5% (Dattalo, 2008; Smith, 2004). Of the members contacted by e-mail, 241 (18.50%) responded to the survey (95% CI; margin of error of 5.7%). This rate is probably higher than the 19.5% and likely has a lower error rate as non-deliverable emails may run as high as 25% (Hoonakker & Carayon, 2009). Response rates to e-mail surveys have been mixed and present some unique challenges, such as difficulty in ensuring a representative sample of respondents (Jansen, Corely, & Jansen, 2007; Ye, 2007).

Demographic Information

Respondents (N = 241) had a mean age of 49.35. Of these, over one-half identified as White (n = 135, 56%) and about one-third identified as African-American (n = 80, 33%). Of the remaining, 6 (2.5%) were Latino/Latina, 5 (2.1%) were native American, 1 was Asian, and 15 (6.2%) identified as “other.” Master’s

degrees were held by 38.59% of participants (n = 93), doctoral degrees by 28.10% (n = 68), associate degrees by 16.59% (n = 40), bachelor degrees by 12.48% (n = 30), and high school diplomas by 4.58% (n = 11). Those that indicated their highest degree was in human services included 43.98% of participants (n = 106), while 15.35% received their highest degree in "other" (n = 37), 12.03% in psychology (n = 29), 08.29% in social work (n = 20), 7.50% in counseling (n = 18), 2.90% in education (n = 7), 2.48% in marriage and family (n = 6). Participants that had not majored in a field were 5.80% (n = 14). Respondents indicated they primarily identified as faculty (n = 93, 38.59%) with 24.90% identifying as students (n = 60), 23.24% identifying as practitioners (n = 56), 26 (10.79%) as "other," and 3.49% as unemployed (n = 6). When asked to identify their secondary affiliation 34.7% identified as practitioners (n = 75), 29.63% as "other" (n = 64), 19.91% as students (n = 43), 8.33% as faculty (n = 18), and 7.41% as unemployed (n = 16) (25 or 5.47% did not respond).

Knowledge of HS-BCP Credential

Of the 241 respondents, 90.04% (n=217) indicated they had heard of the HS-BCP credential, and 42.32% (n = 102) noted they had obtained their HS-BCP credential. Of the 139 who had not obtained the HS-BCP, 55.39% (n = 77) indicated they were planning on obtaining the credential, 28.06% (n = 38) were not sure if they would obtain the credential, and 12.23% indicated they were not planning on obtaining the credential (n = 17) (7 did not respond). About half of the respondents believed their employer had heard of the HS-BCP credential and over 90% indicated there was a need to increase education about the HS-BCP (see Table 1).

Table 1

Employer Awareness of HS-BCP and Need for Education on HS-BCP (N = 241)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
Employer aware of HS-BCP	n = 57 23.65%	n = 62 25.73%	n = 39 16.18%	n = 31 12.86%	n = 52 21.58%
Need for furth	n = 4	n = 11	n = 77	n = 149	

education on tl66% HS-BCP	4.56%	31.95%	61.03%	

Impact and Value of HS-BCP

When asked if the HS-BCP "has added value, or will add value, to my current position" 36 (34.62%) of the 102 who had their credential indicated it did not, while the rest indicated it had or will add value somewhat (n = 32, 30.77%), a moderate amount (n = 25, 24.04%), or very much (n = 11, 10.58%). This contrasts with the fact that about one-half of those who had obtained their credential indicated "the credential has done nothing for me." Although 24 (29.60%) respondents indicated the credential had led to an increase in status, other benefits to having the credential were noted by only small numbers of individuals (see Table 2).

Table 2

Impact of HS--BCP on Member (N = 102)

The credential has done nothing for me	n = 52 (50.98%)
The credential led to an increase in status	n = 24 (19.60%)
Allowed me to apply for a job that I would not have been able to apply for	n = 6 (5.82%)
The credential led to a promotion	n = 6 (5.82%)
The credential led to an increase in salary	n = 5 (4.90%)
Allowed me to apply for a promotion at my current job	n = 4 (3.92%)

Respondents were mixed in their responses concerning whether they believed their colleagues valued the credential, whether they viewed the credential as equal to other credentials, and whether they considered their employer as valuing and supporting the credential (see Table 3).

Table 3

Value of HS-BCP (N = 241)

	Strongly Disagree	Disagree	Agree	Strongly Agree
My colleagues value the HS--BCP	n = 40 16.60%	n = 82 34.05%	n = 91 37.76%	n = 28 11.62%
The value of HS-BCP credential is equal to other credentials	n = 60 24.90%	n = 92 38.17%	n = 53 21.99%	n = 36 14.94%
My employer values and supports the HS-BCP credential	n = 39 16.18%	n = 92 38.17%	n = 90 37.34%	n = 20 8.30%

Ethics

Almost all (n = 227, 94.19%) of the 241 respondents were familiar with NOHS's ethics code and a large number were familiar with the HS-BCP ethics code (n = 196, 81.3%). When asked if the NOHS code is the "code of ethics that governs my profession" most respondents responded in the affirmative (see Table 4). Similarly, when asked the same question about the HS-BCP, a large number of respondents also responded in the affirmative (see Table 4).

