

The Need for Competence in Things Other Than SRV in Order to Teach & Implement SRV

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NOTE FROM THE SENIOR AUTHOR: *In a paper entitled “Some Major Challenges & Dilemmas in SRV Training, Dissemination, & Implementation,” I addressed the fact that competence in SRV was not sufficient to disseminate or implement SRV, but other competencies were needed in addition (see the July 2013 issue of this Journal). I had originally prepared a much less advanced version of the paper for a presentation at the end of the Fifth International SRV Conference in Canberra, Australia in September 2011, & then greatly revised & expanded it for publication. At the November 2012 meeting of the southern Ontario (Canada) SRV study group, I presented on that fact, & in our discussion the study group participants gave helpful points of clarification & addition. Their contributions led to yet further elaboration of the issue, & thus they are listed as co-authors of this paper.*

Introduction

THE PREMISE OF THIS PAPER is the recognition that competence in Social Role Valorization (SRV)—that is, knowledge of SRV in all its nuances and complexities—is necessary but not sufficient for either the dissemination or implementation of SRV. As regards dissemination, someone can have a very good understanding of SRV, but simply not be very good at communicating it to others, either in teaching or writing, which require a whole range of skills of communication, having to do with delivery of content, un-

derstanding and relating to one’s listeners or readers, developing ways of teaching a particular element or idea of SRV, etc. And vice versa, someone may be good at teaching or writing, but not have a very good understanding of SRV as the content for their teaching or writing. Where written dissemination, rather than oral dissemination, of SRV is at issue, there are competencies of writing that must be mastered. At least elements of these teaching and writing competencies are among the things that the North American SRV Council’s Trainer Formation Model (TFM)¹ aspires to inculcate in trainer-candidates, through such things as the modeling provided to trainer-candidates from more experienced trainers, the encouragement or even requirement of writing articles and reports, and especially the feedback that a trainer-candidate receives (on both presenting and writing) from more senior people, etc. But of course, people might learn the skills of teaching and writing via courses and involvements that have nothing to do with SRV and its dissemination, or with human services; they might naturally be good teachers, or good writers; etc.

An additional complication is that ever since the principle of normalization was formulated and began to be taught (in the late 1960s and early 1970s), and then later when SRV was formulated, there have been dilemmas as to how to teach it, how to conceptualize its implications for oneself once one has understood it, and how

to evaluate its implementation in human services, since there are many conceivable ways of doing all of these things. This dilemma is shared with many other complex phenomena, which may have to be taught in a manner that is different from the way in which the phenomena are applied, or even different from the way in which they eventually get embedded in a person's conceptual framework. Thus, for instance, SRV might be taught according to the 10 themes that underlie its many implications (Wolfensberger, 1998, 103-127); or it could be taught according to image versus competency; or it could be taught one specific implication at a time, such as according to the 42 ratings of PASSING (Wolfensberger & Thomas, 1983, 2007) and their seven clusters, four of which (setting features, social associations, activities, and miscellaneous features) have to do with image, and three of which (setting features, social associations, and activities) have to do with competency.

But regardless how SRV is taught, a person might internalize it in a different way. For instance, someone who learns SRV according to the themes might internalize and think about it largely in terms of image and competency; or in terms of wounds and role-valorizing responses to specific wounds; or in yet other terms altogether. Obviously, this raises the issue of model coherency (Wolfensberger, 1998, 111-118): who is the person, or who are the people, one is intending to convey SRV to, and what are the best processes for conveying the content of SRV to them, as opposed to some other people who might be learning SRV? And even if one designs and actually carries out a model-coherent teaching of SRV, that is not necessarily the internal "model" of SRV that people who learned SRV will carry with them.

In addition, there is a whole range of competencies in implementing SRV for a party—be that party a specific individual, a group (such as the students in a classroom, the residents of an assisted living facility), or an entire class, such as poor immigrants, or the blind, or adolescents with au-

tism—that go beyond competence in SRV itself, and an examination of these will take up most of the rest of this paper.

Distinctions & Competencies Related to Implementation

THERE ARE ALSO POSSIBLE DIFFERENCES between how SRV is taught, learned and internally conceptualized, and how it is implemented, and even how it is conceptualized for implementation; and these differences lead to additional competencies required for implementation.

