

THE *Community Psychologist*

A PUBLICATION OF THE SOCIETY FOR COMMUNITY RESEARCH AND ACTION

Summer, 2005

Division 27 of the American Psychological Association

Volume 38, No. 3

FROM THE PRESIDENT

Clifford R. O'Donnell
University of Hawai'i

As I write this, my last column as SCRA President, we have just announced that the first phase of our revised website – <http://www.apa.org/divisions/div27/> – is now up and running



thanks to our web person, Scot Evans, our Membership Co-Chair, Brad Olson, and

several EC members, especially Ana Mari Cauce, Carrie Hanlin, and Sawssan Ahmed. Information for the revised website still needs to be added and updated, but the website bottleneck that has hampered several SCRA initiatives has been cleared at last.

Among my goals as President is to “strive to develop initiatives for our members to use their valuable expertise, ranging from clinical problems to community development, to increase the influence of our values on public policy”. Members who participated on the public policy panels at the 2004 APA Conference were invited to submit manuscripts for a Special Section in the journal *Professional Psychology: Research and Practice*. Several

have done so and their manuscripts are currently being reviewed. In addition, several SCRA members with strong public policy interests and experience are developing plans that would facilitate SCRA member participation in public policy as individuals, groups, and coalitions (rather than as representatives of formal SCRA policy). Heather Kelly, from the APA Public Policy Office, is assisting us. With the revised website, it will soon be possible for SCRA members to list their areas of expertise and volunteer to be contacted for public policy efforts in the areas they select.

The revised website is also key to the second

Continued on page 3

Contents

Columns

- 1 President's, by Cliff O'Donnell
- 3 Editors', by Joy Kaufman & Nadia Ward
- 4 Book Review, edited by Ken Miller
- 5 Community Action, edited by Bradley Olson
- 9 Disabilities Action, edited by Dot Nary
- 10 Lesbian/Gay/Bisexual/Transgender, edited by Alicia Lucksted and Gary Harper
- 11 Living Community Psychology, edited by Gloria Levin
- 13 Regional, edited by Gary Harper
- 16 School Intervention, edited by Milton Fuentes & Jane Shepard
- 19 Self-Help/Mutual Support, edited by Bret Kloos
- 20 Social Policy, edited by Steven R. Howe
- 22 Student Issues, edited by Sawssan Ahmed & Carrie Hanlin

Commentary

- 22 How the “Culture of Life” Masks a Culture of Death: Terri Schiavo & Eating Disorders, by Ken Kyle

Special Pull-Out Section – SCRA MEMBERSHIP DIRECTORY

Special Feature

- Women and Social Justice Issues**, edited by Mary Ellen Dello Stritto & Christina Ayala-Alcantar
- 25 Introduction, by Mary Ellen Dello Stritto & Christina Ayala-Alcantar
- 26 Feminist Ethics in Advocacy Relationships: A Relational vs. Rule-Bound Approach, by Belle Liang, Catherine Glenn, and Lisa Goodman

- 28 Violence Against Women with Disabilities: Urgent Call for Action, by Rosemary B. Hughes
- 30 The Personal is Political is Professional - Stories that Cross Borders, by Heather Gridley, Emma Sampson, and Jeanette Shopland
- Special Feature Subsection:
Doing (and Supervising) Feminist Research with Social Justice in Mind**
- 34 Introduction, by Heather Gridley
- 34 Evaluating the Impact of the “Fax Back” Initiative on Family Violence Services, by Kelly Cooper
- 36 Workplace Wellbeing for Women Working in Rural Health Settings, by Belinda Gibson
- 38 Women's Experiences at GROW, by Briony Kercheval

SCRA Community News

- 40 New SCRA Officers
- 40 SCRA Award Winners
- 40 Call for Nominations for SCRA Offices
- 40 SCRA Award Descriptions & Call for Nominations
- 42 Call for Nominations for SCRA Fellows

Announcements

- 43 Call for Papers on “Engaging Students in Community Learning”
- 43 Penn State University Symposium on Family Issues
- 43 Congratulations to Mona Amer
- 44 Call for Papers – First International Conference on Community Psychology

THE SOCIETY FOR COMMUNITY RESEARCH & ACTION

Executive Committee 2004-2005

PRESIDENT:

Clifford O'Donnell, University of Hawai'i

PAST PRESIDENT:

Paul A. Toro, Wayne State University

PRESIDENT-ELECT:

Ana Mari Cauce, University of Washington

TREASURER:

Joseph Durlak, Loyola University of Chicago

SECRETARY:

Sarah Cook, Georgia State University

STUDENT REPRESENTATIVES:

Sawssan Ahmed, Wayne State University

Jacquelyn Brown, University of Hawai'i

APA COUNCIL REPRESENTATIVE:

Ken Maton, University of Maryland-Baltimore County

REGIONAL NETWORK COORDINATOR:

Gary Harper, DePaul University

MEMBERS-AT-LARGE:

Robin Miller, University of Illinois-Chicago

Hiro Yoshikawa, New York University

Bianca L. Guzman, CHOICES, La Puente, CA

Committee Chairs

APA 2005 PROGRAM COMMITTEE:

Brad Olson, DePaul University

CULTURAL & RACIAL AFFAIRS:

Emilie Smith, Pennsylvania State University

DISSERTATION AWARD:

Meg Davis, DePaul University

FELLOWSHIP:

Paul Toro, Wayne State University

INTERNATIONAL:

Toshiaki Sasao, International Christian University, Tokyo, Japan

LINKAGES:

Eric Mankowski, Portland State University

MEMBERSHIP:

Robin Miller, University of Illinois-Chicago

NOMINATIONS:

Meg Davis, DePaul University

PUBLICATIONS:

Dina Birman, University of Illinois-Chicago

SOCIAL POLICY:

Preston Britner, University of Connecticut

WOMEN:

Mary Ellen Dello Stritto, Ball State University

Regional Coordinators

WEST:

Ken Miller, San Francisco State University

Elizabeth Thomas, University of Washington, Bothell

SOUTHWEST/MOUNTAIN:

Vacant

MIDWEST:

Steven Howe, University of Cincinnati

Bernadette Sanchez, DePaul University

Meg Davis, DePaul University

NORTHEAST:

Rhonda Boyd, University of Pennsylvania

Cindy Crusto, Yale University

Tiffany Townsend, Pennsylvania State University

SOUTHEAST:

Joseph Berryhill, University of North Carolina Asheville

Sherry L. Hamby, University of North Carolina at Chapel Hill

AFRICA/MIDDLE EAST:

Arvin Bhana, University of Durban-Westville,

Kwa Zulu-Natal, South Africa

ASIA:

Toshiaki Sasao, International Christian University, Tokyo, Japan

EUROPE:

David Fryer, University of Stirling, Scotland

LATIN AMERICA:

M. Loreto Marginez, Pennsylvania State University

Lidia Weber, Federal University of Parana, Brazil

SOUTH PACIFIC:

Christopher Sonn, Edith Cowan University, Joondalup, Australia

Ingrid Huygens, Aotearoa, New Zealand

Arthur Venio, Monash University Gippsland, Victoria, Australia

SCRA INTEREST GROUPS

AGING

The Aging interest group focuses on the productive role of aging in the community and the prevention of mental health problems in the elderly.

Chair: Margaret M. Hastings, (847) 256-4844,
margaretmhastings@earthlink.net

CHILDREN AND YOUTH

The Children and Youth interest group facilitates the interests of child and adolescent development in high risk contexts, especially the effect of urban poverty and community structures on child and family development.

COMMUNITY ACTION

The Community Action interest group explores the roles and contributions of people working in applied community psychology settings.

Chair: Bradley Olson, (773)325-4771

COMMUNITY HEALTH

The Community Health interest group focuses on health promotion, disease prevention, and health care service delivery issues as they relate to the community.

Co-chairs: David Lounsbury, (415)338-1440,

lounsbud@mskccc.org

Susan Wolfe, (214)767-1716, swolfe@oig.hhs.gov

DISABILITIES

The Disabilities interest group promotes understanding of the depth and diversity of disabilities issues in the community that are ready for research and action; and influences community psychologists' involvement in policy and practices that enhance self-determination, personal choice, and full inclusion in the community for people with disabilities.

Chair: Dorothy Nary, (785)864-4095, dotn@KU.edu

LESBIAN/GAY/BISEXUAL/TRANSGENDER

(LGBT)

The LGBT interest group increases awareness of the need for community research and action related to issues that impact LGBT people; and serves as a mechanism for communication, collaboration, and support among community psychologists who are either interested in research/service/ policy related to LGBT people and communities, and/or who identify as LGBT.

Co-chairs: Gary Harper, (773)325-2056, gharper@depaul.edu

Alicia Lucksted, (410) 328-5389,

luckste@psych.umaryland.edu

PREVENTION AND PROMOTION

The Prevention and Promotion interest group seeks to enhance development of prevention and promotion research, foster active dialogue about critical conceptual and methodological action and implementation issues, and promote rapid dissemination and discussion of new developments and findings in the field.

Chair: Richard Wolitski, (404) 639-1939, Wolitski@cdc.gov

RURAL

The Rural interest group is devoted to highlighting issues of the rural environment that are important in psychological research, service, and teaching.

SCHOOL INTERVENTION

The School Intervention interest group addresses theories, methods, knowledge base, and setting factors pertaining to prevention and health promotion in school.

Co-chairs: Milton Fuentes, (973)655-5121,

fuentesm@mail.montclair.edu

Jane Shepard, (203)789-7645,

jshepard@theconsultationcenter.org

SELF-HELP/MUTUAL SUPPORT

The Self-Help/Mutual Support interest group is an international organization of researchers, self-help leaders, and policy makers that promotes research and action related to self-help groups and organizations.

Chair: Bret Kloos, (803)777-2704, kloos@gwm.sc.edu

THE *Community Psychologist*

Editors

Joy Kaufman and Nadia Ward
Yale University

Associate Editor

Mona Amer

Production Editors

Janis Celone and Mary Magnani

Past TCP Editors

Allen Ratcliffe, Dorothy Fruchter, Meg Gerrard,
Raymond Lorion, Leonard Jason, Joseph Galano
& John Morgan, Jean Ann Linney, Sharlene
Wolchik, Shelly Harrell, Paul Toro

Column Editors

BOOK REVIEWS

Ken Miller, San Francisco State University

COMMUNITY ACTION

Bradley Olson, DePaul University

COMMUNITY HEALTH

David Lounsbury, Memorial Sloan-Kettering Cancer
Center

Susan Wolfe, U.S. Department of Health and Human
Services

COMMUNITY PRACTITIONER

David Julian, Ohio State University

CULTURAL & RACIAL AFFAIRS

Emilie Phillips Smith, Pennsylvania State University

DISABILITIES ACTION

Dorothy Nary, University of Kansas

EDUCATION CONNECTION

Jim Dalton, Bloomsburg University

Maurice Elias, Rutgers University

REGIONAL

Gary Harper, DePaul University

INTERNATIONAL

Toshiaki Sasao, International Christian University,
Tokyo, Japan

LESBIAN/GAY/BISEXUAL/TRANSGENDER CONCERNS

Gary Harper, DePaul University

Alicia Lucksted, University of Maryland

LIVING COMMUNITY PSYCHOLOGY

Gloria Levin, Glen Echo, Maryland

PREVENTION & PROMOTION

Richard Wolitski, Center for Disease Control, Atlanta

SCHOOL INTERVENTION

Milton Fuentes, Montclair State University

Jane Shepard, The Consultation Center, New Haven

SELF-HELP/MUTUAL SUPPORT

Bret Kloos, University of South Carolina

SOCIAL POLICY

Steven Howe, University of Cincinnati

STUDENT ISSUES

Sawssan Ahmed, Wayne State University

Carrie Elizabeth Hanlin, Vanderbilt University

WOMEN'S ISSUES

Nicole Allen, University of Illinois Urbana Champaign
Christina Ayala-Alcantar, California State University at
Northridge

Printing Services

Baker's Printing, Oklahoma City, Oklahoma
(405) 842-6944

EDITORS' COLUMN

Joy S. Kaufman and Nadia L. Ward
Co-Editors of *The Community Psychologist*

The Consultation Center
The Division of Prevention & Community
Research, Department of Psychiatry,
Yale University School of Medicine



Joy Kaufman (l) and Nadia Ward (r).

The summer issue of TCP highlights a number of thought provoking columns, articles, and book reviews. As you peruse the issue, please make note the new column editors that have signed on to continue the work of the interest groups. In the Community Action Column, Brad Olsen, walks us through a community action narrative of how Cook County residents in Illinois got involved in a referendum that secured substance treatment on demand for those who wanted it. Gary Harper, Bianca Wilson, and Omar Jamil continue to raise our awareness of issues that confront LGBT youth and how we can be advocates for change for these young people in the LGBT column. Their piece urges the involvement of the academy to further the work in the field by conducting research on the issues that confront LGBT youth, providing opportunities for LGBT youth to share their experiences in an effort to inform interventions, programs, and policy efforts,

and by building collaborative relationships with community based organizations. In Living Community Psychology, Gloria Levin chronicles the life and work of Peter Dowrick. Peter Dowrick and colleagues contribute to this edition in The School Intervention Column. They discuss the positive impact of culturally appropriate curricula (that is aligned with Hawaii's state standards) on student achievement. This method of educating students motivates, empowers, and affirms students' rich cultural heritage. Don't miss Dot Nary's review of Harriet McBryde Johnson's book titled, "Too Late to Die Young: Nearly True Tales from a Life". This is the poignant memoir of a woman born with muscular dystrophy who refused to succumb to the low expectations that society held for her. It is a moving story of a courageous woman who succeeds despite her physical limitations.

We are also pleased to present our special feature, *Women and Social Justice*. The six papers that comprise this section come from community psychologists actively engaged in running social justice programs that involve women or research projects that are investigating human rights issues. You will appreciate the variety of settings and cultural contexts in which the work is described and discussed. Feminist frameworks and research methodologies discussed in each of these papers stretches us to think more broadly about how we develop interventions to support and empower women and the ways in which we define the nature of our relationship with women whether it be in the role of therapist, advocate, or peer. What will also resonate with you is that each of these papers includes a call to action that urges us to be agents of change in ameliorating the social justice issues that affect all women.

We want to acknowledge the work of our new past president, Cliff O'Donnell for his leadership and innovation in moving the division forward with the various initiatives he has spearheaded this year. We look forward to his continued work in the division. As he has mentioned in his column, there is yet more work to be done!

We also bid a fond farewell to this year's associate editor of TCP, Mona Amer. Mona has been a tremendous asset to our team this year. She has made significant contributions to the work and made wonderful connections to our column editors. Congratulations on your receiving the only APA Minority Postdoctoral Fellowship this year. We wish her well in her postdoctoral studies.

This issue also alerts you to our new SCRA Officers and recipients of our SCRA distinguished contribution awards. See who has been elected as our new President-Elect, Member-at-Large, APA Council Representative, and Student Representative in the SCRA Community News Section. Also note that December 15th is the deadline for nominations for SCRA offices and Distinguished Contribution Awards.

We would be remiss if we did not call to your attention the call for papers for the *First International Conference on Community Psychology: Shared Agendas in Diversity* to be held in San Juan, Puerto Rico! Hope to see you there.

Enjoy! Have a restful summer.

Warmest regards—

Joy and Nadia

FROM THE PRESIDENT, continued from page 1

of my goals: to cooperate with the Council of Program Directors in Community Research and Action (CPDCRA) to encourage more students to enter the field of community psychology. As I mentioned in previous columns, CPDCRA is being reactivated with Greg Meissen as Acting Chair. The new website allows graduate program directors to update information on their programs and this information to be accessible through links on the SCRA website. Many graduate program directors are now submitting their links and new programs are being added. This will be a great resource for prospective graduate students in community psychology. The website will also provide a means for CPDCRA Board members to work with program directors to recruit students.

As Paul Toro noted in his 2004 Presidential Address, the number of members in community psychology organizations who live outside of the United States now exceeds those within the United States. SCRA website links to these organizations will help to build the communication and collaboration needed for an international community psychology and to expand the cultural horizons of SCRA (my third goal).

There is also progress on my fourth goal: "to collaborate with professional organizations from related disciplines to promote an intellectual synergy to expand the visibility and recognition of SCRA." The SCRA Interdisciplinary Linkages Committee, chaired by Eric Mankowski, is working to develop

recommendations to formalize collaborative links to other disciplinary organizations, such as the Society for Applied Anthropology (SfAA). In addition, I will be working with the Linkages Committee and the 2007 Biennial Planning Committee to begin collaboration with the International Association for Cross-Cultural Psychology (IACCP). Collaboration with the IACCP is a natural follow-up to my Presidential Address: *Beyond Diversity: Toward a Cultural Community Psychology*.

Clearly there is still much work to be done on each of my goals. That's what the year as Past-President on the EC must be for! One of the real joys of being President is to truly appreciate

Continued on page 4

the excellent work of our members on the EC, our Interest Groups, Committees, Task Forces and, especially, our award winners. Receiving their awards this year at the Biennial are David Julian, Rhona Weinstein, and Yolanda Suarez-Balcazar.

Dave will receive the 2004 Distinguished Contribution to Practice Award for his innovative practice of community psychology. He has worked in community organizations, such as United Way, for many years conducting needs assessments and evaluations, and is now with Ohio State University, where he has designed community processes for youth development planning and program development, and trained implementers and community planners. Rhona will receive the 2005 Seymour B. Sarason Award for her exemplary work on teacher expectations and self-fulfilling prophecies. Her 2002 book, *Reaching Higher: The Power of Expectations in Schooling*, won the American Educational Research Association's Division K Book Award for Exemplary Research on Teaching and Teacher Education in 2003. Yolanda will receive the 2005 Ethnic-Minority Mentoring Award for her concern with issues affecting minority students, for being an outstanding role model, and for her mentorship of many diverse students, at Loyola University Chicago and the University of Illinois at Chicago.

At the APA Conference in August, Roger Weissberg will receive the 2004 Distinguished Contribution to Theory and Research Award for his extensive work on school-family-community partnerships to enhance children's social, emotional, and academic learning, prevention of adolescent problem behaviors, and positive youth development. Among his many publications and honors is the 2000 APA Distinguished Contributions of Applications of Psychology to Education and Training Award. In addition, the DePaul Community Mental Health Center will receive the Harry V. McNeill Award. This Center provides mental health, case management, and prevention services to mostly low-income, ethnic minorities. Clinical psychology students and some social work students receive training at the Center. Among their innovative practices are hiring and training public housing residents to reach families in need of services, and conducting community group sessions on topics such as violence prevention and skill development. The center is accredited by APA and the Commission on the Accreditation of Rehabilitation Facilities.

