

Content Outline

The Human Services-Board Certified Practitioner Examination (HS-BCPE)

Definition

The Human Services-Board Certified Practitioner Examination (HS-BCPE) is a credentialing examination that measures a candidate's human services knowledge. The HS-BCPE covers the following areas:

1. Assessment, Service Planning, and Outcome Evaluation
2. Theoretical Orientation/Interventions
3. Case Management, Professional Practice, and Ethics
4. Administration, Program Development, Evaluation, and Supervision

Examination Purpose and Measurement Focus

The HS-BCPE independently verifies a candidate's human services knowledge. It was created through the collaboration of human services subject matter experts and normed on a population of professionals in the field. The resulting HS-BCP credential signifies that the credential holder voluntarily met board requirements, including the examination, based on national standards in the field of human services.

The core competencies associated with human services practice were determined to be:

1. Assessment, Service Planning, and Outcome Evaluation

Work behaviors in this category include assessment, selection and provision of needed services, and determination of criteria for termination.

2. Theoretical Orientation/Interventions

Work behaviors in this category include providing evidence-based interventions; psychoeducation; skill training; prevention activities; group facilitation; and connections for advocacy, resources, and systemic impacts and supports.

3. Case Management, Professional Practice, and Ethics

Work behaviors in this category include collaborating within communities and across disciplines to coordinate service delivery, following legal requirements and ethical guidelines, and engaging in professional development.

4. Administration, Program Development, Evaluation, and Supervision

Work behaviors in this category include engaging in strategic planning and quality assurance, evaluating service effectiveness, training staff, and integrating services with existing community programs and resources.

Target Population and the Minimally Qualified Candidate

The examinee target population is human services practitioners with appropriate training in human services as determined by the minimally qualified candidate requirements.

The minimally qualified candidate (MQC) for the HS-BCPE has an associate or higher conferred degree in human services or a related field from an institutionally accredited college or university or a state-approved community or junior college; and 350 hours of postgraduate human services work experience (work experience exemptions may be issued for human services educators, graduates of CSHSE-accredited programs, and certain graduates of preapproved participating programs).

The MQC, through the combination of education, training, and experience, can appropriately demonstrate knowledge and competencies in the domains of Assessment, Service Planning, and Outcome Evaluation; Theoretical Orientation/Interventions; Case Management, Professional Practice, and Ethics; and Administration, Program Development, Evaluation, and Supervision.

Examination Form

The HS-BCPE consists of 10 case vignettes that describe human services settings, clients, and issues. Each vignette is followed by 10 multiple-choice questions. Thus, there are 100 multiple-choice questions. Of the 100 items, 90 are scored and 10 are unscored. The 10 unscored multiple-choice questions provide statistical information about items that may be used in future examinations. Both scored and unscored items are of the same structure, and they appear in a randomized order throughout the examination. Applicants for the HS-BCP credential have 3 hours to complete the test.

Content Outline

The HS-BCPE was created through the collaboration of human services subject matter experts who identified the competencies and content domains most relevant for human services practice.

Table 1 presents the four domains and the percent ranges and number of scored items on the HS-BCPE for each domain.

Table 1. *The weight for each domain*

	Domain	Percent of items	Number of scored items
1	Assessment, Service Planning, and Outcome Evaluation	27%	24
2	Theoretical Orientation/Interventions	23%	21
3	Case Management, Professional Practice, and Ethics	37%	33
4	Administration, Program Development, Evaluation, and Supervision	13%	12

Table 2. *Knowledge, skills, and tasks related to the domains.*

The following work behaviors were identified in a job analysis and by human services subject matter experts as competencies most relevant for human services practice. These work behaviors are intended to be general in scope and applicable to various human services settings.

1. Assessment, Service Planning, and Outcome Evaluation

Work behaviors in this category include assessment, selection and provision of needed services, and determination of criteria for termination.