Table 4

Adherence to Ethical Code (N = 237; N = 232)

	Strongly Disagree	Disagree	Agree	Strongly Agree
The NOHS code is the code of ethics that governs my profession (N = 237)	n = 9 3.80%	n = 43 12.66%	n = 92 38.82%	n = 93 39.24%
The HS-BCP code is the code of ethics that governs my profession (N = 232)	n = 9 3.88%	n = 69 29.74%	n = 103 44.39%	n = 51 21.98%

Credentialing as a Function of Demographics

When grouping 240 respondents by ten-year age groups, the youngest age group (21-30 years) showed the lowest percentage of those credentialed (n = 13; 7.69%) while the oldest age group (61-70 years) showed highest percentage of those credentialed (n = 40; 72.50%). The other age groups had similar percentages credentialed (n = 62, 31-40 years: 40.90%; n = 62, 41-50 years: 30.65%; n = 81, 51-60 years: 41.98%).

To understand differences in demographics, Chi Square statistics was used. When comparing Whites and African American on attainment of the HS-BCP, no significant differences were found, with 44.44% of Whites having obtained the credential and 46.25% of African Americans having obtained it $X^2(1, N = 215) = 0.1$, $p = .75$. Other ethnic/cultural groups were not included due to the low number of respondents in the sample.

Examining differences in attainment of the credentials as a function of degree was significant and the higher the degree, the more likely one would have a credential $X^2(3, N = 230) = 13.98$, $p = .003$. Since all 11 individuals with a high school diploma were not able to obtain the credential, they were eliminated from the data. Of the remaining respondents the following percentages had credentials: 9 of 40 (22.5%) at the associate level, 10 of 30 at the bachelor level (33.33%), 45 of 93 (48.39%) at the master's level, and 38 of 67 (56.71%) at the doctoral level.

Differences based on primary identification of respondent was significant $X^2(3, N = 235) = 40.36$, $p = .0001$,with higher percentages of practitioners (n = 56, 60.71%) and faculty (n = 93, 55.91%) being credentialed as compared to students (n = 60, 11.67%) those who identified as "other" (n = 26, 26.92%), and those who were unemployed (n = 6, 33.33%; not included in Chi statistic due to low numbers).

Of the 24 respondents who perceived an increase in status on the job, 11 were practitioners, 7 were faculty, 3 were students, and 3 were "other." Of the 10 respondents who stated that the credential was responsible for them receiving a promotion or allowed them to apply for a promotion at their current job, 4 were practitioners, 4 were students, and 2 were faculty. Of the 10 individuals who stated the credential allowed them to apply for a job they wouldn't have been able to apply to otherwise, 5 were students, 3 were faculty, and 2 were practitioners. Finally, of the 52 individuals who stated the credential has done nothing for them, 29 were faculty (n = 93, 31.18%), 15 were practitioners (n = 56, 26.79%), 3 were

unemployed (n = 6, 50.00%), 3 were "other" (n = 26, 11.54%), and 2 were students (n = 60, 03.33%)

Discussion

The purpose of this study was to examine NOHS members' perceptions of the HS-BCP credential, and based on these views consider its impact on the field of human services. The study examined the familiarity of the credential by NOHS members, elicited the percentage of members who had obtained the credential, examined demographics of those who were most likely to obtain the credential, and examined the importance of the credential to participants. In addition, the study further sought to determine whether non-credentialed members were planning to become credentialed and the benefits seen by those who already obtained the credential. Two hundred and forty one (241) NOHS members participated in the survey and contributed to the current understanding of the credential within the human service field.

With 217 of 241 participants having heard of the credential, clearly NOHS and CCE have created awareness of the HS-BCP. Interestingly, the largest percentage of individuals who were credentialed were older than 60 years of age, perhaps because these individuals saw themselves as instrumental in the professional development of human services, culminating with the development of the credential. No significant differences were found between Whites and African American participants on the percentages being credentialed; possibly indicating that culture/ethnicity plays little, if any, role in attainment of the HS-BCP. However, there were differences found based on educational attainment, with those who have a master's or doctoral degree being more likely to have been credentialed. These individuals may place a higher value on the credential because they have made a longer and deeper commitment to the field.

Although, many of the participants in the survey had some knowledge of the credential, less than half of the respondents (about 42%) had obtained it. However, over half of those who have not obtained the credential are planning on attaining it, indicating that there is strong interest in becoming credentialed. Although having a strong interest in obtaining the credential is laudable, it should be kept in mind that the respondents in this survey were highly skewed toward faculty—individuals who are likely to most advocate for such a credential. It would be interesting to see if such knowledge and interest in the credential is as evident in a national sample of individuals who are not members of NOHS.