The two Dissertation Award winners will also receive their awards at APA this year. The 2005 SCRA Award for Best Dissertation on a Topic

Relevant to Community Psychology will be received by Marci R. Cully, now at Georgia State University. Marci received her Ph.D. from the University of Missouri-Kansas City, under the direction of Joseph Hughey. The title of her dissertation is *Power and "official" vehicles for public participation in a local hazardous waste setting: A community case study*. The 2005 Emory L. Cowen Dissertation Award for the Promotion of Wellness will be received by Elise Cappella, now at the Institute for Juvenile Research, University of Illinois-Chicago. Elise received her Ph.D. from the University of California at Berkeley, under the direction of Rhona Weinstein. Her title is *The prevention of social aggression among girls*.

The 2005 Awards for Distinguished Contribution to Theory and Research, and to Practice will go to Abe Wandersman and Peter Dowrick respectively. They have the choice of receiving their awards at the 2006 APA Conference or the 2007 Biennial. Abe, at the University of South Carolina, is being recognized for his well-known contributions to citizen participation in neighborhood organizations and coalitions, empowerment evaluation, and Prevention Plus III. His most recent book (2005) is *Empowerment Evaluation Principles in Practice*. Peter, at the University of Hawai'i, is being recognized for his excellent work in community-based programs in areas of disabilities and human development in marginalizing situations providing learning and empowerment. His literacy, school behavior, and transitions projects, with the addition of community learning centers and community technology centers, have operated in the Hawaiian communities of Leeward and Kalihi, and supported community development in Molokai, Micronesia, American Samoa, Kentucky, Alaska, Philadelphia, Australia, and Aotearoa, NZ.

In addition, the Community and Culture graduate program at the University of Hawai'i received the 2004 APA Honorable Mention Award for Innovation in Graduate Education. Program faculty and students were particularly pleased that a free-standing community program was one of only three graduate programs to receive an Award for Innovation in all of psychology.

Congratulations to all of our award winners! Your work makes us proud to be SCRA members.



BOOK REVIEWS

Edited by Ken Miller
kemiller@sfsu.edu

Wehbi, S. (2004). *Community organizing against homophobia and heterosexism: The world through rainbow-colored glasses*. New York, NY: Harrington Park Press.

Review by Lynette Jacobs-Priebe
Community Research and Action,
Vanderbilt University

Published simultaneously as the *Journal of Gay & Lesbian Social Services*, volume 16 (1), this small book has much to offer those of us in community studies. Our desire to promote social justice often manifests as reporting on social change as research, often in the form of a successful prevention or an informative evaluation that has been driven by the researcher. However, just as community efforts can be enhanced when academics supply theory as a framework for action, academics also have something to learn from spontaneous grassroots organizing. *Community organizing against homophobia and heterosexism* is organized as a series of 'reports from the field' wherein LGBT-rights activists tell their stories. Three common themes that will especially interest those of us in community studies are facilitators of activism, community organizing principles and identity intersectionalities.

Samantha Wehbi has edited this collection of international efforts to promote social justice for lesbian, gay, bisexual, queer, transgender and two-spirited people. We hear stories from a lesbian feminist group in Peru (GALF), a two-spirit¹ Aboriginal effort in Montreal (Namaji), an advocacy group in the Netherlands promoting dialogue on homosexuality and Islam (Yoesuf Foundation), legislation efforts on behalf of LGBT rights in Hong Kong (Tongzhi community) and the emergence of the LGBT movement in Zimbabwe (GALZ). The reader benefits from the long amount of time the authors have spent participating in and observing these movements. The articles are reflective and offer insights into the often long process of activism and social change.

In some cases, social context facilitated grassroots activism. In 1970's Peru, the political context allowed for feminist organizing. During a feminist conference, lesbian issues were not on the agenda, but a few participants quickly organized a mini-workshop on the topic and over 600 women

attended. The need for an explicitly lesbian feminist activist movement spontaneously came to light only through its omission on a formal agenda. In the case of Namaji, the social climate also played an important role. The re-emergence of interest in, and honoring of, Aboriginal traditions and perspectives in Montreal intersected in time with the beginnings of the LGBT movement in the US. GALZ, Gays and Lesbians of Zimbabwe, formed via the subculture of LGBT club scene. A thriving party scene transformed into exclusively gay and lesbian parties at a private residence, which led in turn to discussions of political organizing and eventually into action.

Individual determination can also generate grassroots activism. An opportunity to influence regional elections was realized by activists in Hong Kong. They identified and endorsed Tongzhi-friendly legislators, then led a public education campaign to realize the voting potential of the great number of LGBT people in the region. The educational advocacy of the Yoesuf Foundation in the Netherlands began with two friends networking and forming alliances with community and political leaders. This work generated formal endorsements of the educational aims of Yoesuf, which are described below:

Yoesuf started a three-year project entitled, "Islamic Studies on Homosexuality." The fundamental aim of these studies is to develop a culturally acceptable emancipatory model from the Islamic point of view on how to deal with contemporary issues on homosexuality. In addition to reviewing the existing literature, the Foundation initiated Study Days, described below, in order to gather information from both sides: the Islamic scholars and the Dutch social services providers in general. These Study Days were essential activities in fostering a dialogue between Dutch social service providers and the mainstream Islamic community (p. 55).

The organizing principles of a clear mission and the consolidation of goals were key organizing principles for GALF, Yoesuf and the Tongzhi movements. The Hong Kong Tongzhi movement was always focused on a clear goal: the election of Tongzhi-friendly legislators. GALF initially engaged in a broad array of activities including consciousness-raising, counseling, conflict resolution, lesbian visibility at sporting and cultural events and publication of newsletters. Eventually,

advocating for human rights and citizenship for lesbians, sensitizing public opinion about lesbianism and clarifying and strengthening relationships with other social justice organizations became the focus for GALF. The Yoesuf Foundation had a clear mission from the start: to stimulate and publicize dialogue about homosexuality and Islam. Although welcomed to share office space with other LGBT rights organizations in the Netherlands, Yoesuf decided to differentiate itself from LGBT advocacy groups and position itself instead between and inclusive of both Muslim scholars and LGBT people who were also Muslim.

A diffuse set of goals can be an impediment to successful organizing. Namaji's goals are loosely based on homophobia reduction among health care workers and social support for two-

Namaji's goals are loosely based on homophobia reduction among health care workers and social support for two-spirited Aboriginal people.

spirited Aboriginal people. GALZ existed for many years trying a variety of ways to promote gay and lesbian rights in Zimbabwe. Ironically, attempts to advertise their LGBT-support telephone hotline created so much government sponsored anti-LGBT publicity that it actually generated public support and recruited new activists for the movement.

The intersection of identities is a much-examined construct in the disciplines of women's and gender studies, but gets less attention in community studies. While such intersections can be multiply oppressive, they also provide multiple avenues for organizing. For example, GALF always identified as lesbian feminist but their integration with and acceptance by the main feminist organization was reluctant. GALF wanted the feminist movement to openly recognize them as lesbian and acknowledge their contributions to the feminist movement.

In organizing around the general banner of lesbian feminism, we initially gave less priority to the many aspects in which we were, in fact, different: in terms of class, ethnic origin, education, age, occupation and also in organizing abilities, visibility, power dynamics, ways to stand for our rights, etc. There was a more urgent need to

find the common ground before looking at our differences. Looking from the distance, since we were the only lesbian feminist group in Peru, there were many (un)realistic expectations and many hidden (and sometimes wrong) assumptions; for instance, that we were all the same or that the meaning of our ideological definition as "lesbian feminist" would be understood by every GALF member in the same way (p. 9).

Considerations of where GALF fits in the feminist movement and in the LGBT movement drive the group's decisions about how and where to form alliances in each context. Likewise, Namaji finds its goals split between, and inclusive of, both Aboriginal rights and LGBT rights activities. Being both Aboriginal and two-spirited can create tension to choose which identity to emphasize in which context. Some people migrate to urban areas and join LGBT communities while others choose Aboriginal areas and emphasize their ethnicity over their two-spirited-ness.

Community organizing against homophobia and heterosexism does not offer a standard formula for success. Instead, we are treated to subjective, reflective documentation of how activists experience social movements. In attempting to promote social justice, we can seek and nourish activism facilitators; we can teach and enact organizing principles; and we can draw attention to identity intersectionalities. But the path of pursuing social justice is long.

Endnote

¹ 'Two-spirit' is an umbrella term that accounts for sexual orientation, gender identity, gendered behavior and the spiritual worth that these variations held in original native traditions.

COMMUNITY ACTION

The Advisory Referendum as a Tool of Individual and Social Change: A Community Action Narrative

By Brad Olson
DePaul University
bolson@depaul.edu

I have had the good fortune in the last couple years to take part in an effort to place a substance abuse treatment-on-demand referendum on the ballot in Cook County, Illinois. Cook County, for those not familiar

with the area, includes Chicago and the surrounding area, a region where nearly half of all Illinois voters reside. The treatment-on-demand referendum, to provide substance abuse treatment to all residents who wanted it, was put to the voters in the following format:

Shall the Illinois State Government provide adequate funding for comprehensive and appropriate substance abuse treatment for any Illinois state resident requesting services from a licensed provider, community-based organization, or medical care facility within the state?

Many stakeholders were of course involved in the initiative. Some were in recovery, some ran treatment agencies, and one was a U.S. Congressperson. The group obtained 118,000 signatures from registered Illinois voters to help put the question in front of state residents. The 118,000, while a substantial figure, fell short of the required number to put it on the state ballot. Yet each of those signatures helped to secure the question a place on the Cook County ballot for the November 2nd, 2004 election.

In its final form, the referendum asked Cook County residents to decide whether the Illinois state government should provide funds for any state resident who requested it, whether or not that person had the money to pay for it. The eventual placement of the referendum on the Cook County ballot led to an overwhelming victory with 76% of the vote. In a decade where tax decreases are one of the most powerful tools the federal government uses to motivate its citizens, 1.2 million Cook County voters called on the state government that day to financially support treatment on demand for all their fellow residents.

For a social-community psychologist within this effort, much could be learned about community action from the Congressman, his office staff, and the residents of the Westside. For readers unfamiliar with him or his work, Representative Davis is one of the most well thought of politicians in the City of Chicago. Most Chicagoans just call him Danny, while others (including myself) refer to him as The Congressman, as if there was only one. Although primarily known as a Westside figure, the boundaries of his district also include all of downtown Chicago to the lake, making his district one of the most economically diverse in the country.

Throughout the referendum initiative, Congressman Davis made many of the wise final decisions, and his political influence aided the effort tremendously. He possessed a willingness to take on any political or state entities, and was always willing to get a couple of extra signatures himself. Despite his position and the political weight he carried, this was in no way an ordinary top-down initiative, but rather, from the beginning, a grassroots effort.

Tumia Romero, Congressman Davis' public policy person in Chicago, was another leader of the effort. The collection of organizations that fell under CATCH (or Citizens Activated to Change Healthcare), which is a collaborative that grew out of the Congressman's drugs and



Congressman Davis joined by Rev. Anderson Jackson and Tumia Romero at the Petition Filing Rally held at the State of Illinois Building, Chicago.

substance abuse advisory committee was the leading organization. I was and continue to be the chair of this group, and Joe Wheeler, a treatment provider, was also a central organizer. While the many other invaluable leaders are too many to name, I should also mention Harold Buford who resided in a recovery home at the time, and could consistently collect 15 signatures to anyone else's five. He had a straightforward approach with little interest in standing around or debating the economics of treatment with strangers. He would simply approach someone, get a signature (or not), and move on to the next person he encountered.

The community member, the politician, the scientist—in fact all people—hold diverse views on the direction of social issues within our country, and this is particularly true of our approaches to decrease addiction. Is it a medical and psychologically-based health phenomenon or is it simply a criminal action in need of retribution? The kaleidoscope of flawed societal approaches toward addiction can stall anyone seeking the most significant target for

a policy-based action intervention. While some battles may be more productive than others, any approach—whether to make legal changes to freely pass out syringes or to divert individuals from incarceration to treatment—is likely to be a useful one. There was nevertheless something that seemed particularly strategic and noble about a widespread effort to provide treatment-on-demand. There existed a great need to create the availability of alcohol and substance abuse health care services to all people who needed it whether or not they possessed the money to pay for it. The intervention seemed, unlike any other, to solve so many problems at once.

There are varied experiences, interpretations, philosophies about the nature of drug use. The soundest fundamental notions about drug use are those based on some acceptance of genetic susceptibility, which varies by drug type, family characteristics, values, stress, and other contextual factors that influence a person's desire and tolerance for that drug. Addiction involves the brain if it involves anything. It is at least at some point pleasurable, engages that person, or is perceived to be functional in some other specific way. A person's perception of the best drug reduction policies often depends to a large extent on their visions of free will. However, it is safe to say that whatever might be argued about free will early-on in a person's experimental stage of drug use, when use is continued for some time, the brain's chemistry changes.

Free will is then, without a doubt, substantially diminished.

"Diminished free will" does not mean people cannot recover, and in fact treatment has been found to be effective in reducing substance use for extended periods—even life. It is therefore a fact that when what once resembled free will becomes more akin to a biologically-based mental health/ medical problem, we should approach it from a medically and behaviorally scientific position. In the last several centuries, there has been a gradual enlightened movement away from criminal punishment for having mental health problems. At the bottom of a treatment-on-demand effort is the hope that civilization will one day possess more advanced thinking about drug addiction and its treatment. Until then, we continue in this nation to fall back on the default of incarceration, and in our society's efforts to stop drug use, we inadvertently perpetuate the cycle of use and criminal recidivism. By exposing chronically ill populations to the stressors and regressive psychological interventions of incarceration,

and branding individuals with their own criminal records, a heavy weight persistently presses against upward mobilization and a stable sense of wellness.

With more African American males residing in prison than attending college, and with African American females taking the forefront as the most rapidly growing incarcerated group (Cook County jail now has three generations from the same family—daughter, mother, and grandmother—all incarcerated due to drug-related crimes), racially-disparate incarceration is a national reality. A healthcare policy frame for drug problems rather than imprisonment is our most auspicious path. One potential solution is diversion, or providing treatment rather than incarceration for individuals arrested for non-violent, drug-related crimes. The scientific jury is still out on California's referendum-initiated diversion program, Proposition 36—a great statewide experiment. However, economically, while the initiative was expected to save over \$300 million for the state in its first three years, it unexpectedly was found to save \$279 million in the first year, in savings from incarceration alone.

Treatment-on-demand does not require mandating a person to treatment and from a more prevention perspective it does not “wait around” for people to commit drug-related crimes. Instead, it seizes upon a pre-existing readiness for treatment for those who have “hit bottom,” been encountered with an unexplainable epiphany, or dragged to treatment by family members. The varied circumstances that bring a person to treatment should serve as a societal warning that it is time to act—to not just open treatment doors, but to congratulate individuals on their fortitude to accept help. When a person is turned away from a serious healthcare treatment option due to a lack of funds or insufficient insurance, an opportunity is missed. The person ignored on the waiting list is likely to commit a crime to get money, subsequently become incarcerated, causing oftentimes severe harms to family, friends, and strangers in the process. Then as they remain stigmatized and criminalized on their release, securing employment will be difficult. The cycle of recidivism and use could and often does continue perpetually.

There are forces that have no desire for systemic change. They have a vested interest in slowing societal transformation from incarceration to healthcare. People profit handsomely from the prison industry, some are emotionally satiated by a justice that demands retribution for violations against their values. They want people considered dangerous “off the street,” and they want to stamp out future crime through

feat. Moral arguments tend to persuade these individuals little. However, attention to the economics of treatment can. In these cases, it is better for the advocate to avoid conversation about the moral distinctions between crime and healthcare and discuss the relative cost-effectiveness of healthcare versus incarceration approaches. While there are those who would incarcerate drug users at any societal or personal cost, the majority of citizens anywhere have no desire to spend substantial portions of their incomes on incarceration. Many people in this category mistakenly believe that increasing healthcare will increase taxes. That is why the referendum is as much of a public education campaign tool as it is a mechanism for legislative change.

The very concrete goal nevertheless was to expand treatment slots for residential services. That treatment-on-demand was the most important, most precise initiative, was confirmed through town hall meetings with those in recovery and those considering recovery. Polls had suggested that people in the state generally favored treatment over incarceration. Treatment-on-demand, which eliminates waiting lists, would simply get more people treatment at the very time they were seeking it. The harms created by waiting lists is most evident when pregnant women are turned away from treatment because they lack insurance, despite well-known findings that fetal alcohol syndrome is the most preventable form of intellectual disability. If that does not strike one's heart morally, it might help for them to know that it costs the state, over the life of a single person born with this condition, over \$1 million. The severity of this waiting list problem nationally is evident in a social experiment conducted by a researcher at the University of Wisconsin who phoned treatment centers stating that he had a heroin problem. Of the twenty-some treatment centers he called, only a few answered the phones, many did not even have voice mail. After 14 days, only a few calls were returned notifying him that no beds were available—but they had placed his name, they told him, on a waiting list.

Some critics in their efforts to deny the need for more treatment availability argue that most drug users do not seek treatment, they seek drugs. If this is true, and there is data on the fact that most people diagnosed with drug

dependence and abuse do not seek treatment, we must admit that it is even a greater failure of a society that it cannot provide the treatment that is requested when it is requested. Furthermore, the majority of individuals that do not seek treatment avoid it due to the stigma, because it is too expensive, it is hard to find, and they have little faith in the treatment system.

CATCH's plan to reduce addiction in the state included two steps: 1) Through adequate care, bring down the waiting lists until they were almost non-existent; 2) Once the waiting lists were taken care of, to target, through public health and information efforts, those who had been avoiding treatment.

As a social and public information effort, the referendum was designed to reduce the stigma associated with addiction and its recovery. If more people became aware that services were readily available, and that they would be welcomed to partake in those services, a greater public confidence in the treatment system would be instilled. This would thereby increase the probability that those services would be utilized. If the same cognitive associations between cardiovascular disease and a doctor visit could be formed in the citizen's mind between addiction and seeking treatment—without any stigma-related baggage—the nation would have taken a clear step toward more enlightened, humanistic approaches to

The harms created by waiting lists is most evident when pregnant women are turned away from treatment because they lack insurance, despite well-known findings that fetal alcohol syndrome is the most preventable form of intellectual disability.

substance abuse. The tremendous costs saved (in the hundreds of billions a year nationally) associated with the impact of excessive alcohol and drug use on unemployment, medical issues, fetal alcohol syndrome, crime, and DUI car crashes would arrive through more wisely-chosen interventions, thus avoiding the costs associated with these otherwise inevitable harms.

The advantage the referendum had over legislation was, one: direct psychological access to the people. Second, it was evident that the state, whatever evidence was presented to them, would not act on treatment-on-demand until the issue was backed up with a significant constituent force.

Considerable initial decision-making and some legal work was required prior to the commencement of the six-month signature drive. Refinements in the wording of the referendum itself were a necessity. A decision was made to make the referendum advisory (a people's recommendation) opposed to binding (a legislatively automatic change in law). The ballot would never indicate this distinction to voters. There were clear advantages to the firmness of the binding referendum, but it was thought by the group to be too restrictive and likely to instigate more severe opposition. The advisory referendum, a collective voice of the people, was expected to produce enough weight to influence decision-making in Springfield.