We will examine eight issues of SRV implementation that bear on the competencies needed to advance implementation, and sometimes to teach people how to implement it.

Who is the Envisioned Implementer

SRV IMPLEMENTATION COULD BE CONCEPTUALIZED according to who is the envisioned implementer; for example, certain devalued or marginal parties themselves; parents and other family members of an impaired person; managers and administrators; direct service workers for a person or group, and whether those direct servers are clinically trained and sophisticated or not; etc. For example, in a classroom, a teacher may be clinically sophisticated, a teacher's aide may not be, but both are involved in direct service upon the students.

For each such envisioned implementer or "type" of implementer of SRV, one could conceptualize certain elements of SRV that are within that party's purview to affect or even control, and one could therefore emphasize those elements. For instance, take the issue of personal appearance (Wolfensberger, 2009). Some devalued or marginal people may be able to address at least elements of their personal appearance that otherwise are not image-enhancing, and might only need consciousness-raising on the issue and certain material supports to do so; other people may not be able to do this for themselves. People who live with a devalued

person are likely to have greatest influence, or even control, over the person's appearance, and it would thus make sense to teach them specific how-to elements, or what-to-do role-valORIZING appearance-enhancing strategies. Managers who supervise the places where people live may have less direct influence over the appearance of the residents, but may have much indirect influence, as via what training they offer to or even mandate for direct servers; what expectations they set for direct servers in terms of the servers' own appearance at work and what activities servers must do with residents; what demands they make on direct servers' time (e.g., are servers allowed the time that is needed to make sure residents look good, or is servers' time eaten up with other responsibilities and activities); what supports they offer to servers (e.g., money to spend on cosmetics, discretion to purchase items on their own, etc.). And service administrators, including board members, also have indirect influence on the issue via the policies they set for the agency as a whole, what they incorporate into mission statements and similar documents for the agency, etc.

Again, this raises the model coherency question of "who are the people" doing the implementation, or being taught to do the implementation, and what is relevant for them. Some parties who are very knowledgeable about SRV, and even good at teaching it, may nonetheless not be suited to guide and teach all conceivable implementers, at least one possible reason being that they cannot know all the situations that all implementers deal with.

On What Level, & Vis-à-vis What Party, is SRV Implementation Envisioned

ONE MIGHT CONCEPTUALIZE and think about SRV implementation in terms of different levels, and for different parties. For instance, one can think of a two-by-four grid of image and competency implications, on the four possible levels of a specific person, of primary social systems, of secondary social systems, and of a

society as a whole (Wolfensberger, 1998, 78-80). (This was the way that normalization was long taught, specifically with an eye towards its implementation.) Thus, for a specific known individual, implementers could focus on areas of image enhancement, and on areas of competency inculcation, for that person. On the level of a secondary social system, such as a school, an implementer could look at how to enhance the image of the students in that school, and how to enhance their competencies. Obviously, there is an interaction among (a) the intended level of implementation, (b) for whom implementation of SRV is being pursued, and (c) the party doing the implementing, as covered above.

Familiarity with the Wounds & Risks of the Party for Whom SRV Implementation is Envisioned

AT THE END OF THE standard introductory three- and four-day SRV workshop, as well as near the end of the SRV monograph (Wolfensberger, 1998, 82-102), a template is offered of seven steps (in the workshop) or five steps (in the book) for pursuing the implementation of SRV in a specific instance, whether for a person, group or class. In both presentations of this template, the first step is becoming familiar with a party's "wounds," especially if that party is societally devalued: wounds such as being rejected, put at a distance, subjected to deviancy imaging and deindividualization, etc. (Wolfensberger, 1998, 12-24). Most people learn the common recurring wounds that tend to be almost automatic concomitants of being societally devalued via learning SRV, but some people may be familiar with at least many of these through an empathetic and positively ideologized experience with devalued people. The second step, identifying a party's risk factors, requires both SRV knowledge and additional knowledge. For instance, it may be largely through exposure to SRV that an implementer becomes familiar with the concept of heightened vulnerability, and of the fact that many people are

just a short step away from something awful happening even when things seem to be going well. But there may be specific risks that accompany specific impairments (e.g., AIDS, or one of the forms of muscular dystrophy); or that accompany specific devalued conditions even if they are not impairments (e.g., old age, not knowing the majority language); or that accompany treatments that a party receives (e.g., being on a feeding tube, receiving a certain drug)—and knowledge of these risks is not gained by knowledge of SRV.