- A. Prioritize forms of service to meet client needs
- B. Identify presenting problems
- C. Select services appropriate to help a specific person or group
- D. Identify barriers to the provision of services
- E. Establish service goals
- F. Identify client support systems
- G. Monitor client progress toward service goals
- H. Assess client strengths and weaknesses
- I. Identify obstacles to treatment progress
- J. Prepare a timeline for provision of services
- K. Determine eligibility for human services

- L. Select appropriate assessment procedures
- M. Conduct behavioral observation
- N. Determine termination of services criteria
- O. Assess client relationship functioning
- P. Assess potential for harm to self or others
- Q. Identify behavioral signs and symptoms associated with mental disorders
- R. Determine client readiness for termination of services
- S. Plan client intervention activities
- T. Document client psychosocial history
- U. Identify clients' behavioral norms
- V. Evaluate appropriateness of various treatment modalities
- W. Use test results to assist with decision-making
- X. Categorize severity of client symptoms
- Y. Conduct treatment follow-up activities
- Z. Write reports of assessment results
- AA. Conduct psychosocial assessment
- AB. Assist people in adhering to their prescribed medical regimen
- AC. Conduct mental status evaluation
- AD. Collect and track behavioral data
- AE. Identify current medications and diagnosed medical problems
- AF. Assess mastery of developmental milestones
- AG. Recognize common drug interactions and side effects
- AH. Interpret tests and inventories
- AI. Screen and select potential group members
- AJ. Administer tests and inventories
- AK. Assess client using the Global Assessment of Functioning (GAF) Scale
- AL. Score tests and inventories

2. Theoretical Orientation/Interventions

Work behaviors in this category include providing evidence-based interventions; psychoeducation; skill training; prevention activities; group facilitation; and connections for advocacy, resources, and systemic impacts and supports.

- A. Educate clients on available services
- B. Utilize basic counseling skills
- C. Educate clients concerning their presenting issues/problems
- D. Promote healthy lifestyle choices
- E. Connect clients with advocacy services
- F. Provide problem-solving and decision-making skill training
- G. Use prevention strategies
- H. Select intervention activities related to service goals
- I. Balance client needs with needs of social systems
- J. Use evidence-based interventions
- K. Connect clients with occupational/vocational resources
- L. Use principles of behavioral change
- M. Facilitate conflict resolution
- N. Teach basic life skills
- O. Educate clients regarding family dynamics and roles
- P. Provide services for individuals with disorders listed in the *DSM*
- Q. Disseminate prevention materials
- R. Provide services via a distance modality (e.g., internet, telephone, email)
- S. Facilitate groups
- T. Provide support to family caregivers
- U. Use least restrictive treatment alternative
- V. Assist clients with community reintegration
- W. Develop client safety plans
- X. Participate in abuse prevention activities

- Y. Initiate family conferencing with service providers
- Z. Co-facilitate groups
- AA. Use assistive technology to enhance client welfare
- AB. Provide health education
- AC. Provide psychoeducation
- AD. Provide communications assistance for language barriers and sensory impairments
- AE. Provide emergency response services
- AF. Assist clients with development of a career portfolio
- AG. Support and assist survivors
- AH. Facilitate constructive communication between social, religious, and political groups
- AI. Provide victim support services
- AJ. Provide hotline services
- AK. Provide premarital education
- AL. Provide hospice care

3. Case Management, Professional Practice, and Ethics

Work behaviors in this category include collaborating within communities and across disciplines to coordinate service delivery, following legal requirements and ethical guidelines, and engaging in professional development.

- A. Collaborate with professionals from other disciplines
- B. Identify community resources
- C. Utilize a social services directory
- D. Coordinate delivery of services
- E. Participate as a member of a multidisciplinary team
- F. Determine local access to services
- G. Maintain a social services directory
- H. Participate in case conferences
- I. Serve as a liaison to other agencies

- J. Coordinate service plan with other service providers
- K. Collaborate with teachers on academic goals
- L. Collaborate with parents on child/youth services
- M. Refer clients for medication evaluations
- N. Provide outplacement services
- O. Maintain confidentiality of records
- P. Maintain confidential case notes, records, and files
- Q. Adhere to established, relevant code of ethics
- R. Communicate positive regard for clients
- S. Respond to clients with empathy
- T. Work to empower clients
- U. Work to establish trust in helping relationships
- V. Identify as a human services professional
- W. Provide services in compliance with governmental regulations
- X. Explain nature and scope of services to clients
- Y. Establish appropriate boundaries with clients
- Z. Use computer resource applications and information systems
- AA. Obtain authorization for exchange of information
- AB. Promote self-determination
- AC. Maintain a professional network
- AD. Consult with professional colleagues to facilitate quality services
- AE. Distinguish the person from the behavior
- AF. Protect the safety and well-being of clients in the service environment
- AG. Model healthy behavior
- AH. Differentiate between appropriate and inappropriate self-disclosure
- AI. Use skills to overcome client resistance
- AJ. Obtain informed consent prior to services