The state ballot, being the original goal, required 320,000 signatures from registered voters. Substantial mobilization would be required. Bi-weekly meetings were held including Saturday signature drives that brought on some days just a handful of people and on more fortunate days, groups of over twenty. Many of the volunteer signature gatherers were currently in recovery homes, some were also homeless, and many were simply interested in keeping busy enough working on a good cause until a form of stable employment arose. A stable cohort evolved, and funds were raised to pay this group of collectors, and, at the very least, to purchase weekly CTA cards for buses and El trains.



The symbol of the CATCH organization.

I sent weekly motivational e-mails encouraging more and more participation and deconstructions of obstacles to the nearly 400 members of CATCH. Tumia sent status updates on the signature count.

It did not take long for the absolute physical size of the state to become evident to the group and the absolute quantity of signatures—in other words, what “hundreds of thousands” physically meant. Geographic distinctions in attitudes were also noted by the group. A request for a signature from a stranger in Chicago could,

for instance, trigger adulation, a hug, or even an extra pen if one's ink was running dry. Outside the city more economic questions were set in the conversations. “How much exactly is this going to cost?” Despite these subjective impressions, in the final November vote, the percentage of affirmative votes in surrounding Cook County was only slightly lower than that in Chicago.

Mobilizing others for signatures drives also became a great challenge as the geographic distance from the Westside grew. When April 2nd, 2004 arrived, the final date for filing the petition sheets to the state, the count of 118,000 signatures was undoubtedly a victory for the group, and yet nevertheless falling short of the required number for the state ballot.

One day during that April, a victory rally was held in Chicago while a van of over 20 boxes filled with petition sheets headed down to Springfield. The hope that remained in the group's mind was that the State Board of Education would be too overwhelmed and understaffed to count the signatures in the days legally allowed to verify and tally the figures.

When the signatures arrived in Springfield and were set side-by-side in large stacks around the primary meeting room, the staff of the whole building came down to observe the work. A director wondered allowed how they had not once caught wind of this effort throughout the year. The look in the employees' eyes made it clear that they too questioned whether or not they would be able to accomplish counting the signatures, particularly with all the other work ahead in this presidential election year. Nevertheless, the staff was generously friendly, pointed out a local grocery store where a disposable camera could be obtained to photograph the stacks, and even offered a delicious Italian Beef sandwich from a birthday party they had the day before.

The critical ten days passed and a hearing was called, again to be held at the State Board of Elections offices in Springfield. Despite a preplanned set of arguments from the recovery advocates, there was evidently little hope for success. Even worse, the state turned down CATCH's request to release the signatures from the state's possession so that the referendum could legally be put on the Cook County ballot.

After the hearing, out in the parking lot, getting ready to head back to Chicago, one of the judges came running out and said, “You can fight this.” “Which part?” was my response. He said, “You can fight this required number. There is no reason why an advisory referendum should require the same number of signatures

as a change in the state constitution.” This is still a vital point, and one that I hope to address eventually. There is no reason that an official, collective voice from the people should require the same Herculean effort as a permanent, constitutional change. Yet, we still had this referendum to deal with, and headed back up north.



CATCH the Recovery Cat

Back in Chicago, when the Congressman was briefed on the outcome, he brushed it off with the back of his hand. He phoned Emil Jones, the president of the state senate, and said, “The people here collected over 118,000 signatures, and we'd like to see it on the state ballot.” Senator Jones said that the referendum could be attached to another bill and thereby get placed on the ballot. Time passed, and the referendum became an addendum on a bill that was otherwise uncontroversial, but one that we realized over time had few signs of moving forward to a vote, and none of the political allies were pushing it too hard.

Tumia had heard from Senator Jones' office that the bill, or rather the addendum, might be too controversial and thereby put Barack Obama's election for U.S. Senate at risk (Senator Obama was then chair of the state senate Health committee and many democrats in the state were particularly cautious to avoid any actions that could be perceived downstate as appearing partisan to the city). According to Senator Jones' office, it was later heard, it was not a time to put this essential U.S. senate race at risk. Taking an alternative strategy, the Congressman phoned then State Senator Obama and told him what was passed on from Senator Jones' office. “Not at all, Danny,” Senator Obama replied. “It doesn't put me at risk at all, I've been behind this [the referendum] from the beginning. I'll call Emil

now.” Despite that success, days passed and no movement occurred on the bill. Then finally the Congressman asked, “Shall we try to put it on the Cook County ballot?”

The Congressman phoned John Stroger, a prominent Cook County politician associated with Cook County hospital and again said, “We have 118,000 signatures, and we would like to see it on the ballot.” Weeks passed and the next I heard about the referendum, it was going to be placed on the ballot.

Minimal campaigning took place prior to November 2nd other than a few door-to-door outings on the Westside. While trying to have an idea run for political office is somewhat similar to having a politician run, there was little energy in anyone left, although a lot of excitement. The referendum was on the last page of the ballot, and the only slogan was “Last page first!”, asking people to vote on the referendum question at the start before they could potentially be worn down the endless list of judges.

As a realist, I had little confidence in the referendum’s ability to win, although I only admitted this to a small group. Tumia and the Congressman held opposite, more optimistic views. I had heard the Congressman quote many times that “Taxes were the price of a civilized society.” While I thought it was best for the referendum to explicitly request money from the state, I worried how the voters would perceive this. They would not know the referendum was advisory rather than binding. When out collecting signatures, I had been told by a significant number of voters that they would not sign—not even for it to be put up for a vote. Did I over represent the number of them in mind due to a saliency bias? I remembered also being told by one resident, “It doesn’t matter if it will save taxpayer money, I’ll gladly pay anything to have the bastards in prison.” I had seen and heard through the media the Bush administration proffer the scarecrow of higher taxes as an entity only slightly less than Iraq and North Korea.

On the night of November 2nd, I had watched on the television, like every American, the red and blue states being counted (interspersed with a few of my son’s cartoons). I had fallen asleep eventually, feeling dissociated and tired (also

like many Americans). At two in the morning, I received a call from Tumia at the new U.S. Senator Obama’s victory party. She asked me to get our counts on the internet. I checked the Chicago site. I checked the surrounding Cook County site (they are in different election jurisdictions). I added up the figures and obtained the percentages, several times, and then once again. We had clearly won by a large majority. I told her, and I heard celebratory yelling in the background, and was told that the Congressman was already being approached by NPR.

The events that followed from November 2nd to the present are content for a whole other narrative. All that mattered then was that the people of Cook County voted for either Bush or Kerry, Obama or Alan Keyes, and on that day they either voted for or against the

referendum. When they made this latter choice, they made it without regard to the referendum being advisory. Treatment-on-demand was what they wanted, but the work had just begun, and the future of the process remains uncertain. Nevertheless, taking a strengths-based approach to the definable positive effects, all of which occurred along the way:

1. Mayor Daley and Chicago approved a citywide resolution for treatment-on-demand.
2. The referendum was the cover story on the Chicago Reader.
3. The state office of substance abuse sent quiet support prior to the win, but now can be strong, open supporters.
4. Join Together, one of the largest public health organizations in the country in support of recovery, held a conference in Chicago because of the referendum work.
5. Faces and Voices of Recovery, the largest organization of people in recovery will hold an all day activist and legislative training in conjunction with Wellstone Action using the Illinois referendum as one of two central exemplars.
6. 118,000 citizens of Illinois thought more deeply about treatment-on-demand, signed their names to a petition, allowing 1.2 million to punch their ballot in support of this issue.
7. Linkages of treatment organizations were substantially strengthened throughout the state.

8. U.S. Policymakers, treatment organizations, some in recovery, others not in recovery, all worked side-by-side collecting signatures.
9. The referendum received other national recognition, and the Congressman plans to introduce a federal treatment-on-demand bill.
10. The stigma surrounding treatment was worked on, one signature—one mind—at a time.

It is this last benefit, the potential reduction in stigma that was a primary drive behind the referendum, and equally as important as any funding increases that may come about. Beyond all else, people would talk about treatment-on-demand. They would have to in order to get signatures. People in recovery and people not in recovery would practice their language and refine their thoughts about why treatment-on-demand was the right choice for the state and for the nation. People’s norms about addiction as a treatment rather than incarceration issue were changing, at least we hoped, one signature at a time. Political change is psychological change. Community change, human change, it is all psychological change. The referendum is a fine tool to change larger entities by changing individuals. If legislative change comes, it is just icing on the cake.

If any one is interested in taking on such an effort, and I effusively encourage it, I am happy to provide any advice I can about any step of the process. Please contact me. More information about the referendum, including a social and economic report on treatment-on-demand, can also be found at www.recoveryinillinois.org.

DISABILITIES ACTION

By Dot Nary
dotn@ku.edu

It has been my pleasure to chair the Disabilities Action Group (DAG) of SCRA for the last two years and to edit the Disabilities column for The Community Psychologist. Welcome to the new chair of DAG, Fabricio Balcazar, who has contributed much to the field of action research in the area of disability and who I had the pleasure of meeting at my first SCRA Biennial in 1997. Thank you to the Associate Editors of TCP that I have worked with – Paul Flaspohler and Mona Amer—for their patience and encouragement to ensure that the DAG is represented in each issue of the TCP.

Too Late to Die Young: A Recommendation

Harriet McBryde Johnson's book titled, "Too Late to Die Young: Nearly True Tales from a Life" is filled with stories of and from her life that seem to contradict the expectations most people would have of a child born with muscular dystrophy, one of "Jerry's Kids." Yet with excellent prose and dry wit, Johnson uses her memoir to refute the stereotype of "tragedy" of her life—a stereotype that is a common barrier for people with disabilities.

The book's title comes from her realization early in childhood that she was expected to die. She set markers based on this figuring, "well, I might as well die a kindergarten", right up to completion of law school thinking, "I might as well die a lawyer." But like contemporaries with disabilities, whose parents were told by the medical community to "take them home, and love them until they die—it will be soon"—Johnson didn't die. She survived and constructed a life using her innate intelligence, determination, and joie de vivre—in the context of a society that had few expectations of her and for her.

Johnson's tales of her life are anything but the story of a dying person, given her work as a solo practice lawyer addressing issues of poor and working people with disabilities; a trip to an international disability rights conference in Havana; experience as a delegate to the Democratic National Convention; her public debate with philosopher and ethicist Peter Singer regarding the value of lives like hers; her contributions as a New York Times Magazine writer; and numerous other experiences. Given this content, it is interesting that one Internet bookseller perpetuates the disability stereotype by placing the book in the "Medicine, Health, and Illnesses" section.

In fact, given Johnson's stories, it can be difficult to keep in mind the severity of her physical disability as she relates some of them. She describes her own body as follows:

"At age fifteen, I threw away the back brace and let my spine reshape itself into a deep twisty S-curve. Now my right side is two canyons. To keep myself upright, I lean forward, rest my rib cage on my lap, plant my elbows on rolled towels beside my knees. Since my back-

bone found its own natural shape, I've been entirely comfortable in my skin."

This comfort with her own body; as well as her strong views as a feminist, an atheist and a longstanding activist for social justice, emerge very clearly in her prose.

This comfort with her own body; as well as her strong views as a feminist, an atheist and a longstanding activist for social justice, emerge very clearly in her prose. And amid the "stories" of her life, Johnson tells some truths that are sobering. For example, she clearly describes and reflects on Singer's belief that it would be better for society as a whole if parents had the option of killing babies with severe disabilities, so that they could try again for a healthy baby; as well as his belief that in some circumstances it should be lawful to kill, at any age, individuals with severe cognitive impairment.

"He thinks the humans he is talking about aren't people, aren't persons," she writes.

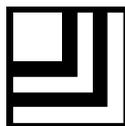
And there is the power of her story. Despite the powered wheelchair, the tiny, fragile body, and the significant societal barriers that she regularly faces, Johnson is an empowered, healthy person, living life with exhilaration and intention.

As she asks her dad, "Am I really the kind of person who makes everything into a big battle? Am I so difficult?"

"Oh, no," he replies. "You're easy to deal with. As long as you get exactly what you want and no one gives you any shit."

My personal response: Go, Harriet!

What does this book have to do with community psychology? Johnson's story could be considered a great example of empowerment, of pure determination to be an equal citizen. It could be a model of activism, to change and create community despite significant barriers. But perhaps it is most useful as a reminder that accommodating diversity should be regarded not as an inconvenience but an opportunity—for all.



LESBIAN/GAY/BISEXUAL/ TRANSGENDER

Collaborative Community-Based Research as Activism: Giving Voice and Hope to Lesbian, Gay, and Bisexual Youth

Gary W. Harper
DePaul University
gharper@depaul.edu

Bianca D. M. Wilson
University of Illinois at Chicago

Omar Bashir Jamil
DePaul University

Collaborative research between community-based organizations (CBOs) and academic institutions is a vehicle through which researchers can engage in critical forms of activism. This is especially true in working with agencies and organizations that serve individuals who experience varying degrees of oppression and marginalization in our society. Serving as liaisons between grassroots activism and academic power structures, researchers have the opportunity to give voice to those people and communities who often have no mechanism for expressing their concerns in scientific, academic, and policy arenas. One such group of people that often experience societally-imposed silence is lesbian, gay, and bisexual (LGB) youth—both because of their sexual orientation and their status as youth. Our research team has been attempting to use our collaborative research as a way to raise awareness of the issues that confront LGB youth (for both LGB agencies/ individuals as well as straight allies), provide LGB youth with a sense of hope and empowerment by giving them a forum for sharing their life stories, and provide organizations and individuals with scientific data that can be used in policy and advocacy campaigns.

Raising Awareness in the Academy

Conducting LGB youth research in traditional academic institutions can become a way to inform and educate faculty, staff, undergraduate students, and graduate students about issues confronting these youth and raise awareness of the need for activism. We can accomplish this work through formal presentations and colloquia at academic institutions in which we describe the foundations of LGB research initiatives, including rationale for the work. Additionally, educating undergraduate and graduate students about community based LGB

research through guest lectures in undergraduate and graduate classes, involving undergraduate and graduate students in LGB youth research, and mentoring graduate students provides multiple opportunities for students to learn about the societal level barriers that LGB youth face. This process is bi-directional, as graduate and undergraduate students can also contribute to the research through their own personal experience and insight.

These efforts can have both short-term and long-term effects. In the most immediate sense, individuals in the academy who may not typically think about or address the issues of LGB youth will be exposed to presentations by faculty, staff, and students (theses/dissertations), thus raising their awareness. With regard to long range impact, continued scientific programs of LGB youth research, publications, presentations, theses, and dissertations can serve to create a cultural norm within our educational institutions and disciplinary fields at large where such research is legitimized and viewed with greater respect. This form of academic activism and institutional cultural shift then opens the door for more LGB-identified undergraduate and graduate students to attend the institution since it will be perceived as an affirming environment. By increasing the number of LGB students in these institutions, we then increase potential for more student research on LGB youth issues.

Providing Space for LGB Youths' Expression

Participating in research may have an immediate positive impact by offering the youth a venue for self expression that often results in feelings of empowerment and hope. In particular, qualitative and mixed methods research can provide unique spaces in which underserved and under-researched young people may talk about their life issues through narratives and stories that are not bound by the constraints of traditional heterosexist quantitative measures that tend to dominate the adolescent and LGB adult research canons. In this context, the thoughts and perspectives of LGB youth are solicited, and hence validated. In our own work, participants have been very excited to hear that a focus of our study is to understand their own unique experience as LGB youth. After completing in-depth qualitative interviews, some have expressed that they have not been asked questions like this before and that the experience was useful because it made them reflect further on their experiences and how they see themselves. Using this more emic approach to research also offers potential long range impacts by

highlighting new areas for investigation that are based on the current lived experiences of youth (as opposed to retrospective reports of adults) as well as data that can help to inform interventions, community programs, and policy/advocacy efforts.

Capacity Building for Change

By forming mutually beneficial collaborative relationships with CBOs, researchers can share existing science-based knowledge and research. These organizations can then use scientific data as evidence for the need for their policy and advocacy efforts. The data can also serve to inform and guide the work of the agency itself, through the dissemination of information from the researchers, and later receipt and integration of information by the agency. Research regarding LGB youth experiences, beliefs, and behaviors may provide a catalyst to subsequent critical dialogue among youth and adult organizers about the state of the community. Just as the interview process often encourages youth to reflect on themselves as individuals, the data dissemination process may encourage whole communities to reflect on their current practices and beliefs as a collective. Sparked by new information about the community, this type of critical dialogue and community reflection is an important first step to community-driven social change. Collaborative research initiatives can play a key role in this process and ultimately increase the capacity to develop informed social change agendas among organizations and community groups.

In addition, researchers can help to build the capacity of CBOs by conducting educational sessions and trainings on the development and use of research tools, including key methods used to evaluate the efficacy of their initiatives. Given the "moral" nature of some LGB-related policy discourse, the advantage of possessing research-focused data is that this scientific evidence can be used by CBOs in their policy/advocacy effort, thus making it more difficult to refute with emotion-based arguments. Particularly when addressing issues that impact youth, a scientific understanding of developmental factors, as well as the credibility of scientific disciplines such as psychology in providing information about developmental issues, is key in making arguments about policies that positively impact LGB youth.

In sum, researchers are in unique positions to affect social change within their academic institutions and within community agencies that benefit LGB youth. Through openly conducting LGB-focused research, we can raise awareness in educational institutions and in various disciplinary fields through sharing our

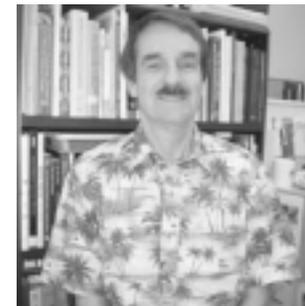
work in presentations and publications. Additionally, the process of engaging in research for LGB youth has the potential to be personally cathartic and empowering for the young people who participate in our studies. Finally, the products of LGB research can be used by CBOs and activist groups for making the case for their critical social change efforts.

LIVING COMMUNITY PSYCHOLOGY

*edited by Gloria Levin
g-levin@comcast.net*

Living Community Psychology highlights a community psychologist through an in-depth interview that is intended to depict both personal and professional aspects of the featured individual. The columns purpose is to offer insights into community psychology as it is lived by its diverse practitioners.

**Featuring: Peter Dowrick, Ph.D.
Professor of Disability Studies
University of Hawaii at Manoa**



While many community psychologists can speak of their nontraditional journey to a community psychology career, Peter Dowrick also took a geographical journey

around the globe to pursue his career. Born and educated in New Zealand (NZ), Kiwi Peter lived in London, Alaska, Philadelphia and now Hawaii, but plans to eventually return to his homeland to live.

Peter's father (age 53 at Peter's birth) and his mother (age 40) had to leave school at 12 and 14, respectively, for economic reasons. Says Peter: They were both intelligent, well-read people who believed that education was important. They valued that NZ became a socialist country that made free public education, including university, available to everyone. His father was a highly skilled plumber who wanted his four sons to become engineers. All the sons got university degrees, and the first two became successful engineers.