Yet further, these risks may differ depending whether the party around whom implementation of SRV is being planned is an individual, group or class, such that even people who are familiar with a particular person and that person's immediate risks may not be familiar with risks for a group or class, and vice versa. For instance, a class as a whole may be at risk of being the object of dead-talking and death-imaging in the larger society. But implementers concerned with a particular member of that class, such as family members concerned about an impaired relative, may not be aware of this risk because their family member has managed to escape it so far. The opposite could also be the case, that implementers are aware of risks for a group or class, but not of risks for a specific member of that class.

Implementation of Competency-Contingent Roles

ANOTHER STEP of the suggested implementation schema where non-SRV knowledge is also needed is in how to insert a person into certain new roles where these roles are tied to competency. Not all roles require competency to carry out; for example, some roles are honorary, and persons who hold such roles do not have to “do” anything, but the roles are valued nonetheless. But other roles do require competency from the role incumbent. For instance, implementers may envision for a person a work role that entails learning how to operate certain machinery, or obtaining abstract knowledge. But the imple-

menters themselves may know neither of these things—and further, they may not know where or how the person would obtain such competency. Obviously, this lack of knowledge on their part would put a crimp in their plans to obtain that competency-contingent role for the person.

Clinical Knowledge, Including about Certain Devalued Conditions

THERE IS ALSO a very wide range of additional skills in the domain that is sometimes called “clinical.” For instance, there is knowledge of child development, of the neuromuscular system, of the endocrine system—the latter two both related to some physical impairments, including ones associated with mental retardation; there is knowledge about deafness, about blindness, about autism, about dementia; there is knowledge about what certain lesions may indicate; and so on. Obviously, the knowledge in any one of these domains that is relevant to SRV implementation can be vast, and just as obviously, SRV does not teach such knowledges. In fact, at least the SRV training workshop materials say very explicitly that people need to obtain that knowledge elsewhere, even though it is essential to the competency enhancement of many devalued parties. For instance, in order to enhance the competencies of people with dementia, so that they can maintain certain valued roles and perhaps attain certain new roles, one needs to learn about dementias.

Sadly, even where such clinical knowledge is very relevant, it may not be taught anymore. There may be many reasons, but among them are that—rightly or wrongly—it is not considered as important as other things that get taught instead. For instance, at Syracuse University, there used to be a Division of Special Education and Rehabilitation, and students in that division in the disciplines of mental retardation or emotional disturbance (as they were called) would learn about the nature of mental retardation and of different emotional disturbances, in preparation for their envisioned future as teachers of children with these condi-

tions. Then, it was deemed no longer politically correct to have a separate division of special education, but instead that all education should be “inclusive,” and that educators-in-training should be taught how to run inclusive classrooms. So the kind of clinical knowledge that was once taught to students at Syracuse University is no longer taught to them, including students who would have mentally retarded and emotionally disturbed students in their inclusive classrooms.

Even worse is when such important clinical knowledge is displaced by the teaching of non-programmatic content, such as staff in-service training being devoted to agency regulations and how to maximize funding streams, or how to cast expenses into funder-approved categories. (In SRV language, programmatic issues have to do with what recipients need and how to address those needs in role-valORIZING fashion; non-programmatic issues are everything else, including what servers like to do, what the available funding will support, what the law requires and forbids. Such non-programmatic issues could theoretically act as facilitators of addressing recipients’ needs, but so often they act as constraints or obstacles instead.) In many contemporary human services, it is virtually only non-programmatic content that service workers receive.

One can see how these clinical knowledges, or lack thereof, could be very relevant to SRV implementation. For instance, suppose the service recipients are very severely physically or mentally impaired. Servers may want to craft valued roles for such recipients, but may be ignorant of how to work for competency-enhancement for such severely impaired persons. Or the servers may have very unrealistic notions about what competency progress is feasible for such persons, or what the feasible next step in competency development for them is, etc. In such cases, servers are apt to make mistakes in the roles that they envision and pursue for the recipients, or they may only be able to craft attributive or ascribed roles, rather than any competency-contingent ones, for the recipients.