AK. Engage in continuing education activities

AL. Provide services that are culturally and locally appropriate

AM. Maintain a referral network

AN. Develop leadership skills

AO. Utilize professional disclosure statement

AP. Use computer-based software for program management

AQ. Engage in community networking

AR. Engage in reflective practice

AS. Use spreadsheets and databases

AT. Provide services in compliance with jurisdictional regulations

AU. Examine professional situations that require personal boundaries

AV. Advocate for equal access to services

AW. Inform client of legal and ethical standards of practice

AX. Read current professional literature

AY. Participate in regular self-awareness activities

AZ. Engage in mentoring activities

BA. Properly report ethics violations to supervisor or other authority

BB. Use resource libraries

BC. Promote ongoing education and support for community programs

BD. Consult with other professionals regarding ethical dilemmas

BE. Engage in stress management and burnout prevention activities

BF. Participate in professional organization activities

BG. Provide evidence and explanation of professional credentials

BH. Practice liability risk management

BI. Engage in risk management activities

BJ. Conduct community outreach

BK. Advocate for community safety

- BL. Explain fees for services
- BM. Support community building and foster empowerment processes in local delivery systems
- BN. Participate in supervision for practice
- BO. Collaborate with self-help services in the community
- BP. Provide professional development training
- BQ. Consult with attorneys and judicial systems
- BR. Facilitate client exploration of moral and spiritual issues
- BS. Discuss payment options with client (e.g., reimbursement, co-payment)
- BT. Use basic epidemiology information regarding disease
- BU. Provide mediation and dispute resolution services
- BV. Explain the purpose and impacts of medications
- BW. Collaborate in research with other professionals
- BX. Write for professional publication

4. Administration, Program Development, Evaluation, and Supervision

Work behaviors in this category include engaging in strategic planning and quality assurance, evaluating service effectiveness, training staff, and integrating services with existing community programs and resources.

- A. Work within the organizational chain of authority
- B. Maintain effective relationships with agency administrators
- C. Utilize technology for record keeping
- D. Participate in staff decision-making processes
- E. Communicate information through oral/written presentations
- F. Evaluate service effectiveness
- G. Inform the public and other professionals about human services
- H. Conduct administrative and managerial tasks associated with services
- I. Obtain and review existing agency/organization data
- J. Evaluate services and programs

- K. Perform basic program evaluation
- L. Engage in strategic planning activities
- M. Participate in quality assurance activities
- N. Review and evaluate programs
- O. Train volunteers, interns, and paraprofessionals
- P. Develop program reports
- Q. Engage in outcomes evaluation and research
- R. Conduct staff development training
- S. Integrate services into existing community programs
- T. Manage and evaluate performance of staff
- U. Market and promote programs
- V. Review program services related to legal statutes and regulations
- W. Facilitate expansion of local resources for services
- X. Conduct community needs assessment
- Y. Engage in research and data analyses
- Z. Provide consultation for organizational development
- AA. Identify funding sources
- AB. Develop self-help services
- AC. Evaluate cost-benefit of treatment alternatives
- AD. Prepare and administer budgets
- AE. Analyze cost-benefit ratio of services
- AF. Participate in grant and contract development
- AG. Develop public relations campaign
- AH. Negotiate treatment plan with third-party payors
- AI. Interact with the media regarding services
- AJ. Conduct fundraising activities for program development and maintenance
- AK. Develop trauma-related service programs

HS-BCPE Sample Vignette and Questions

The HS-BCPE consists of 10 case vignettes. Each vignette is followed by 10 multiple-choice questions.

This is a sample:

Darla is a 21-year-old female. When she was 12 years old, her mother left her with friends for a weekend and never returned. Mr. and Mrs. Smith raised Darla. Darla had frequent arguments with Mr. and Mrs. Smith. She reports they made frequent false accusations against her and required her to do all the housework while “they did nothing.” She also reports that the Smiths kept her paychecks from her part-time waitress job when she was in high school.