Raised in Tauranga, NZ, a small city less than 150 miles from Auckland, Peter had led his

peers in minor pranks at his local school, annoying his teachers. Viewed as insufficiently challenged, he was sent to a boarding school in another city where the academic standards were far more rigorous. The school had 1,200 students, 90 of whom, like Peter, were student-boarders. His studies had come easily in the past, but now he had to buckle down. "I absolutely hated boarding there; it was a nasty, old fashioned, strict, repressive environment."

Although attracted to writing and theatre, Peter followed the path of least resistance in university, by studying math and sciences which seemed more useful for getting a job and came easily to him. With a double major in pure and statistical mathematics, he received a scholarship from IBM for his university studies. After earning his B.Sc. from Victoria University of Wellington, he joined IBM for two years, working as a top computer programmer in commercial applications. "At the end of my second year, I decided that people were more interesting than machines and that I was going back to the university to study psychology".

Peter took off for London on his OE, or overseas experience that is common among young New Zealanders wanting to see the outside world and traveling 6 months to two years. This is accomplished with little money and few resources except for some contacts and ingenuity.

He returned to NZ for a masters degree program in human experimental psychology, largely concentrated in the field of visual perception. After obtaining his MSc, he briefly returned to Europe but again returned to NZ, to Auckland University. He was a research assistant at Auckland's medical school in the Department of Psychiatry working in pediatric psychopharmacology with John Werry who was one of the top child psychiatrists in the world. Dr. Werry encouraged Peter to proceed toward a Ph.D., but he was disenchanted with experimental psychology. "People would study the speed of the right hemiretina of the eye transmitting to the left hemisphere of the brain for upside down words in Yiddish, or something like that. Very narrow and specific with little practical applicability". Studies for a Ph.D. in NZ primarily involve writing a post-masters dissertation in any discipline, as defined by the faculty you work with and the topic of study. Four doctoral students decided to do their dissertations with the same supervisor, John Raeburn. "We met on Friday afternoons, cracked open the sherry bottle and brainstormed". Two of the dissertations were in the community, so the study group read early

community psychology writings from the U.S. They developed their own exquisite model of community responsiveness which has been the foundation for much of his later scholarship. Peter's dissertation evolved from a hospital setting to schools and agency settings, working with children with physical disabilities.

At this point, serendipity intervened. A fellow student, before leaving town, left Peter a brochure, with a note: "I thought this might interest you". It was for an annual behavior modification conference in Banff, Alberta, Canada, focused on the topic of his dissertation, children with disabilities. "My colleague's intention in leaving the brochure was for me to write to the keynote speakers for information. But I thought he meant that I should go there and present my work! So I sent them an abstract for a paper to present. I got a telegram back saying my paper was accepted". Peter found sponsors who paid for his trip and learned that, for the same cost as a round trip ticket to Calgary and back, he could get 5 stopovers anywhere in North America for 27 days. So he visited people who later became influential in his life, including Albert Bandura at Stanford,

There are 250 villages in Alaska that have no access by road where you have to go by boat if not iced in or by small plane or snow machine or sled dogs. There are extreme conditions of living and surviving and therefore, for providing services, in Alaska.

as well as Todd Risley, one of the founding fathers of behavioral analysis. He was impressed by North American positivity, the receptiveness with which people would listen to new ideas. Everybody responded to my ideas as fresh, creative and tantalizing.

Peter could find no worthwhile faculty vacancies in NZ so looked elsewhere. A major Auckland newspaper announced on its front page his leaving NZ, as an example of NZ's brain drain during an exodus of 20,000. A famous cartoonist penned that the last one to leave the country should turn out the lights. After completing his doctorate, he sought North American employment. Having a grandfather born in Britain, he was literally grandfathered so he could work there, akin to having a green card in the U.S. Back in London, where one of his brothers lived, he applied for jobs in the U.S. Typically, there would be 300 applicants for an assistant professor position. "I applied

for anything that I thought I could do." Someone he had met at the Banff conference informed him of an assistant professor job in Anchorage, Alaska. Only 50 people applied for the Alaska job, not 300. "In those days, the oil industry was booming so they paid for me to fly from London to Anchorage to interview. They made me promise on a handshake that I'd stay for at least 2 years because the last 3 people who held the position had left after one year (i.e. one winter)".

Peter found the Alaska job to be both a delight and stressful. Delightful because the students were highly motivated, being older and with life experience. But he admits to having a shockingly difficult first year teaching because he was unfamiliar with the American model of higher education which demands many more contact hours with the instructor in the classroom than was the case in NZ or England where lectures were fewer and quite often ignored. It felt like a high school model for teaching university level content. The degree of independence given the students was such a contrast to their self sufficiency. He taught 29 different courses in his 13 years in Alaska, only

one of which he had ever taken a class in. Thinking this job would be a stepping stone to the Lower 48 at a big university with a doctoral program and an academically richer set of colleagues, he found himself almost as isolated from the bigger academic world of psychology as he had been in NZ. At the time, no conferences of any significance were held in Alaska. Peter calculates he spent \$10,000 a year of his own money on travel to conferences in the Lower 48. It was an investment in my future and showed the importance and difficulty of maintaining connections when at the University of Alaska because it was so far away.

However, every time he was ready to leave Alaska, something would come up that was just too good not to participate in. This kept happening over and over again. He kept finding opportunities to develop community-based disabilities programs. In addition, Peter recruited Todd Risley, from the University of Kansas but born and bred in Alaska, to a tenured full professor position in psychology. Together, they changed the face of disabilities services in Alaska. Peter became department chair and began to be funded for systems change, having access to a unique population and environment. There are 250 villages in Alaska that have no access by road where you have to go by boat if not iced in or by small plane or snow machine or sled dogs. There are extreme conditions of living and surviving and therefore, for providing services, in Alaska.

With the help of federal funds, Peter was instrumental in the founding of the Center for Human Development which he considers his major accomplishment in Alaska. From the late 1980s, States were moving people with disabilities into the community from institutions. Alaska was one of the first States to divest itself of any institutions for the disabled, investing instead in good community-based services for people with disabilities who otherwise would have been institutionalized. Peter was a key actor in that services transition in Alaska.

Although he is a member of several professional associations, within psychology, community psychology has become his primary identification. He became a Fellow in the American Psychological Association in 1999 through nomination by Division 27/SCRA. He sees community psychology and disability studies as a perfect match, both involving issues of inclusion, participant observation, and empowerment for disenfranchised people. Peter and Chris Keys published what the field of disability studies has to offer community psychology and vice versa, in a special issue (2001) they co-edited for the *Journal of Prevention and Intervention in Community*. However, he says, "in some ways, I'm a misfit. Either community psychology isn't quite right isn't what it could or should be or I'm just a misfit anyway. When you've traveled as much as I have and lived in as many places as I have, and you've had as many different types of affiliations as I've had, you become a citizen of the world but not of anything smaller than that. Somehow, you don't belong anywhere".

Over the course of his 13 years in Alaska (including sabbaticals at Johns Hopkins and Stanford), the price of oil plunged in cycles. In particular, in the mid-1980s, the State government, at that time 90% funded by oil revenues, cut the University budget in half, two years in a row. In 1993, the University of Alaska, still limping from state budget cuts, offered early retirement incentives for faculty with more than 10 years in the system. Peter qualified although he was only 50 years old. His department nominated him as professor emeritus. I became the youngest ever awarded professor emeritus in the Alaska system, he proudly asserts. In the same year, he obtained a position at the University of Pennsylvania School of Medicine, recognized as one of the top Ivy League universities.

Despite all his prior moves, he found Philadelphia his greatest cultural adjustment. He was hired to help achieve a funding mandate in the children's rehabilitation hospital, Children's Seashore House, to be more

community oriented in the delivery of services and in staff attitudes. However, he learned that the university and hospital staffs did not understand true community involvement; they thought occasional community health screenings would suffice. He also felt pressured to bring his Alaska methodologies with him to Pennsylvania, without any recognition that those programs had been designed for the unique Alaskan context. By 1997, he was again in the job market. Ironically, at the end of his Pennsylvania stay, the work in the community started to blossom, and the staff started to understand the community concept.

Peter was determined to find a job location that would be no more than one plane ride away from New Zealand. Although his parents had long ago passed away, he wanted to be as close as possible to his now-aging NZ-based siblings. I'm the youngest, and my siblings are up to two decades older than me. He looked for positions on the West Coast of the U.S., but found one even closer to NZ, at the University of Hawaii at Manoa that he joined in 1997 where he is now Professor at the Center on Disability Studies. He calls his University of Hawaii experience fantastic. "We've pulled in grants hand over fist. If you count what I got for school districts, I've been pulling in grant money each year of over \$1 million to \$3 million". Again, he has had to invest time and energy and thousands of dollars to stay connected, meeting Federal grant officers and attending conferences, unlike in Philadelphia, where he could just catch the train to Washington, DC. Peter gave up tenure and regular teaching several years ago and chose to support himself full time with external funding.

He views his ideal potential situation as being funded by grants for programs built around the theme he has developed over the years. "I believe I have a much more significant contribution to make, and that I'm nearing a tipping point in many respects. A theory of learning that applies to communities as well as individuals. A way of looking at the world that can make a contribution to theory and to practice. I'd like to see ahead of me 5 years of significant empirical research while giving me the breathing space to publish theoretical papers that I think are important".

Peter maintains his NZ citizenship out of pride in his homeland. Over the years, he has tried to find an academic position there, but was unable to find the right fit. He concedes that his current location provides him the best current opportunity for achieving his career goals. Nevertheless, he admits a regret that he has not been able to contribute more directly to New Zealand or to his profession within New

Zealand. "I love my home country. There are many qualities of being a New Zealander that I'm proud of, and I'm very grateful to my country for the opportunities it gave me". He intends to return to NZ when he retires but is likely to do something completely different, such as writing poems and stories. "I would be very happy creating a new career and life for myself doing something else."

Peter Dowrick can be contacted at dowrick@hawaii.edu.

REGIONAL

*edited by Gary W. Harper
gharper@depaul.edu*

I would like to first thank all of the Regional Coordinators (RCs) for their hard work over the past several months. Many RCs have been busy with local SCRA meetings in conjunction with their regional psychological associations, and I would like to congratulate them for the successes they have had in hosting excellent events. I would also like to say "thank you" and "good bye" to Susan Wolfe who served for many years as the only RC in the Rocky Mountain/Southwest Region. Thanks Susan for continuing to represent this region even past your tenure as a Regional Coordinator!

With Susan's departure we currently have no RCs in the Rocky Mountain/Southwest region. So if you live in any of the following states and would like more information about being an RC please contact me for more information (gharper@depaul.edu; 773-325-2056): *Arizona, Arkansas, Colorado, Idaho, Montana, New Mexico, Oklahoma, Texas, Utah, Wyoming*. We also have a vacancy in the Southeast region as well, so if you live in any of the following states and are interested please contact me: *Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia*. In addition, Regional Coordinator positions change in August, so we may have openings in other regions in the near future. Being an RC is an excellent opportunity for early career Community Psychologists to get involved in the society and to make a difference!

I am also starting to work on filling our slots for International Regional Coordinators. We have five international regions including the following: 1) Canada, 2) Latin America, 3) Australia/New Zealand/South Pacific, 4) Europe/Middle East/Africa, and 5) Asia. David Fryer has been a trusted and active RC for Europe, but we have not had much involvement from other regions. If you would like

information about being an International Regional Coordinator, please contact me.

The take home message here is if you live *anywhere*, and want information about being a Regional Coordinator...PLEASE CONTACT ME (gharper@depaul.edu; 772-325-2056)!

We also have some new positions that we are creating to increase the involvement of students in SCRA. Each region will now have two student slots—one for an undergraduate student and one for a graduate student. The Student Regional Coordinators (SRC) will work in conjunction with the RCs to plan and execute regional activities and events. The RCs and I also decided to plan some regional events for the coming year that are focused on increasing the involvement of undergraduate students in SCRA and on educating undergraduate students in general about the field of Community Psychology. Each region will be planning one or two events during the coming year that are specifically focused on educating and involving undergraduate students.

So if you are an undergraduate or graduate student who would like more information about becoming one of our new Student Regional Coordinators...PLEASE CONTACT ME (gharper@depaul.edu; 772-325-2056)!

If you have ideas for projects or activities that you would like to see in your region, please either contact your RC (her/his contact information is listed inside the front cover of *TCP*), or contact me. The current group of RCs is interested in learning how they can best meet the needs of their regions. We recently initiated an RC listserv in order to build a greater sense of community among all of the RCs, and to provide a forum for the sharing of ideas for regional activities. The RCs also have been actively involved in trying to increase membership in each region by distributing SCRA membership applications at events and encouraging individuals to learn more about the benefits of membership in SCRA. If you would like to share any ideas or insights about how to increase membership in your region, please contact us.

Midwest Region

Bernadette Sanchez
bsanchez@depaul.edu

We had a successful SCRA program at the Midwestern Psychological Association's Annual Meeting in Chicago in May! The program was held at the Palmer House from 8am to 3pm. We had 7 roundtable discussions, 4 symposia, and 16 posters on a number of topics, such as the role of context in substance



At the Midwestern Psychological Association's Annual Meeting.

abuse recovery, consultation in the community, researcher-participant relationships, youth mentoring, program evaluation, and consultation. Afterwards, about 30 of us went to the Bergoff Restaurant for some drinks, food, fun, and conversation. It was a great time! If you didn't make it this year, we hope to see you there next year.

Northeast Region

Rhonda C. Boyd
rboyd@mail.med.upenn.edu

Cindy Crusto
cindy.crusto@yale.edu

Tiffany Townsend
tgt1@psu.edu



Northeast Regional Coordinators, (l-r) Tiffany Townsend, Cindy Crusto and Rhonda Boyd

The Northeast region enjoyed a very informative and successful year. Our pinnacle event was the SCRA program held at the Eastern Psychological Association (EPA) conference, which took place in Boston, MA on March 11, 2005. A keynote address was given by Jean E. Rhodes, Ph.D., Professor of Psychology at the University of Massachusetts, Boston. Dr. Rhodes, who is a very engaging speaker, gave an enlightening talk on mentoring entitled "*The Risk and Rewards of Mentoring Today's Youth*." Her address highlighted the extraordinary benefits of mentoring relationships, while also exposing the risk of harm that

unsuccessful relationships can render. In addition, Dr. Rhodes emphasized the ways in which her work can and has informed interventions and policies that address the needs of young people. Her keynote address was just a thumbnail sketch of the leading work she has done in this field. In fact, Dr. Rhodes has written extensively on the role of mentors in promoting positive developmental outcomes among children and adolescents. Her book, *Stand by me: The risks and rewards of youth mentoring*, was published by Harvard University Press in Spring 2002.

The day started with a paper session, which addressed the contextual and economic factors in community research. Specific paper topics included the use of HLM in community based research, reconciling the pull between community empowerment and rigorous science, examining the role of academic achievement in financial support and involvement of African American fathers, and the evaluation of services to individuals who are homeless.

Our final session of the day was a panel discussion, which addressed applied careers in psychology. The goal of the panel was to identify career options available for those students and budding psychologists who are community minded and interested in affecting social change. In addition, the panel provided very practical steps to help those interested in establishing an applied psychological career following graduation.

We also contributed posters in areas such as substance use, HIV/AIDS and teen pregnancy to EPA's midday poster session.

Overall, it was an exciting and successful program that represented the varied and significant work that community psychologists have been participating in within our region. We would like to thank all of the presenters and participants who helped make this year's SCRA program a success. We would also like to extend a special thank you to our keynote speaker Dr. Jean E. Rhodes. In the fall, look for our call for submissions as we plan for SCRA's 2006 program at EPA that will be held in Baltimore, MD in March 2006!

This program was organized by the 2004-2005 Northeast Regional Coordinators: Rhonda Boyd, Ph.D. (University of Pennsylvania School of Medicine and the Children's Hospital of Philadelphia), Cindy Crusto, Ph.D. (Yale University School of Medicine), and Tiffany G. Townsend, Ph.D. (Penn State University).

Southeast Region

Joseph Berryhill
jberryhill@unca.edu

Sherry L. Hamby
sherry.hamby@unc.edu

Sherry Hamby attended the Sandhills (NC) Regional Psychology Conference in April and worked on recruitment of new members there.

The Southeastern Eco-Community Conference is scheduled to take place the weekend of October 7-9, 2005. The University of South Carolina is serving as host and is still finalizing

a site. We hope that past participants in the conference – Vanderbilt, Georgia State, NC State, UNC Charlotte, and UVa – will be able to take part. We are extending a welcome to other schools and undergraduate students. A call for papers and other conference details will be available in the near future.

West Region

Ken Miller
kemiller@sfsu.edu

It's been a fairly quiet few months for the Western Region of SCRA. There were several

community-focused posters and presentations at the Western Psychological Association's annual meeting in April, held this year in Portland, Oregon, with good representation of SCRA student and faculty members alike. Also in Portland, SCRA member Tod Sloan, Chair of the Counseling Department at Lewis and Clark College, led the organization of a conference on advocacy and social action, co-organized by Psychologists for Social Responsibility and Counselors for Social Justice. We've got two new regional co-coordinators (Emily Ozer and Elizabeth Thomas, introduced in the last issue of *TCP*) and hope to rev things up a bit for the coming year. Possible ideas include an eco-conference,

CALL FOR NEW U.S. & INTERNATIONAL REGIONAL COORDINATORS and STUDENT REGIONAL COORDINATORS FOR SCRA!



IF YOU ARE A COMMUNITY PSYCHOLOGIST WHO LIVES IN ANY OF THE FOLLOWING PLACES AND WOULD LIKE TO CONTRIBUTE TO THE GROWTH AND FUTURE DEVELOPMENT OF SCRA

THINK ABOUT BECOMING A
REGIONAL COORDINATOR!!

Southwest/ Rocky Mountain

Arizona, Arkansas, Colorado,
Idaho, Montana, New Mexico,
Oklahoma, Texas, Utah,
Wyoming

Southeast

Alabama, Florida, Georgia, Kentucky,
Louisiana, Mississippi, North Carolina,
South Carolina, Tennessee, Virginia,
West Virginia

International

Canada, Latin America, Australia,
New Zealand, South Pacific, Europe,
Middle East, Africa, Asia

- Provide regional leadership and guidance to the processes of membership development, activities, and communication
- Facilitate communication between the membership (directly through the Regional Network Coordinator) and the Executive Committee.
- Regional Coordinators serve for three years.

IF YOU ARE AN UNDERGRADUATE OR GRADUATE STUDENT WHO LIVES IN ANY OF OUR U.S. OR INTERNATIONAL REGIONS AND WOULD LIKE TO CONTRIBUTE TO THE GROWTH AND FUTURE DEVELOPMENT OF SCRA

THINK ABOUT BECOMING A
STUDENT REGIONAL COORDINATOR!!