Unfortunately, people who possess clinical skills may also bring with them unhelpful, even devaluing, attitudes. For instance, families have often found that the skills are only obtainable by surrendering their impaired family member to a service system that does more harm than the good it does via clinical knowledge.

Miscellaneous “How-to” Knowledge, Including the How-to of Attitude Change

IN ADDITION to these clinical knowledges, there are yet other areas of relevant knowledge and skill that go beyond SRV. For instance, depending on the service type and purview, and the needs of the recipients, relevant needed skills may include such things as how to set and stay within a household budget; how to cook a nutritious meal, and do so economically; how to clean a house, and how to keep it clean; how to manage a classroom; how to teach reading; how to turn an invalid in bed; how to operate a table saw; how to operate particular computer programs; how to recruit work contracts; how to anticipate the market and plan income-producing work; how to persuade potential opponents or supporters, for example, in regard to locating services—usually residences—in neighborhoods. This latter is included in the general corpus of knowledge of persuasion and attitude change. Any of these knowledges, and more, would be relevant to the implementation of SRV in at least certain contexts, but these types of knowledge are not taught by SRV.

Knowledge of (Other) Change Agency

CHANGING PEOPLE’S ATTITUDES, and knowing how to do so, is one kind of change agency, but the term “change agency” actually encompasses much more. Knowledge of change agency is particularly relevant at the level of implementation of SRV that goes beyond a specific person or the person’s primary social grouping, but addresses either secondary social groupings or society as a whole or a large sector of society. Dr. Wolfenberger addressed this issue of needed compe-

tency in change agency in a speech at the June 2003 SRV conference in Calgary, and in chapter six of the *Advanced Issues in SRV* book (Wolfensberger, 2012, 340-342). There are tools and skills that are useful for change agents in general, such as an orientation to the future, and to systems; knowledge of group and organizational dynamics; skills of leadership, and of persuasion; and skills of communication, as noted in an earlier section of this paper. There are additional knowledges that are especially needed by change agents in the domain of human service, including planning skills, understanding of the limitations of the law in human services, and knowledge of community leadership.

Here, we should note that some of the specific action measures that Dr. Wolfensberger recommended, in both the aforementioned speech and chapter, to promote SRV would not be adopted unless one knew their validity. For example, the strategy of jumping into crisis situations and exploiting their opportunities (Wolfensberger, 2012, 332-333) would hardly be adopted if one did not know (and believe) that crises are in fact opportunities when one is prepared in advance to take advantage of them, e.g., by riding in to the rescue with an idea—such as SRV—that seems to address the crisis, and because in crises people are more open to options than they are when everything appears to be going smoothly.

Similarly, Dr. Wolfensberger noted (Wolfensberger, 2012, 319) that the SRV movement, at least as a movement, has not done so well in attending to the implementation and dissemination of masterful demonstration models. And yet having such models, teaching about them, and having people observe such models, is one of the most powerful change strategies. For instance, such models could be written up in and for *The SRV Journal*, or described and discussed in the SRV blog, or the people who run them could post videos on their web sites, etc.

The training culture around SRV, though not SRV training itself, once did attempt to convey

knowledge of many of these change agency skills, as in the six-day workshop on Planning of Comprehensive Community-Based Service Systems that the Training Institute founded and directed by Wolfensberger at Syracuse University used to conduct. However, around 1980, Dr. Wolfensberger and some of his close colleagues came to the conclusion that although all this knowledge was valid, people would hardly be permitted to implement it any more when it came to trying to develop and sustain service systems that were simultaneously adaptive, comprehensive, normalizing (and later role-valORIZING), but also very complex. And having reached this conclusion, he then almost entirely (but not quite) dropped teaching of these topics in favor of teaching people the content of the workshop on 'How to Function With Personal Moral Coherency,' which would prepare them for what they would encounter, and for enduring, if they tried to do the right thing in human services. The Training Institute still might conduct some limited training in some change agency, for example, there might a follow-up event for people who had already had SRV and PASSING training, in which elements of change agency related to implementation might be taught.

It is of course possible that people could learn change agency and change agent skills from other sources. However, when these used to be taught in connection with normalization, it prepared people to use these skills to try to get normalization embraced and implemented. That would be less likely to happen if these skills were taught either free-standing, so to speak, or in connection with change towards other ends.