At age 16, Darla had a boyfriend and reports that the relationship was troubled. However, she adds that he was “the only person that loved me, so I put up with some of his jealousy and controlling behavior.” She reports he would monitor where she went, whom she was with, and kept in constant contact with her by cell phone.

At 17 ½ years old, Darla contacted Child Protective Services to report physical abuse. She was removed from the Smith’s home and placed in foster care. Darla did not do well with her foster parents, though she reports, “they were sort of OK.” She had arguments with her foster mother when she attempted to make Darla eat breakfast or ensure she had money to eat lunch at school. Darla is still thin, and states, “I just don’t want to get fat like my real mom was.”

When Darla turned 18, she left foster care and moved in with her boyfriend. She follows his every direction for fear of upsetting him and “having nowhere else to go.” She reports that she never wanted children, but at age 19 she had a daughter, who was born 1 month premature and spent 2 weeks in neonatal intensive care. Darla married her boyfriend shortly after the birth of their daughter.

Darla continues to report a difficult relationship with her husband. Her paycheck is deposited directly into his account, to which she has no access. He has her on a limited allowance and closely monitors her spending. She is attending a trade school, though she frequently changes her career choice. She is currently studying radiology. Darla also changes jobs frequently but is presently “excited” to be working in meal services at a local hospital. She reports that working in the hospital will benefit her when she completes her radiology program and that she is developing potential job contacts.

Darla has no family support, though she visits her former foster mother every couple of weeks; she even moved in temporarily after a fight with her husband. However, she returned home and “worked things out.”

This morning, Darla’s instructor overheard Darla crying on the phone with her husband, obviously upset. When the instructor talked to her, Darla said, “I’m trying so hard to go to school, work at the restaurant, take care of my baby, and keep Mark happy! Nothing I do is good enough! I’m tired of it and just want to disappear!” She adds that her job is in jeopardy due to her frequency of calling in sick because “no one wants to watch my baby.” Darla has made a crisis appointment with a human services practitioner in a family resources community outreach program. Darla drove herself to the appointment in the car that her in-laws sometimes let her use to get to work or school.

During the interview, Darla cries and reports that she wants to give up. When asked what she means by this, she responds, “I just want to disappear. I’m no good, and nothing ever gets better. I wish I could just fall asleep and never wake up!” When asked for more information, Darla reports, “I have some sleeping pills, but I don’t think I’d take them. Who would take care of my baby? She’s the only reason I’m still around.”

Darla denies any substance abuse, though she sometimes takes sleeping pills. She denies any physical illness. She has a couple of faded bruises on her right arm. She reports, “Oh, that’s nothing. Mark was just trying to stop me the other day when I told him I was leaving. He loves me and didn’t want me to go.”

SAMPLE QUESTIONS

The human services practitioner should first address the issue of

- a. stress.
- b. financial distress.
- c. suicidal thoughts.
- d. physical abuse of Darla’s child.

The correct answer is C. This question addresses the practitioner’s knowledge of how to assess a client’s potential for harm to self or others as part of assessment, service planning, and outcome evaluation.

Which of the following should the human services practitioner initially recommend?

- a. Attend an eating disorders support group three times per week.
- b. Establish a plan to provide Darla with emergency resources after office hours.
- c. Have someone stay with Darla until she can return for an appointment tomorrow.
- d. Explore Darla’s depression in relation to past and present life stressors.

The correct answer is B. This question addresses the practitioner’s knowledge of developing client safety plans as part of theoretical orientation/interventions.

Darla refuses to seek medical attention for her anorexia nervosa. You think she needs medical attention. What is your best course of action?

- a. Contact Darla's physician without her consent.
- b. Call an ambulance to take her to the hospital for evaluation.
- c. Refuse to continue to provide services.
- d. Consult your supervisor and code of ethics.

The correct answer is D. This question addresses the practitioner's participation in supervision and adherence to an established, relevant code of ethics as part of case management, professional practice, and ethics.

An agency supervisor working with Darla's human services practitioner should be expected to

- a. recommend that Darla email daily food logs to the human services practitioner.
- b. periodically review the performance of the human services practitioner.
- c. contact Darla's primary care physician about her sleeping pill prescription.
- d. provide group counseling for all staff members.

The correct answer is B. This question addresses the practitioner's knowledge of how to manage and evaluate performance of staff as part of administration, program development, evaluation, and supervision.