If you have any questions about these positions, please contact Gary W. Harper
(phone: 773-325-2056; email: gharper@depaul.edu).

and a revamping of the Bay Area Community Psych Network (BACPN). The BACPN has been an interesting experience—energy and enthusiasm were quite high for the first couple of years, but have waned somewhat. We opened up the group to community researchers and practitioners in other disciplines (anthropology, public health). While this has enriched the discussions, it may have lessened the sense of identity and community that was originally very strong when the meetings were attended by self-defined community psychologists and students in community and community-clinical psychology programs. We will also be revisiting our format to evaluate if informal academic presentations and discussions – which worked very well initially – still make sense as a format. We'll probably put a post up on the SCRA list-serv to get some feedback on how folks in other cities have done their community psychology gatherings – any ideas and suggestions would be welcome. Any of you interested in participating in BACPN meetings next year should contact Emily Ozer at eozer@berkeley.edu.

Community Psychology News from Europe

David Fryer
d.m.fryer@stir.ac.uk

An international conference, *Community Work and Family: Change and Transformation*, took place at Manchester Metropolitan University, England from 16th - 18th March 2005. 250 delegates from 25 countries participated in practical workshops, roundtable discussions and attended lectures including ones by invited speakers: Maritza Montero, Professor of Social Psychology, Universidad Central de Venezuela; Isaac Prilleltensky, Professor of Human & Organizational Development, Vanderbilt University, USA; Julia Brannen, Professor in the Sociology of the Family, Institute of Education, London; and Ivan Lewis MP, Parliamentary Under Secretary at Department for Education and Skills with responsibility for skills and vocational learning.

Community psychology was also well represented at the British Psychological Society Quinquennial conference, *Psychology for the 21st Century*, held 30 March – 2 April 2005, also in Manchester. Members of Daisy Bank Tenants' and Residents' Association and community psychologists from Manchester Metropolitan University, Carolyn Kagan and Rebecca Lawthorn, ran a collaborative workshop entitled 'partnership working in community settings'. This took the form of a short arts presentation by the residents' group followed by a discussion about the sharing of

experience around participative and creative ways of working. Rebecca Lawthorn, of Manchester Metropolitan University, convened a symposium entitled 'community psychology: an empowering psychology for the 21st century', at the same conference. This demonstrated a value based approach to promoting social justice and empowerment by working alongside marginalised people. Presentations addressed: the impact upon employment, resettlement and integration of internet usage by women refugees (Siddiquee); community and societal participation in adults aged 75-90 living within community settings in a variety of European countries (Sixsmith); narratives of how community psychological practice works over time (Knowles); a case study of students, tutors and residents within a community setting (Lawthorn); and evaluation of a community arts project aimed at improving well being (Kagan).

A 3 day seminar, entitled "Participation and Relationship in the Urban and Regional context. Tools and Methodologies for Local Empowerment", will take place in Naples, Italy between 15-17 September, 2005. The aim of this seminar is to consider and tackle problems arising out of the interaction between local and global development. The seminar is being organised on behalf of the European Network of Community Psychology, the Identity, Community and Sustainable Development Research group and Euromedcity -Fondazione Laboratorio Mediterraneo and Maison de la Méditerranée. The seminar will include the launch of a legally constituted European Community Psychology Association (ECPA) and the election of its Committee. The meeting will take place in the Maison de la Méditerranée, Naples, and Vesuvian Villa, Herculaneum. The fee will be • 80 (students • 30). Two sessions will have simultaneous translation (Italian-English) and all others will be in English. Further details can be obtained from the organiser Professor Caterina Arcidiacono (caterina.arcidiacono@unina.it).

Finally, Dr Serdar Degirmencioglu, Associate Professor in the Department of Psychology at Istanbul Bilgi University, Istanbul, Turkey (and SCRA international member) has just been elected President, for a two-year term (2005-2007), of the Unicef Regional Network for Children in Central and Eastern Europe, Commonwealth of Independent States and Baltic States, which ranges from Albania to Tajikistan, and to Latvia in the north, and brings together children's rights coalitions from 23 different countries.



SCHOOL INTERVENTION

Edited by Milton Fuentes and Jane Shepard
fuentesm@mail.montclair.edu
jshepard@theconsultationcenter.org

Diversity-Based Learning, Achieving Multiple Standards

Peter W. Dowrick¹
Bonnie Kahape'a²
Neil McCulloch²
JoAnn W. L. Yuen¹
Natalie Crespo¹

University of Hawai'i and Halau Ku Mana
Public Charter School

When indigenous peoples are stripped of their culture, language, and educational traditions, they often fail in the systems imposed by dominant foreigners. Traditional learning restores honor, pride, and self-efficacy. Project-based learning, we also argue, supported by a constructivism approach, frequently re-engages at-risk youth in education. This article provides an example, reflecting a community psychology approach to an educational task.

Students of Polynesian cultures have the poorest outcomes in Hawaiian schools (Deering, 2001) and in Aotearoa New Zealand (Phillips, McNaughton, & MacDonald, 2004), compared with other ethnic groups. Polynesians are indigenous to these nations, and now comprise about 30% of their populations. Cultures of English-speaking European origins have dominated these islands over the last 150 years. Hawaiians, Maori, Samoans, and Tongans are the most disproportionately over represented in juvenile adjudication and school drop out statistics in these locations. The most exceptions have been produced in private schools, not necessarily designed just for Polynesians, but with pedagogy more compatible with the culture(s) (Tharp & Gallimore, 1988).

Many students who get along poorly in regular public schools seek alternatives. For example, Halau Ku Mana PCS (name used with permission) is a public charter school (middle and high) in Hawai'i with almost 100 students. Over 20% are classified special education and all have 'special needs' (low income families). According to principal Keola Nakanishi, virtually all students and their parents were unsatisfied with their previous schools and thus are arriving at Halau Ku Mana several grades behind in reading and math. He expects 90% could be classified for special education if the parents were willing.

Halau Ku Mana PCS provides education entirely on the basis of Hawaiian cultural activities, using the settings of traditional seafaring (wa'a or canoe), horticulture (lo'i or taro patch), fishpond aquaculture (loko i'a), and ancient dance (hula kahiko). Students spend 2 days in the field and 3 days in the school building. The result is intensive 'project-based learning' as it would now be called, although it has come into being simply as derivatives of 'traditional,' that is, Hawaiian indigenous teaching. For example, the wa'a students may spend a day judging wind speed and direction, and plotting a course to a specific destination, taking into account other factors such as sea currents and tides. Then in the classroom they would compete in teams to propose alternative systems of navigation, applying principles of mechanics and trigonometry.

Developing a Wa'a Curriculum to Meet State Standards

Our task was to document all the activities produced and taught by the Hawaiian teachers, and to unmask the knowledge and skills in terms of Euro-American educational objectives. Named after the wa'a (canoe), it became known as the Kanehunamoku Curriculum. It was based on the values and goals of the school, Halau Ku Mana.

- *Ho'okumu*: Grounding and Foundation. By drawing upon the strength, wisdom, and experiences of seafaring ancestors, students are introduced to the Hawaiian art of canoe sailing and non-instrument navigation.
- *Ho'okele*: Direction and Connection. From a base of information and a set of skills, students will personally experience sailing a double-hulled coastal sailing canoe, to gain a deeper and more meaningful understanding of the curriculum.
- *Ho'omana*: Nourishment and Empowerment. By their new wisdom, students will create new opportunities for their own growth by expanding the curriculum to meet their needs and curiosity.

The overall goal is to create lifelong learners who will participate in preserving the art of Hawaiian canoe sailing and non-instrument navigation. A concomitant goal is to inspire young people to pursue postsecondary degrees and careers in the science and maritime fields.

Course design

The curriculum consists of six instructional units. There are five units of 6 weeks each and one unit which consists of activities which are

practiced daily. Learning takes place in three environments, aboard the wa'a, on the beach, and in the classroom. On the wa'a, students learn through hands-on instruction how to prepare, sail and navigate a traditional voyaging



Kanehunamoku: The Wa'a Classroom for Astronomy, Math, and Science (Photo credit: P. W. Dowrick)

canoe, a wa'a. Instruction includes aspects of planning, course plotting, weather anticipation (using traditional and modern methodologies) and actual sailing and navigation.

On the beach, students focus on learning Hawaiian indigenous oceanic navigation. The core of this style of navigation is the Hawaiian star compass that provides a template for celestial navigation with the sun, moon, and stars. Students are challenged to recognize these bodies and the daily and seasonal variations in their positions.

In the school building the lessons learned in the outside environments are reinforced and extended, to meet and exceed state guidelines for mathematics and science curricula. For example, in mathematics students learn traditional and modern measurement methodologies and apply them to geometry. They also use algebraic formulae to calculate speed, course and position. In one science activity, the materials used to build the wa'a are investigated and compared to modern materials. Students learn both how to make the materials using traditional crafts and how to evaluate them using modern science. Other areas include weather prediction, health and nutrition, and an understanding of modern astronomy, in both modern and indigenous terms.

The Hawai'i Content and Performance Standards were first developed in 1999 by a commission created by the state legislature (Hawai'i Department of Education, 2003). The

purpose of this educational reform was to address "public dissatisfaction with student achievement" (p. 1). Providing consistently high expectations for students at all levels of schooling is believed to raise all students' educational motivation and success. The standards are designed to help youth become well-equipped to navigate the modern world. The goals are represented as four General Learner Outcomes:

- The ability to be responsible of one's own learning.
- The understanding that it is essential for human beings to work together.
- The ability to be involved in complex thinking and problem solving.
- The ability to recognize and produce quality performance and quality products.

Process and Documentation

Creating Futures Inc., non-profit partner of the Center on Disability Studies at University of Hawai'i formed a team including a teacher with a penchant for project-based learning, an Hawaiian math teacher, and professionals experienced in the development of

educational manuals as participant observers. Members of this team visited the wa'a, observed the students in their learning situations, and met regularly over a course of months with the teachers. The teachers were able to expound, sometimes in writing, sometimes in discussion, on the teaching and learning activities experimentally developed by them over the previous year. As the project evolved, Creating Futures and Halau Ku Mana were increasingly able to bring together the nitty gritty of the curriculum, with indigenous learning strengths (e.g., cooperative group processing), and merge these features with the Hawai'i State Educational Standards. The process was somewhat like the documentation of an oral history, but with significant blending of the cultures involved. To illustrate, here is one simple example from the product (Kahape'a, McCulloch, Ka'ai, & Dowrick, 2004).

S.1.2. Parts of the Wa'a and their Functions

Key Concepts

The parts of a traditional Hawaiian canoe all have names and specific functions. Simple wood and rope machines are used to complete work on board a wa'a.

Hawai'i Department of Education Content Standards

Science: Forces, Motion, Sound, and Light: students explain the relationship between force, mass and motion of objects.

Performance Indicators

- Analyze the forces and motions of moving objects and simple machines.
- Describe and explain the effects of multiple forces acting on an object.

Activity at a Glance

Students will learn to identify the parts of a traditional voyaging canoe and be able to describe their function. This is a key component in the initial steps of learning to sail and navigate. Parts will be learned by their Hawaiian and English names.

Prerequisite Skills

- Basic knowledge of Hawaiian language in spoken and written form.

Skills to be Achieved

- Memorization of parts
- Association of parts and function

Assessment. Students will:

- Complete a ship's log-entry showing canoe parts and functions.
- Demonstrate, through oral examination, the knowledge of the parts of a canoe and their functions relative to other parts and to the environment.
- Complete the "relay race," the culminating activity of this unit.

Vocabulary (often a long list)

The Hawaiian word for canoe is wa'a. Wa'a kaukahi is a single hulled canoe and wa'a kaulua is a double-hulled canoe. The various parts of a canoe are named and illustrated in subsection S1.2b.

Also Included

Each subsection (there are about 60) also includes a list of *materials* (e.g., diagrams), a few paragraphs of *background* (e.g., how the wa'a was built), a list of *teaching suggestions* (create a digital handbook), and *adaptations and extensions* (field trips, other ships).

This activity is followed by gradually more challenging experiences, leading to such units as Map Making and Charting. Later activities include the use of coordinate geometry, model building, estimation of drift and plotting a real course for sailing based on celestial navigation and accounting for tides, winds, and currents. Youth discover such gems as the origin of the terms "log" and "knots" (the evenly spaced knots on a piece of string tied to a floating log . . .), and often find similarities between indigenous systems and historic European navigation.

Participant Outcomes

Thus we created a 200 page curriculum that matched the indigenous cultural activities with

the science and mathematics in the Hawai'i Department of Education state standards (Kahape'a, et al., 2004). Students in the wa'a project are challenged not only academically, but physically and socially. The wa'a provides an open learning environment where strengths and weaknesses are brought out. Students are given the opportunity to explore what they have to contribute to the crew and what their responsibility is to their crew and the wa'a. Within the first few months, we found that students are able to peer teach and coach each other on mastered skills.

Students who have previous histories of poor attendance in their prior schools have made complete changes. Within our school, homework completion increased over the first two quarters with the curriculum. Using homework as an incentive to board the canoe, students who do not complete their assignments do not get a "ticket to ride." After the first quarter, students improved their completion rates by over 90%.

Culture-based learning gives students a profound sense of self, and it gives them something with which to identify. Safety is the primary consideration. Students develop a relationship with the canoe; they find the ocean and the canoe, places of refuge from the rough seas of adolescence and home life. In the words of one 15 year old: "If I wasn't here at Halau Ku Mana, I'd probably be at [—] High School getting into trouble or maybe even in jail. I'm glad I chose the wa'a project. It's hard work but it is worth it. Just being out on the ocean makes me feel good."

A generalized outcome of the curriculum philosophies throughout the school is the integration of cultural values for behavior management. Students are never told simply that something is wrong, but are told their actions are *hewa* (negative) and that they should address the issue in order to be *pono* (harmonious). This approach is widely effective, leading students to solve their own problems as a group. One teacher (McCulloch) recently dealt with a theft problem within a class that was on the brink of violence by merely

stating that this was not pono and it was up to the group to resolve their differences. There were to be no consequences. Items were returned and apologies were made by the following morning.

Capturing the curriculum in a culturally appropriate manner and maintaining its cultural integrity was accomplished using a community psychology and qualitative research approach (Dowrick & Yuen, in press). It was important to observe what was occurring in the field, capture the knowledge that was being exchanged and the process of exchange. We observed teaching and interviewed participants; we shaped learning into projects and aligned them with state standards in math and science.

Teachers understand their cultural standards, and communicate them as standards shared by the system. While each set of standards retain their uniqueness, they are no longer in conflict. There are practical outcomes for teachers, too. Teaching is consistent year to year, student to student. Teachers measure and communicate learning and outcomes with reliability and validity. Teachers are aware of larger learning goals and objectives. And as one teacher commented, apparently liberated by the prospect, "I don't have to create a new curriculum each year."

Conclusion

The teenage students learn not only to tie knots underwater with their eyes closed, but to navigate by the stars and compare celestial taxonomies across cultures, with activities partially designed and influenced by modern project-based learning. The convergence of cultures has produced instruction that feels honorably traditional while attending to modern values of the dominant system. Students totally enjoy this diversity-based learning. They come to school early every day with 100% attendance and few behavior problems. The wa'a curriculum also provides valuable life skills, lifelong values, and career opportunities. Students visit places where the skills they earn can be applied after high school, including 4-year maritime academies.

NEW!! SCHOOL INTERVENTION INTEREST GROUP LIST-SERV

The SCRA School Intervention Interest Group has a new list-serv for discussions and postings regarding prevention work in school settings. The email address to send messages to the list serv is SCRA-SI@list.apa.org. The list administrator, Jane Shepard, can be contacted at jshepard@theconsultation.org.

To subscribe to the listserv:

- 1) send an email to listserv@lists.apa.org
- 2) leave the subject line Blank
- 3) include the following in the body of the message- sub SCRA-SI Firstname Lastname (For example: sub SCRA-SI John Doe)

SELF-HELP/ MUTUAL SUPPORT

*Edited by Bret Kloos
kloos@sc.edu*

This column describes the evolution of an empowering organization that has taken seriously its mission to reach out and support communities where it operates. It is interesting to trace its growth in focus from facilitating self-help groups to creating networks to collaborating with mutual aid concepts to local community development. The type of work described here is likely familiar to many community psychologists who may not have considered what they do that is "self-help".

The Self-Help Resource Centre of Toronto - Yesterday, Today and Tomorrow

*Jenny Formanek
Self-Help Resource Centre of Greater Toronto*

The Self-Help Resource Centre was started in 1986 as The Self-Help Clearing House by a few like-minded people who believed in the self-help concept and wanted to create a Clearing House for groups in the Toronto area. A database was created, the first directory printed and the word was out to call the Clearing House for referrals to self-help groups. In the early days it was an organization that believed primarily in the "pure" concept of self-help. Professionally led support groups were only listed if there was not a true self-help group supporting a particular issue. Many of those who started the Clearing House were members of various 12 step programs.

The definition we still use to define self-help is; "Self-help is a process of sharing common experiences, situations or problems. Self-help is participatory in nature and involves getting help, giving help and learning to help yourself, as well as sharing knowledge and experience. There is no charge to participate, although a nominal donation to cover expenses is sometimes requested, but not required. Self-help initiatives are ongoing, voluntary in nature rather than mandatory and open to new members. Self-help/mutual aid initiatives are run by and for the participants. The primary focus of self-help is emotional support, practical support and informational exchange. Confidentiality is a fundamental."

Over the years the name was changed to The Self-Help Resource Centre to better reflect the work that we do. We started adding "mutual

aid" to self-help to better describe the concept of giving and receiving help rather than just receiving it. The use of the term "peer support" is also used.

The Ontario Self-Help Network (at first a project then a program of The Self-Help Resource Centre) was established in 1992 to support the development of new and existing self-help/mutual aid initiatives across Ontario. There are now 18 affiliate centres in the province of Ontario and meetings of these affiliates are held on an annual basis. The Ontario Self-Help Network Coordinator visits and holds workshops and regional conferences that take place throughout the year in order to keep the affiliate centres connected to the Resource Centre and to fulfill our mandate of spreading the message of self-help/mutual aid far and wide.

Over the last few years Toronto has become one of the most ethnically diverse cities in the world. It became increasingly obvious to us that self-help had the reputation as being a very "White middle class" way of dealing with issues and we set out to change that perception. Many of the various ethnic groups that have settled in Toronto practice self-help in one way or another, however, they may call it by a different name. Our challenge was to reach individuals in these communities and give them the tools they needed to work using self-help/mutual aid in a community development model. We also recognized that new immigrants to Canada were having difficulty receiving the all too important "Canadian experience", thus making their job search more difficult. To show the broad applicability of self-help/mutual aid and its relevancy to the community development and international experience, we elaborated and redefined it as a process of learning with and from each other (similar to adult education). In this process participants provide each other with mutual aid/support in dealing with a problem, issue, condition or need. Participants learn to work together while acknowledging the diversity of their personal situation among the similarities of their shared issue. Together they investigate alternative solutions and are empowered by this process.