Knowledge of, & Related to, Non-Empirical ("Values"-Related) Issues

IN CHAPTER FIVE of the *Advanced Issues in SRV* book (Wolfensberger, 2012, 241-273), Dr. Wolfensberger addresses another area of knowledge that goes beyond SRV, but that impinges very directly on SRV implementation. That is the

area broadly referred to as “values issues,” that are so very prominent in all decisions that humans make, and especially in decisions that have to do with human beings. These are, of course, the very type of decisions involved in SRV implementation. The issues of competence here are, first of all, whether teachers and implementers of SRV are even aware that SRV is in the empirical realm, but that values decisions are in the non-empirical realm. Second, are SRV teachers and disseminators aware that decisions whether, and how far, to implement SRV with a specific party will be determined by values, though these values will so often be unconscious. Third, are SRV teachers and disseminators sophisticated about the fact that even though values are in the non-empirical realm, that empirical evidence can be adduced to buttress or refute them—for example, in regard to whether the value, if implemented, is likely to bring more good or harm to humanity. (One can look at the record of history for empirical evidence as to what the embrace of different supra-empirical values has led to.) Fourth, are SRV teachers and implementers aware what are the contemporary but often undeclared religions in human service, or in a particular field of service or impairment. Fifth, are SRV teachers and implementers aware how at least some measures that would be role-valorizing for a party might clash with that party’s religion, or with the religion of an implementer or supporter. If they lack knowledge of any of these, then they lack a competence needed for SRV dissemination and implementation.

Competence in Critical Analysis

THERE ARE ALSO two specific and very important skills that are not SRV, but that at least at one time had been part and parcel of the SRV training culture, and that at least the SRV Council’s Trainer Formation Model mentioned earlier still aspires to teach. The first of these skills is critical analysis. The major way in which the SRV culture has aspired to teach this is via the application of PASSING. In the conduct of a PASSING assessment,

team members parse what is being analyzed—an existing service or a service proposal, they look both for what is role-valorizing and not role-valorizing about it for recipients, and then make an overall judgment. Of course, the SRV culture also has hoped that this skill of critical analysis would be generalized and applied to other things both within and beyond specific human services. For example, it would be applied to suggestions or campaigns made for new directions in society, to schemes that are advanced as virtual service salvation or even social salvation, etc.

Competence in the Practice of Openness, Non-Defensiveness, & (Mutual) Critique

THE SECOND SKILL that is not skill in SRV, but that used to be taught within the SRV teaching culture, is the practice of openness, self-evaluation, low defensiveness, and (mutual) critique. There are two ways in which the SRV teaching culture taught these things. One was in connection with service evaluation, as via PASSING, and PASS (Wolfensberger & Glenn, 1973, 1975) before it. Services would be invited to open themselves up to a PASSING (or PASS) assessment, and to receive an evaluative report which might contain—indeed, typically did contain—criticism of the service operation. But it was also part of each PASSING (or PASS) assessment for team members to evaluate their own performance, and to offer critique to other members of the team. And the person or persons who wrote the assessment report would receive editing of their report from more senior persons. This type of openness, self-evaluation, and mutual critique was taught as one of the safeguards to service quality, which went under the broad term self-renewal (Gardner, 1963, 1964, 1981), and which could help stave off service rigidification and bureaucratization.

Another way in which the SRV training culture would try to teach the practice of openness, non-defensiveness, and mutual critique was via the debriefing that is usually done at the end of any SRV teaching event (and of many related teaching events

as well), which includes a self-evaluation by each presenter at the event, as well as the providing of mutual critique by all presenters to each other. Even the solicitation of feedback from participants at a training event, as via their filling out a written evaluation form, was an effort to be open and non-defensive. The training culture around SRV also taught the practice of submitting one's projects—be they writings, early-stage teaching events, etc.,—to other people with a request for critical feedback on them.

The international SRV conferences could also offer a sanctioned forum for such feedback and critique. For example, at least some presentations could be followed by panel discussions, or one presentation might be followed by another that constitutes a rebuttal of the first, etc.

It is only when such evaluation and mutual critique is practiced regularly and habitually that sensitivity to being critiqued can be overcome. Yet most people are reluctant to make it a regularized practice. Also, our society seems to be moving away from openness, and to the widespread practice of defensiveness. For instance, people are increasingly litigious, and are wary of others also possibly being litigious, and thus there may be even less openness now to evaluation and critique. Further, because people so highly value what feels good, they are not likely to subject themselves to the pain that does come with openness to evaluation and critique.