With over half of respondents believing their employers have had some knowledge of the credential, it seems clear that awareness of the HS-BCP credential is present within the NOHS community. It would be interesting to see if employers of human service professionals who are not members of NOHS have the same perception. Individuals within NOHS clearly have a desire for continued spreading of knowledge about the degree with over 90% of them wanting to educate others about the credential. These individuals clearly view the credential as important to the profession.

Despite the apparent knowledge of the credential amongst respondents and a fairly sizable percent of respondents' employers, close to half of respondents indicated their employers were not aware of the credential. With one purpose of the HS-BCP being to demonstrate to stakeholders that credentialed professionals have met high standards of practice (Hinkle & O'Brien, 2010), there is clearly some work to do. As licensed social workers, counselors, and psychologists had to work to spread knowledge of their respective license to gain awareness by professionals and their employers, so will human service professionals. Without recognition, the intended purpose of the credential itself has failed its stakeholders. Educating the community through advertising, building awareness, targeting human service agencies, and presenting on the credential at human service related conferences can greatly increase the visibility and perceived value of the credential.

Although some individuals found a variety of benefits to having the credential, like a promotion, increased status, a salary increase, and the ability to apply for other jobs, over half of those who have their credential indicated that the credential has "done nothing for me." Furthermore, over 30% of respondents believe that the credential has not and will not add value to their current position. Also, over 50% of respondents indicated that the credential was not as valued as related credentials in other fields and that their employers and their colleagues did not particularly value the credential. All of this is troublesome. It is critical that NOHS and CCE continue to make efforts in helping human service professionals, administrators at human service agencies, and the public at large, know about the credential. They may want to launch advertising campaigns with the public, publicize the credential with human service agencies, and advocate for lobbying efforts with state legislators (Curry, Eckles, Stuart & Qaqish, 2010). Such efforts will increase the knowledge and respect for the credential and increase the likelihood that more individuals will obtain the credential. More individuals

obtaining the credential ensure that increased numbers of human service professionals have obtained the appropriate training and the concurrent knowledge and skills to work effectively with clients.

It should be noted that although faculty had the highest percentage of those who stated that the credential has done nothing for them; this may be because credentials are rarely seen as important in the promotion and tenure process. However, this does not mean that faculty members do not support the credentialing process as faculty are aware of how credentials positively impact students and budding human service professionals and how they protect the public from incompetence (McClam & Diambra, 2006).

In examining the knowledge of ethical codes and adherence to a specific code, the majority percentages of respondents reported familiarity with both codes and saw both governing the profession. Although the codes are fairly different, with the NOHS code being an aspirational code and the HS-BCP code being a code that can be used in litigation, it is difficult to understand how high percentages of respondents can see both codes as the one that governs their profession. Perhaps NOHS and CCE can come to a working agreement on how the two codes can be used together for ethical decision-making and to drive the values of the human service professional.

Limitations

A number of limitations are evident in this research. First, it is always difficult interpreting the results of survey research (Creswell, 2009) and one can usually only make educated guesses as to the reasons behind why individuals respond the way they do. Also, because this survey only assessed NOHS members, the results tell us little, if anything, about the broader population of human service professionals. In addition, although we apparently reached saturation relative to the number of individuals who responded, respondents may not be reflective of the larger population of NOHS. As NOHS does not keep demographic information on their members, we cannot compare those who did respond to those in the larger population of NOHS members.

The survey brought us some contradictory results. On the one hand, there seems to be a general embracing of the HS-BCP, with fairly large numbers of individuals having either obtained the credential or planning to obtain the credential. However, many individuals did not find the credential particularly beneficial. It is difficult to understand such results, except to hypothesize that the

credential is still in its infancy stage and that respondents have hope and faith that the credential will become more useful and powerful in the future. Future research should focus on repeating this study to specifically see if NOHS members see the credential as more beneficial in the future. Also, doing a similar survey with human service practitioners who are not NOHS members would be important. It is likely, that those who are NOHS members have more knowledge of the credential and more at stake to becoming credentialed than those who are not.

Conclusion

This study indicates there has been growth in the knowledge, awareness, and importance of the HS-BCP. However, findings also indicate there are areas in which the value of the credential can be strengthened. The HS-BCP is a relatively new credential and it will take time for it to become fully established in the field. This study provides suggestions for advancing awareness of the credential and offers areas that should be targeted by governing bodies so that more individuals will become cognizant of its importance in the training of highly competent human service practitioners and, ultimately, effectively servicing their clients. The HS-BCP was created to regulate the profession and establish quality, value and integrity within human service practitioners. Building awareness of this credential will help to drive the value of it. Strategic planning is essential if the credential is to become a driving force in development of competent human service professionals.

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