We wrote proposals for and received funding to develop two specific projects. The first, Diversify the Source, Enhance the Force was a very successful one-year project. We used peer support to facilitate volunteer opportunities for New Canadians. The goal was to identify and address barriers to volunteering experienced by New Canadians in four cities. Based on the project research, DSEF developed models of how to create and sustain meaningful volunteer opportunities for New Canadians who are diverse in skills, cultures, faiths, supports, languages and settlement experiences.

The captain and teacher of the wa'a project (Kahape'a) is constantly in awe of the students progress. It is magical to watch each student have their "aha" moment and then everything changes. The canoe becomes part of them and they can see themselves as part of a whole. They become a crew and each member is responsible for the safety and well-being of each other and the wa'a. Everyone involved learns to trust himself or herself, and one another. We conclude that education can achieve the standards of multiple cultures, and be the more enjoyable for it.

References

- Deering, P. D. (2001). *Middle level education in Hawai'i: A policy analysis*. Honolulu: Hawai'i Institute for Educational Partnerships.
- Dowrick, P.W., & Yuen, J.W.L. (in press). Literacy for the community, by the community. *Journal of Prevention and Intervention in the Community*.
- Hawai'i Department of Education. (2003). *Teacher's guide for interpreting the Hawaii Content and Performance Standards* (2nd ed.). Honolulu: Author.
- Kahape'a, B., McCulloch, N., Ka'ai, T., & Dowrick, P. W. (2004). *Kanehunamoku wa'a curriculum*. Manoa, HI: Halau Ku Mana.
- Phillips, G., McNaughton, S., & MacDonald, S. (2004). Managing the mismatch: Enhancing early literacy progress for children with diverse language and cultural identities in mainstream urban schools in New Zealand. *Journal of Educational Psychology*, 96, 309-323.
- Tharp, R.G., & Gallimore, R. (1988). *Rousing minds to life: Teaching, learning, and schooling in social context*. New York: Cambridge University Press.

Author Notes

- ¹Peter Dowrick, Ph.D., JoAnn Yuen, Ed.D., and Natalie Crespo, B.A. are at Creating Futures, Center on Disability Studies, University of Hawai'i at Manoa.
- ²Bonnie Kahape'a, B.A. and Neil McCulloch, B.Sc., Dip.L.S. are at Halau Ku Mana, Manoa.

Preparation of this article was partially supported by grants from US Department of Education, Offices of Vocational & Adult Education, and Elementary & Secondary Education, although no endorsement is implied. We thank all the participants: community partners, students, teachers, and research assistants.

Correspondence concerning this article may be sent to Peter W. Dowrick, Ph.D, Creating Futures, Center on Disability Studies, University of Hawai'i at Manoa, 1776 University Av. UA4-6, Manoa, HI 96822, USA.

Four cities in Ontario were identified and DSEF partnered with a group of local agencies and recruited, trained, supported and created volunteer placements for a small test group of New Canadians. “Oldcomers” – new Canadians who had been in Canada for a longer period of time – were trained to provide peer support to “newcomers” in small mutual aid groups that met concurrent to the volunteer placements. In these groups, the peer facilitators provided orientation around volunteering as well as information and support around settlement issues. Participants were able to practice their English, share issues around the placement and/or settlement process, meet others in their area and obtain Canadian workplace experience. DSEF was found to be a very worthwhile project that met the needs and interests of the participants, and went a long way to integrating newcomers into the dominant culture and society. It was a way to welcome and incorporate newcomers while building individual, organizational and community level capacities.

Our second project of note is “Mutually Ours: Building Wholesome Communities Everywhere”, which started in 2002 in two disadvantaged communities of Toronto. These communities were selected based on various demographical statistics provided by local government and community agencies. Both were multicultural, isolated communities of private rental high-rises and densely populated buildings with distinct borders with a high rate of newcomers. Both lacked space for recreation and had an observable number of alienated youth. With a high concentration of poverty, exceeding that of the City at large, the communities were underserved or not served due to a lack of community-based services. They were in need of enhanced outreach and a community mobilizing project that could complement the work of the agencies operating in the community.

We networked with nearby agencies, and created some direct partnerships. To recruit community members, flyers were posted in the target communities in a variety of places and mailed to contacts in the community. A series of workshops was held to involve community members in community development strategies, which culminated in a graduation ceremony. Certificates were handed out and participants were able to add this to their “Canadian” resumes. In all, 33 community leaders were trained, 12 workshops were delivered on community development skills and 4 practical sessions ensured that the learned skills were put into practice. To date, 4 groups are involved

in the development of home-grown recreational activities. These include sports clubs encouraging participation in soccer and swimming activities, a group that attends theatre performances and other events in the community, and a theatre group that involves young people in putting on plays. These young people brainstorm ideas for the plays, paint the scenery and act in the plays. Topics have included bullying, being different and other topics from the children’s experience.

We see the future in using self-help strategies in the chronic disease field. Our “Empowering Stroke Prevention Project” helps prevent stroke in underserved communities in Ontario by using peer support, self-help and empowerment strategies.

Research has shown that social support plays an important role in helping to prevent chronic disease, yet the gap analysis found that there

Research has shown that social support plays an important role in helping to prevent chronic disease, yet the gap analysis found that there were limited primary stroke prevention resources available that incorporated self-help, empowerment and peer support strategies that contribute to social support.

were limited primary stroke prevention resources available that incorporated self-help, empowerment and peer support strategies that contribute to social support. It also discovered that there were few examples of existing stroke prevention educational materials that were relevant for diverse audiences (e.g. those living on limited incomes / lower socio-economic status, newcomers to Canada, those living in social isolation, etc.).

In keeping with self-help and community empowerment principles, the next step was outreach to community members in at-risk or underserved populations at each pilot site. After that, draft education materials on stroke prevention were co-developed with these individuals using focus groups and informal meetings. Volunteers were then recruited to test the training curriculum by participating in training workshops to become Lay Health Promoters (trained volunteer peer facilitators). In these workshops, participants strengthened their knowledge of stroke prevention, and honed their facilitation and community

organization skills. Over 30 volunteers completed the training workshops to become Lay Health Promoters.

In collaboration with local health organizations, these trained Lay Health Promoters were then supported in organizing their own stroke prevention activities including community meetings, outreach to seniors, popular theatre on ‘aging well’, and ‘healthy’ potluck suppers for isolated new Canadians. Evaluation activities occurred during each stage of the project.

The resources that resulted from the project included an educational booklet written in plain language, and a companion guide for those wanting to organize stroke prevention activities in their own communities. The educational booklet covers topics such as stroke warning signs and risk factors as well as information on ways to reduce risk through physical activity, healthy eating, quitting smoking, building strong social support networks and other healthy activities.

The facilitator’s guide shows community members how to translate this information into local action through discussion forums, walking clubs and circles of support. It also provides information on facilitation skills, working with groups, adult education principles and how to promote prevention activities using local media.

We see this project as easily transferable to other chronic disease prevention.

You can see from the above that The Self-Help Resource Centre has moved from a purely self-help mandate to more community-based projects utilizing self-help principles and this we see as the way of the future.

Jenny Formanek can be contacted at the Self-Help Resource Centre of Greater Toronto, 40 Orchard View Blvd., Suite 219, Toronto ON M4R 1B9; (416) 487-4355; shrc@selfhelp.on.ca; www.selfhelp.on.ca

SOCIAL POLICY

*By Steven R. Howe
steven.howe@uc.edu*

Editor’s Note: With this issue, I am completing two years as editor of the TCP’s Social Policy column. I’ve enjoyed the work and, especially, the occasional emails from people who have been stirred to react to something that has

appeared here. My very capable replacement will be Professor Jen Woolard, of the Department of Psychology at Georgetown University, immediate past president of the Division 27 Social Policy Committee.

Housing Values

Assume your role as a well-educated member of the American middle-class (or, for you students, pretend you know where all of your socialization experiences are leading). Think about housing. Some of what you want will be a matter of personal preference. Would you prefer an older brick home close to a university campus or a newly constructed suburban home with an expanse of lawn? But nearly all of you want some of the same things: a sense of refuge, for instance. One of the most fundamental wants is to feel secure that there will be some return on investment. We all want to parlay our down payments into capital gains. And the housing market enables us to make rational (if not always wise) choices to leverage our housing investments. We all know the basic parameters of how a home is priced and can think of things that we could do increase our home's value. And because this market is so rational, we do not hesitate to invest money every year in our homes. It is no accident that a large proportion of wealth in America is in the form of home equity.

Now assume your role as a community psychologist with a special interest in a particular population that is economically vulnerable. Perhaps you work with a population of persons with severe mental illness or other disabilities. Perhaps your interest is with persons who are homeless or at high risk of homelessness. You are no doubt familiar with the many barriers to finding safe, affordable, and sanitary residences for such people. Communities will fight against congregate housing being sited within their boundaries. Sex offenders are ostracized. Section 8? Not wanted. Fair housing is the law, but communities are very skilled at circumventing efforts to create affordable housing opportunities for low income households. Elected officials can use delaying tactics that frustrate organizations interested in creating such housing. Communities can adopt minimum lot size requirements. In some anger and with great frustration, we join the chorus of low-income housing advocates in chanting, "housing is a right."

We've been trapped, folks. Over the last few decades, fair housing advocates have walked right smack dab into a policy position that is guaranteed to not attract support from the larger

share of the American middle class. Housing is a right? Our exemplar for the middle class homeowner might reply, "Do you know what would happen to me if I stopped paying my mortgage?" Or, "Of course I want to fight the approval of a residential treatment center in my neighborhood! I have to be concerned with my property values. Their right to housing is no more important than my right to protect my investment." Thus, we espouse a value on behalf of a community we are committed to that we may be unable to sell to the Smiths and the Jones who live on either side of us.

I'm fascinated by the role that values play in programming, and how easy it is for there to be a disconnect between empowerment values and support program values. The rehabilitation movement in America aims at helping persons with disabilities who wish to secure a position in the workforce. An important financial support for persons with disabilities is Social Security Disability Insurance and Supplemental Security Income. However, those support programs have actually worked to undercut rehabilitation success by forcing people to choose between staying out of the workforce and continuing to have health insurance (i.e., Medicaid) or entering the workplace and getting an unsuitable health plan (or even none at all). Fortunately, the Medicaid Buy-In program—now functioning in over 20 states—allows

We need to abandon the idea that housing is a right and acknowledge that housing markets work best when every participant has something at stake that they need to work to protect and pay for.

people to maintain Medicaid coverage even after they start working, thus bringing the empowerment value into synchrony with the support program value.

How can we make the values of housing qua empowerment consistent with the values of housing qua supportive service? Believe it or not, I know the answer, or more precisely, the two parts of an answer. But most people will hate one of my ideas and love the other. I'll begin with the part of the answer that most community psychologists will favor.

The reason communities fight low income housing so vehemently is because those tactics work. Low income housing is a zero sum game. Any units that I can successfully keep out of my neighborhood and force into your neighborhood will give me an edge over you in property valuations. And please, here I am not interested in the facts of the impact that low

income housing might have on a community, which might include increased tolerance, but rather on the more important thing, which is that conventional wisdom holds that the impact will be a negative one, and so such housing must be resisted. In order to break up this zero sum game, we need housing fair share plans. If you have never heard of housing fair share plans, you might be interested in the books of David Rusk (*Cities without Suburbs* and *Inside Game/Outside Game*) or Myron Orfield (*Metropolitics*). The basic idea is that communities create incentives for affordable low income housing to either be spread out or for the tax revenue associated with new development to be spread out.

Now for the idea many community psychologists might hate. Assisted housing for low income persons with special needs is a scarce resource. We have evolved a set of policies that have basically removed any pricing mechanism from assisted housing. If you are lucky enough to get an assisted unit (e.g., conventional public housing, a housing choice voucher, or the like), you can hang onto it as long as you meet participation guidelines, which are minimal. But such housing is not an entitlement. There's far too little of it and federal support for assisted housing has recently been shrinking. So some people who need such housing are winners and some are losers. We should address the lack of supply by pricing assisted housing. What I have in mind, however, is not a price set in dollars, but rather a price set in terms of development goals. This will not work for assisted housing for older persons or for persons with severe disabilities. But for other residents of assisted housing, the

price of having that resource would be an economic self-development plan that is designed to lead to eventual self-sufficiency. We need to abandon the idea that housing is a right and acknowledge that housing markets work best when every participant has something at stake that they need to work to protect and pay for. Community resistance to assisted housing might lessen if its residents were perceived to be in transition to self-sufficiency. And if the programs of assisted housing truly did provide springboards to self-sufficiency, ultimately we could serve far more people with our available resources, as people's tenure in assisted units would come to an end when they had secured economic self-sufficiency for themselves and their families.



STUDENT ISSUES

By Sawssan Amed
sawssan@wayne.edu and

Carrie Elizabeth Hanlin
carrie.e.hanlin@vanderbilt.edu

2005 Biennial

This year's biennial conference was exciting and engaging for students and professionals alike. Opportunities just for students included:

Travel Awards

As in previous years, we held a competition for travel awards worth \$100 to this year's Biennial in Urbana-Champaign. The award opportunities have been announced in TCP and on the listservs. We received a whopping 28 applications for review, and have worked to get as many of those students funded according to authorship, distance, and need.

Student Events

We hosted a Student Night on Friday, during which we ate pizza and watched the movie of students' choice while we relaxed and had fun together. Sawssan also moderated a panel discussion on careers and professional choices for students with 5 speakers, as well as a roundtable discussion about how to find and choose a community-oriented clinical internship.

SCRA Website Update

Big news for SCRA! We now have a new and vastly improved website. If you haven't yet, be sure to check it out: <http://www.apa.org/divisions/div27/>. Please note that this is just for the interim while the executive committee works to set up a permanent site with numerous capabilities. A big thanks to Scot Evans, student member of SCRA and doctoral candidate at Vanderbilt's Community Research & Action program for doing it all!

Both of your student representatives have worked as part of the oversight committee to get this interim website off the ground, and to update the content from the previous site. We also intend to be actively involved with the ongoing plans to get the permanent site up and running, as well as guiding the student sections of the new website. We'll be soliciting your input and help in finding out how the website may best serve your needs as students. This may include posting information on community psychology programs and community oriented internships and jobs, as well as many opportunities and applications electronically, rather than doing business via the listservs.

If you have any feedback or need to update information on the site as it now stands, please let us know and we'll be sure to let Scot know.

Student Representative Elections

Three fantastic students have put their hats into the ring as nominees to be your next representative! As we are writing this, we're finishing up the ballots and running test emails to make sure all of our student members are ready to vote. As we did last year, we will be using the online voting process at www.surveymonkey.com. Although this is always an exciting time of year for SCRA student members, it is also sad to bid farewell to the outgoing student representative. Please be sure to let Sawssan Ahmed know how much she'll be missed — sawssan@wayne.edu.

Special Issues Graduate Student Research Grant – Update

A new call for proposals was issued for 2005, was published in the Winter and Spring 2005 issues of TCP, and circulated over the general and student SCRA listservs. This year's grant focuses on funding research in the same three areas as last year: 1) sociopolitical development; 2) under-studied populations in community psychology; and 3) public policy. Applications for the award were due July 1st, 2005, and will be reviewed by two student-volunteers. At the time of this writing, we are in the midst of recruiting the student-volunteers and reminding students of the application deadline.

The Community Student (TCS)

Don't forget that the fall issue of TCP will include our section of student writing, The Community Student. Last issue, we received so much great work from talented students all over the world; we hope to be as lucky this round. **The deadline for submissions is**

August 1st, so get started now. For more information, contact Carrie at carrie.e.hanlin@vanderbilt.edu. The tentative themes relate to community psychology in general, such as students' visions of the field in the future, critiques of community psych training programs, evaluation of community psych research methods, the experiences or challenges of being a community psych student, etc.

APA Annual Conference 2005

Travel Awards:

We also held a competition for travel awards worth \$150 for 3 students to the APA annual convention. The award opportunities were announced in TCP and on the listservs. The application deadline was June 1, and we expect to be working on the selection of the winners by the reading of this report.

Sign on to the SCRA Student Listserv!

As always, the SCRA student listserv is a forum to increase discussion and collaboration among students involved and interested in community psychology. It is also a great place to get information relevant to students, such as upcoming funding opportunities and job announcements. To subscribe to the listserv, send the following message to listserv@lists.apa.org:

SUBSCRIBE S-SCRA-L@lists.apa.org

<first name> <last name>

Messages can be posted to the listserv at: S-SCRA-L@lists.apa.org. If you have any questions or need help signing on to the listserv, please contact Omar at oguessous@comcast.net.

COMMENTARY

How the "Culture of Life" Masks a Culture of Death: Terri Schiavo & Eating Disorders

Ken Kyle, Ph.D.

Associate Professor of Sociology, Social Sciences and Community Psychology & Social Change Program, Penn State Capital College

Clearly, Terri Schiavo's fate and the events surrounding her death have captured the imagination of the nation. Politicians, media pundits, religious authorities and common citizens joined in the public spectacle. Consider my local paper, the *Harrisburg Patriot-News* as a case in point. Four days after her death on March 31, 2005, six of nine letters to the editor, one of five editorials and three of seven articles under section A's "Nation" heading on April 3rd were devoted to Terri Schiavo. I suspect this coverage parallel's that of many newspapers and media venues across the nation.

Given such coverage, one might anticipate that the discussion was comprehensive, complex, and multi-layered. However, judging from the ten readings on this particular day, this was not the case. April 3rd's articles reported on: contention over the handling of Terri's body and over the autopsy following her death (Chachere, 2005); political fallout of Congressional intervention in the matter (Polman, 2005); and the views of local professors and medical professionals on the Schiavo case (Warner, 2005). The columnist argued that the courts were right to uphold the

Florida law that gives spouses the authority to make decisions on behalf of their spouses as Michael Schivao did. Moreover, the appropriate place to take up such morally charged matters is in the legislature through the creation of laws, not through judicial review (*Harrisburg Patriot-News*, 2005). The letters to the editor raised a number of other claims and points. For example, only God has the right to make such life and death decisions. By taking Schiavo's life, the courts communicated that we should abandon the hope that God gives us for change in the future. There are parallels between our deciding what constitutes a life worth living and Nazi legal and social practices leading to the Holocaust. Congress overstepped its bounds in intervening as it did. And both the Schiavos and the Schindlers deserve our sympathy and compassion (see Austin, 2005; *Harrisburg Patriot-News*, 2005; Robey, 2005; Rossman, 2005; Shirey, 2005).

Taken together, these ten readings suggest that it is appropriate to consider the Schiavo case from the personal, family, moral, and legal perspectives. Still, most of the discussion followed one of two broad themes. Many voiced concerns with our society's willingness to let Terri Schiavo die, some proclaiming it barbaric and others suggesting that it is not in keeping with our nation's Christian heritage.

Indeed, our nation's need to support a "culture of life" became the mantra of politicians and pundits on the right. Many others objected to the government's meddling in the private lives of citizens and of the U.S. legislative and executive branches overstepping their authority and encroaching on the jurisdiction of state government. Despite these disparate concerns, both themes served to advance a conservative political agenda. Clearly the "culture of life" talk serves as a way to energize the fundamentalist religious base of the Republican party. Similarly, objections about the need to protect states' rights speak to the libertarian wing of the Republican party, even if such objections are raised by Democrats, liberals or left-leaning pundits.