Good Sense, Judgment, Foresight, & Wisdom

FINALLY (AT LEAST FOR NOW), another area of skill and competency that is required for SRV implementation, but that SRV does not teach, is common sense, good judgment, foresight, and even wisdom, all of which are necessary for making good decisions, including the trade-offs that are so normative in implementation. For instance, where the ideal or optimally role-valorizing arrangement is not presently attainable, what is there that is beneficial that can be achieved? What is at least defensible even if far from ideal? What

can one live with? Judgments such as these are so typically required because of the non-programmatic constraints, mentioned earlier, that may limit the freedom of a specific SRV implementer to improve the plight of a party. Experience with PASSING can help in making some such decisions, in that PASSING assigns weights to different SRV implications, with the weights representing the relative importance and impact of the issue. Thus, where two implications of SRV cannot both be achieved, an SRV implementer could decide to pursue the more heavily weighted, and therefore usually more important, implications and to sacrifice the less important one. But PASSING is only a tool for helping to make programmatic decisions. It does not provide the skill to make good decisions in a conflict between programmatic and non-programmatic criteria, nor does it supply good sense, let alone wisdom.

Foresight is needed to contemplate conditions that may become outright normative in services in the future; for example, there may be lack of resources, outright shortages, perhaps severe declines in standards of living brought about by climate change or a devastating pestilence. (An orientation to the future was also mentioned as one of the skills of change agency.)

Conclusion

WHILE SRV is an overarching meta-theory, applicable to any human interactions, especially those of a service nature, and especially vis-à-vis people who are devalued or at least marginalized in their society, it is not enough to bring about the end of procuring “the good things of life” for a party. This paper has been an effort to elaborate at least some of the other competencies that are needed in addition. The numbers and complexity of additional knowledges may seem overwhelming, but we hope that readers will be stirred to some thinking, and even more to the pursuit of some of these other competencies by people who do want to see SRV disseminated and implemented. ☞

ENDNOTE

1. The North American SRV Development, Training & Safeguarding Council is a voluntary body of people who are committed to the development and safeguarding of SRV, as well as training in it. The Council has been in existence since 1992. The Council has developed a model for developing SRV trainers who will be capable of not only teaching SRV, but also teaching others to teach SRV, so that SRV dissemination will continue. For more information on the Council, and/or its Trainer Formation Model, contact the Council's corresponding secretary Jack Yates at: People Inc., 4 South Main Street, Fall River, Massachusetts 02721 USA; phone (774) 627-7441; email: jyates@peopleinc-fr.org

REFERENCES

Gardner, J. (1963, 1964, 1981). *Self-renewal: The individual and the innovative society* (Rev. ed.). New York: W.W. Norton.

Wolfensberger, W. (1998). *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services* (3rd ed.). Syracuse, NY: Syracuse University Training Institute for Human Service Planning, Leadership & Change Agency.

Wolfensberger, W. (2012). *Advanced issues in Social Role Valorization theory*. Plantagenet, Ontario, Canada: Valor Press.

Wolfensberger, W. & Glenn, L. (1973). *PASS (Program Analysis of Service Systems): A method for the quantitative evaluation of human services: Vol. 1. Handbook: Vol. 2. Field manual* (2nd ed.). Toronto: National Institute on Mental Retardation.

Wolfensberger, W. & Glenn, L. (1975, reprinted 1978). *PASS (Program Analysis of Service Systems): A method for the quantitative evaluation of human services: Vol. 1. Handbook: Vol. 2. Field manual* (3rd ed.). Toronto: National Institute on Mental Retardation.

Wolfensberger, W. & Thomas, S. (1983). *PASSING (Program Analysis of Service Systems' Implementation of Normalization Goals): Normalization criteria and ratings manual* (2nd ed.). Toronto: National Institute on Mental Retardation.

Wolfensberger, W. & Thomas, S. (2007). *PASSING: A tool for analyzing service quality according to Social Role Valorization criteria. Ratings manual* (3rd rev. ed.). Syracuse, NY: Syracuse University Training Institute for Human Service Planning, Leadership & Change Agency.

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