Missing in this debate generally and in these features particularly was sufficient consideration of the historical, social and cultural context underpinning this matter;

matters that should have been taken up loudly by Democrats, liberals and others concerned with larger issues of social justice. Indeed, only two of the ten pieces appearing April 3rd specifically consider the relation between this individual event and the greater social and cultural milieu (Matusheski, 2005; Rossman, 2005). Yet even in these two, the social and cultural settings were considered in light of how these individual decisions will affect the society, not the other way around.

Nowhere was mention, let alone discussion, of what precipitated Terri Schiavo's fall into a persistent vegetative state, her apparent bulimia – Terri's husband won a malpractice civil judgement against her health care providers for their failure to diagnose her bulimia despite her obvious symptoms (see Campos, 2005; cf. Breed, 2005). At a minimum, such an admission would have afforded us an opportunity to discuss the pervasiveness and dangers of eating disorders in the U.S. But more than that, it would have opened the door to discussion of the social and cultural climate that girls and women find themselves in today. It might have led to discussion of our society's

Nowhere was mention, let alone discussion, of what precipitated Terri Schiavo's fall into a persistent vegetative state, her apparent bulimia – Terri's husband won a malpractice civil judgement against her health care providers for their failure to diagnose her bulimia despite her obvious symptoms.

unrealistic notions of feminine beauty. It might have sparked consideration of our society's obsession with thinness. It might have provoked debate about the appropriateness of our society's sexual objectification of

prepubescent girls. And in so doing, public discussion of these matters might have afforded Terri Schiavo's death new meaning.

Indeed, such matters are of no small importance. Women and men, young and old, rich and poor, are all susceptible to eating disorders, although women and those who are younger are disproportionately affected – the U.S. Department of Health and Human Service's Office on Women's Health (2000) reports that "more than ninety percent of those with eating disorders are women," and that "all socioeconomic, ethnic and cultural groups are at risk." The American Psychological Association (2005) estimates that 1.1 percent to 4.2 percent of all U.S. females suffer from bulimia in their lifetimes. It estimates that .5 percent to 3.7 percent suffer from anorexia in their lifetimes. Also, different researcher teams have estimated that between 2 percent and 5 percent of Americans experience binge-eating

disorder in a any given 6-month period (Bruce & Agras, 1992; Spitzer et al., 1993).

Clearly, these statistics are cause for alarm, but they are even more disturbing when the consequences of these disorders are considered. In a 1995 article appearing in the *American Journal of Psychiatry*, researcher P. F. Sullivan reviewed 42 scholarly studies of patient mortality, and found 178 deaths in 3,006 eating disorder patients. Of those fatalities, 54% were from complications brought about by eating disorders and 27% were from suicide related to eating disorders. Moreover, Sullivan estimated that the mortality rate among people with anorexia is 0.56 percent per year. This is approximately 5.6 percent per decade; that is about 12 times greater than the annual death rate due to all causes of death among 15-24 year old females in the U.S.

As reported at The Mount Sinai Eating and Weight Disorders Program website, a number of maladies may develop as a result eating disorders. Those suffering from anorexia may experience: growth retardation (among children), cardiac and kidney dysfunction, gastrointestinal difficulties, loss of menstrual periods and infertility, osteoporosis (bone density abnormalities), dehydration and electrolyte imbalances, dental erosion, constipation and abdominal pain, and intolerance of cold. Those suffering from bulimia may experience: dehydration and electrolyte imbalances, swollen salivary glands, gastrointestinal disturbances, dental deterioration, menstrual irregularities, dehydration, and cardiac irregularities and even heart attacks as was seemingly the case with Terri Schiavo.

But in fairness to Terri Schiavo, we should ask what causes eating disorders? There is widespread agreement in the medical and scientific professions that there is no sole cause for eating disorders. Physicians and scientists suggest that numerous factors underlie eating disorders including emotional and personality disorders, genetics and biological factors, and cultural and family pressures. Clearly though, concerns about weight and body shape underlie all eating disorders, and such concerns vary across cultures. In other words, eating disorders do not occur universally, suggesting that culture plays a great role in eating disorders. For example, in a study conducted in 2003, M. Reich found that recent immigrants from Bosnia and Herzegovina who relocated to the U.S. because of the war and first generation Bosnian-American women and girls quickly succumbed to American ideals of thinness as beauty and that they experienced eating disorders at a significantly greater rate than their peers in Bosnia and Herzegovina.

Thus, while it may be impossible or possibly unethical for society to address the genetic factors that underpin eating disorders (eugenics programs come to mind here), addressing social and family pressures seems not only possible, but necessary. This is especially the case if one is serious about promoting “a culture of life.”

Our society’s obsession with thinness is neither healthy nor natural. Consider that the image of the desirable woman in the U.S. has changed dramatically in the last 50 years. Marilyn Monroe gave way to Twiggy as the ideal feminine body type; i.e., the standard of female beauty in the U.S. became the prepubescent female body. As G. B. Forbes et al. point out in an article appearing in a 2001 issue of the journal *Sex Roles*, this shift in the desirable “has been paralleled by women’s decreasing satisfaction with their bodies, increasing concerns with weight loss, and a large increase in eating disorders” (cf. Garner, 1997). Moreover, it is important to note that this shift did not occur naturally (cf. Wiseman et al., 1992). As J. Zimmerman (1997) reports, it has been and continues to be supported by a multi billiondollarayear beauty industry set on selling particular visions of the feminine and of feminine beauty.

Given these realities, those who grieve for Terri Schiavo should stop hesitating to take a forceful stand on these issues. As the Brian Darling memo suggests (see Allen 2005), the terms of debate about Terri Schiavo were manipulated for political advantage by those on the far right. While it is unconscionable that anyone would condone the use of Terri Schiavo as a political pawn, once the “culture of life” rhetoric was introduced in association with Terri Schiavo, the narrowness of that rhetoric should have been challenged vehemently. So for example, in response to Eleanor Rossman’s letter to the editor in which she wrote that “every individual life has infinite value,” that “when we make laws/decisions affecting those who are not capable of making their own plea for life, like babies in the womb or hospice-bound handicapped, we should do so with the utmost care, always looking to protect the weak,” that “there is a conspiracy in this culture to dehumanize human life,” and then compared Terri Schiavo’s fate with that of the victims of Nazi Germany “because we can exterminate those whom [sic] we successfully distance from ourselves because they don’t meet an arbitrary standard of ‘valuable life,’” we should ask, aren’t our society’s ridiculous standards of beauty dehumanizing little girls and women generally? We should ask, don’t adolescent girls and women encouraged to starve themselves and or to binge and purge in order to be desirable – even to the point of death as was the case of Terri Schiavo – deserve our

“utmost care” as well? We should ask, why are such concerns so often posed to pregnant women and those charged with caring for invalids, but so rarely posed to society generally? What makes unborn fetuses and invalids more valuable than girls and women generally? Why the double standard?

Similarly, those who claimed this was a personal matter should be challenged as well. For example, in answer to newspaper editor Dale Davenport’s (*Harrisburg Patriot-News*, 2005) confession that he was infuriated by “congressional action to transfer the legal issues of [Terri Schiavo’s] care from the state courts of Florida into the federal court system” thus making “all Americans a party to what was, as it should have been, a personal issue for the Schiavo and Schindler families” and his assertion “I do know... that we in central Pennsylvania are not responsible for her death,” we should respond, doesn’t society bear some responsibility since it was in pursuit of social acceptability (read thinness) that Terri Schiavo engaged in behavior ultimately leading to her death? In holding up prepubescent girls as the standard of beauty for women and teen girls and in spending billions of dollars a year advertising that standard, isn’t society at least partially responsible when some women and girls cross over the line in pursuit of that standard? If so, how can we in central Pennsylvania not be at least partially responsible? But the more important question, the question that we should raise in honor of the memory of Terri Schiavo and other victims of eating disorders is, how can we as a society discourage teens and women from engaging in unhealthy practices in pursuit of unrealistic and ultimately undesirable standards of beauty and femininity?

References

- Allen, M. (2005, April 7). Counsel to GOP senator wrote memo on Schiavo: Martinez aide who cited upside for party resign. *Washington Post*, p. A01.
- American Psychological Association. (2005). *Eating Disorders*. Retrieved 6/30/05 from <http://www.apahelpcenter.org/articles/article.php?id=9>
- Austin, S.S. (2005, April 3). Message of hope. *Harrisburg Patriot-News*, p. F5.
- Breed, A.G. (2005, April 3). How did Terri Schiavo case get so big? *Sunday News, Lancaster*, p. A3.
- Bruce B., & Agras, W. S. (1992). Binge eating in females: a population-based investigation. *International Journal of Eating Disorders*, 12: 365-73.
- Chachere, V. (2005, April 3). Schiavo’s body cremated; family feuds over burial. *Harrisburg Patriot-News*, p. A8.
- Campos, P. (2005, March 23). The real tragedy of Terri Schiavo. Retrieved April 3, 2005,

- from http://www.capitolhillblue.com/artman/publish/printer_6447.shtml
- Forbes, G. B., AdamsCurtis, L. E., Rade, B., & Jaberg, P. (2001). Body dissatisfaction in women and men: The role of gender-typing and selfesteem. *Sex Roles*, 44, 461-485.
- Garner, D.M. (1997, January/February). The 1997 body image survey results. *Psychology Today*, pp. 3044,7475, 78, 80, 84.
- Harrisburg Patriot-News*. (2005, April 3). p. F5-F6.
- Mount Sinai Eating and Weight Disorders Program website. (2005). Available: http://www.mountsinai.org/msh/msh_frame.jsp?url=clinical_services/eatingdisorders.htm
- National Institute of Mental Health (2001). The numbers count: Mental disorders in America: A summary of statistics describing the prevalence of mental disorders in America. Available: <http://www.nimh.nih.gov/publicat/numbers.cfm> (Downloaded April 3, 2005).
- Polman, D. (2005, April 3). Intervening in case splits Republicans: Action could be decisive in ‘06 election. *Harrisburg Patriot-News*, p. A8.
- Reich, M. C. (2003). The ‘American culture’ effect on eating disorder prevalence and body image disparagement in Bosnians, Bosnian-Americans, and Americans: A cross-cultural analysis. Unpublished Masters Thesis. Pennsylvania State University.
- Robey, W. (2005, April 3). A time for peace. *Harrisburg Patriot-News*, p. F5.
- Rossman, E. (2005, April 3). Dehumanizing effort. *Harrisburg Patriot-News*, p. F5.
- Shirey, W. (2005, April 3). Keep Congress out. *Harrisburg Patriot-News*, p. F5.
- Spitzer, R. L, Yanovski, S., & Wadden, T., et al. (1993). Binge eating disorder: its further validation in a multisite study. *International Journal of Eating Disorders*, 13(2): 137-53.
- Sullivan, P. F. (1995). Mortality in anorexia nervosa. *American Journal of Psychiatry*, 152, 1073-4.
- U.S. Department of Health and Human Service’s Office on Women’s Health. (2000, February). Information Sheet. Retrieved April 9, 2005, from <http://www.4woman.gov/owh/pub/factsheets/eatingdis.htm>
- Warner, M. (2005, April 3). Schiavo case leaves gray areas to be explored. *Harrisburg Patriot-News*, p. A9.
- Wiseman, C. V., Gray, J. J., Mosimann, J. E., & Ahrens, A. H. (1992). Thinness in women: An update. *International Journal of Eating Disorders*, 11, 8589.
- Zimmerman, J. S. (1997). An image to heal. *The Humanist*, 57, 20-25.

**SOCIETY FOR
COMMUNITY RESEARCH AND ACTION**

**DIVISION 27 OF THE
AMERICAN PSYCHOLOGICAL ASSOCIATION**

**MEMBER DIRECTORY
ADDENDUM**

November 2005

A

- Aber, Mark.** University of Illinois at Urbana-Champaign, Dept. of Psychology 603 E. Daniel Street Champaign IL 61820 USA; 217-333-6999 217-244-5876 maber@s.psych.uiuc.edu
- Acosta, Joie.** 12 B Silver Leaf Ct. Cockeysville MD 21030 USA; 808-927-5303 joiea@hawaii.edu
- Acosta-Perez, Edna.** Apto 150 URB Santa Rita Cabrera #866 Rio Piedras 925 Puerto Rico; 787-257-6516 787-764-2615 ednaa21@hotmail.com
- Adams, Adrienne.** 2503 Kerry St. #10 Lansing MI 48912 USA; 517-420-0088 adamsadr@msu.edu
- Adelman, Howard.** 2721 Midvale Avenue Los Angeles CA 90064-4215 USA; 310-825-1225 310-206-8716 adelman@psych.ucla.edu
- Ahmed, Sawssan.** Wayne State University 71 W. Warren Ave. Detroit MI 48201-1305 USA; 313-584-8734 sawssan@wayne.edu
- Ahrens, Courtney.** California State University, Dept. of Psychology 1250 Bellflower Blvd. Long Beach CA 90840 USA; 562-985-5016 562-985-8004 cahrens@csulb.edu
- Akotia, Charity.** University of Ghana, Dept. of Psychology Legon, Accra Ghana West Africa; 233-20-8127695 233-21-500306 sakotia@hotmail.com
- Akutsu, Phillip.** University of Michigan, Department of Psychology 525 East University Ann Arbor MI 48109-1109 USA; 734-764-2415 734-647-9440 akutsu@umich.edu
- Allen, James.** University of Alaska-Fairbanks, Dept. of Psychology PO Box 756480 Fairbanks AK 99775-6480 USA; 907-474-6132 907-474-5871 jim.allen@uaf.edu
- Allison, Ph.D., Kevin.** Virginia Commonwealth University 923 W. Franklin St., Rm. 107, Scherer Hall, Box 842028 Richmond VA 23284-2028 USA; 804-828-1203 804-828-2237 kallison@vcu.edu
- Almon, Kimette.** 455 Wheelock Pkwy W Saint Paul MN 55117-4256 USA; 651-487-7636 651-487-3533 kalmon2@aol.com
- Altman, David.** Center for Creative Leadership One Leadership Place, PO Box 26300 Greensboro NC 27438-6300 USA; 336-286-4463 336-286-4434 altmand@leaders.ccl.org
- Alvarez, Josefina.** DePaul University, Center for Community Research 990 W. Fullerton, Suite 3100 Chicago IL 60614 USA; 773-325-2060 Eve- 847-328-4120 773-325-4923 jalvare3@depaul.edu
- Amer, Mona.** Yale University, Program on Recovery & Comm. Health 319 Peck St., Bldg. 6W, Ste. 1C New Haven CT 06513 USA; 203-789-7645 monaamer75@hotmail.com
- Ammons, Jacobose.** University of Missouri-Kansas City 3300 Jackson Kansas City MO 64128 USA; 816-861-1245 jvictorammons@aol.com
- Amulya, Joy.** Ctr for Reflective Comm. Practice, Rm. 7-307 77 Massachusetts Ave. Cambridge MA 02139 USA; 617-519-8844 amulya@mit.edu
- Anderson, Clinton.** American Psychological Association 750 First St. NE Washington DC 20002-4242 USA; 202-336-6037 202-336-6040 canderson@apa.org
- Anderson, Tuere.** 176 15th Street, Apt. 202 Oakland CA 94612 USA; 510-272-9033 tuerea417@hotmail.com
- Andrade, Marco.** 56 Opper Ave. Warwick RI 02889 USA; 401-345-7933 mand7934@postoffice.uri.edu
- Andrews, Arlene.** 120 Middlefield Lane Blythewood SC 29016-7852 USA; 803-777-9124 803-777-1120 arlene.andrews@sc.edu
- Angelique, Holly.** 353 S. Union St. Middletown PA 17057 USA; 717-948-6047 717-948-6519 hxa11@psu.edu
- Applewhite-Coney, Erain.** 48 Wilson Place Apt. 2 Belleville NJ 07109 USA; 973-844-9592 emarissa@verizon.net
- Aramayo, Susana.** Avda. Villazon 1958 Apt.13-B La Paz Bolivia; 5912-354-263 5912-811-3215
- Armstead, Theresa.** Vanderbilt University, Peabody College, Dept. of Human & Organizational Development Box #90 Nashville TN 37203-5701 USA; 615-322-8103 theresa.armstead@vanderbilt.edu
- Arthur, Michael.** Social Development Resource Group 9725 3rd Ave NE, Ste. 401 Seattle WA 98115-2024 USA; 206-685-3858 206-543-4507 marthur@u.washington.edu
- Ashiabi, Godwin.** 8-1701 Ashwood Dr. Rolla MO 65401 USA; 314-682-0432 ashiabig@missouri.edu
- Ashton, William.** York College-CUNY, Dept. of Political Science and Psychology, Room 4D-06 94-20 Guy R. Brewer Blvd. Jamaica NY 11451 USA; 718-262-2699 washton@york.cuny.edu
- Atkins, Marc.** Univ. of IL at Chicago, Dept. of Psychiatry (MC 747) 1747 W. Roosevelt Road, Room 155 Chicago IL 60608 USA; 312-413-1048 312-996-9795 matkins@psych.uic.edu
- Aubel, Judi.** c/o Thomas Osborn; FAO AGPS/Room C709 Viale delle Termi di Caracalla 00100 Rome Italy; (39) 0657 43998 judiaubel@aliceposta.it
- Aubry, Tim.** University of Ottawa School of Psychology Ottawa Ontario K1N 6N5 Canada; 613-562-5800 x4815 613-562-5169 taubry@uottawa.ca
- Aupont, Maryse.** 643 NW 89th Ave. Plantation FL 33324 USA; 954-803-0627 spicy01@bellsouth.net
- Ayala-Alcantar, Christina.** California State University, Northridge 18111 Nordhoff Street Northridge CA 91330-8246 USA; 818-677-2737 Eves- 562-863-8542 christina.ayala-alcantar@csun.edu

B

- Bailey, Susan.** 230 Plains Rd. Silver Lake NH 03875 USA; 603-367-8058 joedwhit@verizon.net
- Baker, Charlene.** 167 Sisson Ave. NE Atlanta GA 30317 USA; 770-488-1737 770-488-1011 cbaker@cdc.gov
- Baker, Crissy.** 570 Boulevard Place Apt. 7 Atlanta GA 30308 USA; 770-596-8812 cbaker2@student.gsu.edu
- Balcazar, Fabricio.** University of Illinois-Chicago, DDHD (M/C 626) 1640 W Roosevelt Road Chicago IL 60608-1316 USA; 312-413-1646 312-413-1804 fabricio@uic.edu
- Balfanz-Vertiz, MSW, LSW, Kristin.** Schwab Rehabilitation Hospital 1401 S. California Blvd. CHicago IL 60608 USA; 773-522-5869 773-522-6650 balkr@sinai.org
- Banh, My.** 1 Catenaccia Way #48 Jamaica Plain MA 02130 USA; 617-414-5460 617-414-7435 mbanh@bu.edu
- Banyard, Victoria.** University of New Hampshire, Dept. of Psychology Conant Hall, 10 Library Way Durham NH 03824 USA; 603-862-2869 vlb@cisunix.unh.edu
- Barbarin, Oscar.** 102 Forest Ridge Drive Chapel Hill NC 27514 USA; 919-962-6405 barbarin@unc.edu

Barker, Chris. University College London, Dept. of Clinical Health Psychology Gower Street London WC1E 6BT England; +44 207 679 5962 +44 207 916 1989 c.barker@ucl.ac.uk

Barker - Hackett, Lori. 3801 W. Temple Ave. Pomona CA 91768 USA; 909-869-3904 909-869-4930 LABarker@CSUpomona.edu

Barnes, Keith. 998 Bluebird Place Qualicum Beach BC V9K 1M7 Canada; 250-752-0397 250-752-0397 kbarnes@bcsupernet.com

Barrasso, Danielle. 17 Janet Rd. Chelmsford MA 01824 USA; 508-284-0297 danielle.barrasso@student.uml.edu

Barrera, Jr., Manuel. Arizona State University, Dept. of Psychology Box 871104 Tempe AZ 85287-1104 USA; 480-965-3826 480-965-8544 manuel.barrera@asu.edu

Barrett, Mark. Chulalongkorn University, Faculty of Psychology Phyanthhai Road, Wangmai Pathumwan Bangkok 10330 Thailand; 65-6779-2417 65-6779-2417 mebarrett@yahoo.com

Bartsch, Vanessa. 98-630 Moanalua Loop #223 Aiea HI 96701 USA; 562-682-6690 bartsch@alumni.usc.edu

Batada, Ameena. 120 North Wolfe St. Baltimore MD 21231 USA; 410-614-5155 410-614-1799 abatada@jhsph.edu

Baumack, Lorraine. 1506 IH 35 South #1211 San Marcos TX 78666 USA; 512-517-2327 lorraine.baumack@austin.utexas.edu

Becker, Evelyn. PO Box 2584 Ft. Defiance AZ 86504 USA; 928-729-8503 evviebecker@frontiernet.net

Beeble, Marisa. 1640 Spartan Village, Apt. H East Lansing MI 48823 USA; 517-353-6849 beeblema@msu.edu

Behling, Steven. 3330 N. Lake Shore Dr. #2F Chicago IL 60657 USA; 773-368-1898 sbehling@depaul.edu

Benhorin, Rona. 5129 Greenwich Ave. Baltimore MD 21229 USA; 410-945-0075 rbenho1@umbc.edu

Benhorin, Shira. DePaul University 2256 N. Cleveland #303 Chicago IL 60614 USA; 773-871-1820 sbenhori@depaul.edu

Berkowitz, William. 12 Pelham Terrace Arlington MA 02476-6403 USA; 978-934-3655 978-934-3074 bill_berkowitz@uml.edu

Bernal, Guillermo. Calle 2 E-1 Urb Montebello Park Trujillo Alto, PR 976 Puerto Rico; gbernal@rrpac.upr.clu.edu

Bernier, Jennifer. 1-596 Silverbirch Road Waterloo Ontario N2L 4R5 Canada; 519-884-0710x2990 bern0927@mac1.wlu.ca

Bernstein, Alan. 68 Scenic Drive Leominster MA 01453 USA; 508-757-5631 508-757-2712 abernstein@unitedwaycm.org; alb@net1plus.com

Bernstein, Andrew. 30 Nance Road West Orange NJ 07052 USA; 973-378-8035 adbpsy@aol.com

Berryhill, Joseph. University of North Carolina-Asheville, Dept. of Psychology CPO #1960 Asheville NC 28804 USA; 282-251-6832 jberryhill@unca.edu

Bess, Kimberly. 2301 Ashwood Ave Nashville TN 37212 USA; 615-322-8273 615-322-1769 kimberly.d.bess@vanderbilt.edu

Biglan, Anthony. Oregon Research Institute 1715 Franklin Blvd. Eugene OR 97403 USA; 541-484-2123 541-484-1108 tony@ori.org

Bimbi, David. 160 First Street, #5 Hoboken NJ 07030 USA; 212-206-7918 x 237 davidbimbi@aol.com

Bisgnano, Gail. 184 Smith Hill Rd. New Milford CT 06098 USA; 860-355-1828 x27 bisgnano@earthlink.net

Bishop, Brian. Curtin University, School of Psychology PO Box U1987 Perth 6845 Australia; 61 8 9266 7181 618-9266-2464 b.bishop@curtin.edu.au

Blachman, Dara. 2032 N. Winchester Ave. #1F Chicago IL 60614 USA; 847-733-4300 x780 d-blachman@northwestern.edu

Blank, Michael. Center for Mental Health Policy & Svcs Rsrch 3535 Market Street, Rm 3020 Philadelphia PA 19104-3309 USA; 215-349-8488 215-349-8715 wblank@cmhpsr.upenn.edu

Bledsoe, Katrina. 1938B Pennington Road Ewing NJ 08618 USA; 609-771-2582 bledsoe@tcnj.edu

Bliss, Melanie. 954 Wandering Vine Drive Mableton GA 30126 USA; 404-616-6961 mbliss@gsu.edu

Bloodworth, Michelle. 621 N. Lombard Oak Park IL 60302 USA; 312-413-2729 mbloodl@uic.edu

Blum, Lisa. 1437 Scott Ave. Los Angeles CA 90026 USA; 310-694-6083 lclblum@sbcglobal.net

Boeninger, Daria. 1124 F St. #32 Davis CA 95616 USA; 503-747-0591 dkboeninger@ucdavis.edu

Bogat, G. Michigan State University, Department of Psychology East Lansing MI 48824 USA; 517-353-0812 bogat@msu.edu

Bond, Lynne. University of Vermont. Dept of Psychology John Dewey Hall 2 Colchester Ave. Burlington VT 05405-0134 USA; 802-656-1341 802-656-8783 lynne.bond@uvm.edu

Bond, Meg. University of Massachusetts-Lowell, Dept of Psychology 870 Broadway, #1 Lowell MA 01854-3006 USA; 978-934-3971 617-497-6850 meg_bond@uml.edu

Borg, Jr., Mark. 402 E. 11th Street , #2 New York NY 10009 USA; 212-978-0266 212-741-1697 oedtrex@aol.com

Borkman, Thomasina. 12 Park Vista Court Silver Spring MD 20906 USA; 301-598-7636 703-993-1446 tborkman@gmu.edu

Boyd, Rhonda. 229 W. Upsal Street #210 Philadelphia PA 19119 USA; 215-590-3945 215-590-7410 rboyd@mail.med.upenn.edu

Braciszewski, Jordan. Wayne State University, Dept. of Psychology 71 W. Warren Ave. Detroit MI 48202 USA; 313-577-9413 jmb@wayne.edu

Brand, Stephen. University of Rhode Island, NCPE-SP 19 Upper College Rd Kingston RI 02881 USA; 401-874-5681 401-874-5453 sbrand@uri.edu

Breen, Lauren. Edith Cowan University, School of Psychology 100 Joondalup Drive Joondalup 6027 Australia; 61 8 9444 2284 l.breen@ecu.edu.au

Britner, Preston. University of Connecticut, School of Family Studies 348 Mansfield Rd Unit 2058 Storrs CT 06269-2058 USA; 860-486-3765 860-486-3452 britner@uconn.edu

Brodsky, Anne. University of Maryland-BC, Dept. of Psychology 1000 Hilltop Circle Baltimore MD 21250 USA; 410-455-2416 410-455-1055 brodsky@umbc.edu

Brookings, Jeffrey. Wittenberg University, Psychology Dept. Box 720 Springfield OH 45504 USA; 937-327-7485 937-327-7481 jbrookings@wittenberg.edu

Brown, Louis. Wichita State University 1845 N. Fairmount, Box 34 Wichita KS 67260 USA; 316-978-5415 316-978-3593 ldbrown@wichita.edu

Brown, Vivian. 822 6th St. Manhattan Beach CA 90266-5858 USA; 310-641-7795 310-649-3096 protoceo@aol.com

Brown, Ph.D., Scott. University of Miami, Center for Family Studies 1425 NW 10th Ave., Rm. 210-B Miami FL 33136 USA; 305-243-4410 305-243-4417 sbrown@med.miami.edu

- Brunson, Liesette.** Dept. of Psychology; University of Quebec at Montreal CP 8888, Succursale Centre-ville Montreal Quebec H3C 3P8 Canada; 514-987-3000x2293 brunson.liesette@uqam.ca
- Bry, Brenna.** Rutgers University, GSAPP 152 Frelinghuysen Rd. Piscataway NJ 08854-8085 USA; 732-445-2000 x114 732-445-4888 bbry@rci.rutgers.edu
- Bryan, Keli.** 4674 HW 151 Downsville LA 71234 USA; 702-521-5845 kelibryan@hotmail.com
- Buchanan, Rebecca.** Westat 1650 Research Blvd. Rockville MD 20850 USA; 301-610-4877 301-610-5140 reccabuchanan@westat.com
- Buckner, John.** 63 Walnut Road Weston MA 02493-1029 USA; 617-620-9286 john.buckner@childrens.harvard.edu
- Bueno, Amanda.** 23138 Colony Park Dr. Carson CA 90745 USA; 231-482-5990 213-482-5903 abueno@first5.org
- Burnham, Violet.** Box 8 Kaltag AK 99748 USA; 907-534-2220 907-534-2236 vmburnham@aol.com
- Butterworth, Iain.** 221 Burwood Hwy Burwood Vic 3125 Australia; 61-3-92517631 iain.butterworth@deakin.edu.au
- Bybee, Deborah.** 4150 N Williamston Road Williamston MI 48895-9174 USA; 517-655-2241 dbybee@umich.edu
- C**
- Cafasso, Lynda.** Concordia University 7400 Augusta River Forest IL 60305 USA; 708-209-3495 708-209-3176 lynda.cafasso@curf.edu
- Caldwell, Leon.** 221 Teac Hall Lincoln NE 68588-0345 USA; 402-472-6947 402-472-8319 lcaldwell2@unl.edu
- Camacho, Jose Antonio.** 7902 Mayfair Circle Ellicott City MD 21043 USA; 410-540-9558 josecamacho@comcast.net
- Cameron, Rebecca.** California State Univ.-Sacramento, Dept. of Psychology 6000 J Street Sacramento CA 95819-6007 USA; 916-278-6892 916-278-6820 cameron@csus.edu
- Camic, Paul.** Canterbury University College, Salomons Centre Broomhill Road Tunbridge Wells Kent TN3 0TG United Kingdom; p.camic@canterbury.ac.uk
- Campanelli, PsyD, Peter.** 40 Rector Street., 8th Floor New York NY 10006-1705 USA; 212-385-3030 x107 212-385-2849 ICLPeterC@aol.com
- Campbell, Rebecca.** Michigan State University Dept. of Psychology East Lansing MI 48824-1117 USA; 517-432-8390 517-432-2945 rmc@msu.edu
- Cantillon, Jr., Daniel.** Health Research & Policy Centers 1747 W. Roosevelt Rd., Room 558 (M/C 275) Chicago IL 60608 USA; 312-413-7898 cantillo@uic.edu
- Cappella, Elise.** 2034 N. Mohawk St. Chicago IL 60614 USA; ecappella@psych.uic.edu
- Carey, James.** Div. of HIV & AIDS Prevention 1600 Clifton Rd., Mailstop E-37 Atlanta GA 30333 USA; 404-639-1903 404-639-1950 jfc9@cdc.gov
- Case, Ph.D., Kim.** 270 El Dorado Blvd #1104 Webster TX 77598 USA; 513-385-1665 513-556-1904 casek@nku.edu
- Casey, Ph.D., David.** University of Calgary, Centre for Health and Policy Studies 3330 Hospital Dr. NW Calgary Alberta T2N 4N1 Canada; 403-210-8625 403-210-3818 dcasey@ucalgary.edu
- Caty, Caren.** 1234 Chautauqua Blvd. Pacific Palisades CA 90272 USA; 310-454-6282 310-230-0776 ccaty66@aol.com
- Chan, Alfred.** Lingnan University Tuen Mun Hong Kong; 852 2616 7197 852 2469 4432 sscmchan@ln.edu.hk
- Chandra, Anita.** 6504 Great Drum Circle Columbia MD 21044-6050 USA; 410-614-5155 (w) 410-531-0487 (h) 410-614-3956 achandra@jhsph.edu
- Chapman, Nancy.** Portland State University School of Urban Studies & Planning Portland OR 97207 USA; 503-725-5174 503-725-8770 chapmann@pdx.edu
- Chavis, David.** Association for the Study & Development of Community 312 South Frederick Ave. Gaithersburg MD 20877 USA; 301-519-0722 X109 301-519-0724 dchavis@capablecommunity.com
- Cheng, Sheung-Tak.** Department of Applied Social Studies, City University of Hong Kong 83 Tat Chee Avenue Hong Kong; 852-2788-8745 852-2788-8960 tak.cheng@cityu.edu.hk
- Cherniss, Cary.** Rutgers University, GSAPP 152 Frelinghuysen Rd. Piscataway NJ 08854 USA; 732-445-2187 732-445-4888 cherniss@rci.rutgers.edu
- Chesir-Teran, Daniel.** 136 College PL. So. Orange NJ 07079 USA; 212-263-8668 chesir@xp.psych.nyu.edu
- Cheung, Fanny.** Chinese University of Hong Kong Dept. of Psychology Hong Kong SAR Hong Kong; 852-2609-6481 852-2603-5019 fmcheung@cuhk.edu.hk
- Chimata, Radhika.** 3217 Mallard Drive Homewood IL 60430-4377 USA; 708-557-0070 708-799-7305 rchimata@depaul.edu
- Chinman, Matthew.** 1776 Main Street Santa Monica CA 90407 USA; 310-393-0411 ext6783 310-260-8152 Matthew.Chinman@rand.edu
- Chioneso, Nkechinyelum.** 155 West Main St. Apt. 464 Vernon CT 06066 USA; 860-872-3758 chionesona@yahoo.com
- Chipuer, Heather.** Griffith University, School of Applied Psychology Mt. Gravatt Campus Mt. Gravatt Queensland 4111 Old Australia; 07-3875-3307 07-3875-6637 h.chipuer@mailbox.gu.edu.au
- Chirichella-Besemer, Dawn.** 375 Abington Place East Meadow NY 11554 USA; 516-826-7934 dmchella@aol.com
- Chou, Tsai-Chung.** 5F., No. 5, Alley 7, Lane 263, Fuhe Rd. Yonghe City Taipei County 234 Taiwan (R.O.C.); 886-2292656212 886-22939-0644 chung918@yahoo.com.tw
- Chun, Maria.** c/o Office of the Auditor 465 South King Street, #500 Honolulu HI 96813 USA; 808-587-0807 808-587-0830 mchun81425@aol.com
- Civjan, Sheryl.** 205 North Maple St. Florence MA 01062 USA; 413-586-7841 sheryl.civjan@juno.com
- Clark, Laura.** 4301 Truscott Road Charlotte NC 28226 USA; 704-371-6289-704-543-1370 Evening lclark@carolina.com
- Cleek, Andrew.** 1573 York Ave. #4N New York NY 10028 USA; 212-249-6864 acleek@msn.com
- Coatsworth, J. Douglas.** Penn State University, Prevention Research Center 110 South Henderson Bldg. University Park PA 16802 USA; 814-865-2618 814-865-2530 jdc15@psu.edu
- Coggins, Copper.** 95 Old Coggins Place Asheville NC 28805 USA; 828-280-2233 828-299-1804
- Cohen, Dr. Lynne.** 101 Wordsworth Ave. Yokine 6060 Western Australia; 61-892763376 61-892763376 l.cohen@ecu.edu.au
- Cohen, Richard.** 901 Latimer Street Philadelphia PA 19107-5711 USA; 215-985-2501 215-731-2044 rjc@phmc.org
- Cohen, Robert.** 2113 Park Avenue Richmond VA 23220 USA; 804-828-3147 804-828-2645 rocohen@hsc.vcu.edu

Cole, Christine. Metropolitan State University 742 Hague Avenue Saint Paul MN 55104 USA; 651-222-2599 651-665-9682 chrisjerr@aol.com

Colman, Robert. 315 Woodbine Street Harrisburg PA 17110-1856 USA; 717-238-4492 717-238-0733 rwc@psu.edu

Cook, Cory. 135 South Kuakini St. Honolulu HI 96813 USA; 808-956-7119 808-256-0541 coreness@aol.com

Cook, James. University of North Carolina-Charlotte, Dept. of Psychology 9201 University City Boulevard Charlotte NC 28223 USA; 704-687-4758 704-687-3096 jcook@email.uncc.edu

Cook, Sarah. Dept. of Psychology PO Box 5010 Atlanta GA 30302 USA; 404-651-0762 404-651-1391 scook@gsu.edu

Cooke, Deanna. 1421 37 Street Washington DC 20057 USA; 202-687-8978 202-687-8980 dyc4@georgetown.edu

Cooper, Saul. 1050 Wall Street Ann Arbor MI 48105-1974 USA; 734-761-3216 cooper.saul@att.net

Coppens, Nina. 129 Shore Drive Nashua NH 03062-1339 USA; 603-882-7325 nina_coppens@uml.edu

Corbett, Christopher. 11 Debbie Ct. Albany NY 12205 USA; 518-486-2425

Cornish, Flora. University of Cambridge, Dept. of Social and Developmental Psychology Free School Lane Cambridge CB2 3RQ United Kingdom; +44 (0) 1223 762843 +44 (0) 1223 334550 floracornish@yahoo.com; fc266@cam.ac.uk

Cortright, Kathryn Harding. 2141 Ludington Ave. Wauwatosa WI 53226 USA; 414-771-9238 hardingk23@hotmail.com

Coscomb, Tarrea. PO Box 128 New Cumberland PA 17070 USA; 717-512-6173 trc162@psu.edu

Courtenay-Quirk, Cari. 1203 Haven Brook Way Atlanta GA 30319 USA; 404-639-1924 404-639-1950 afv2@cdc.gov

Coyne, Shawn. 207 Rocky Point Dr. Columbia SC 29212 USA; 803-777-4864 coyesh@mailbox.sc.edu

Creekmore, Mark. 2051 Chaucer Drive Ann Arbor MI 48103-6105 USA; 734-662-2280 734-662-4705 creekmor@umich.edu

Crespo, Natalie. 737 McCully St. #10 Honolulu HI 96826 USA; 808-956-7119 ncrespo@hawaii.edu

Crisan, Ioana Unda. 1 Solomont Way MS#5702 Lowell MA 01854-3097 USA; 917-653-7573 ounda@yahoo.com

Crosbie, Teresa. 44 Marin Bay Park San Rafael CA 94901 USA; 415-457-2344 415-457-2364 teresawilson-crosbie@msn.com

Crosby-Currie, Catherine. St. Lawrence University Dept. of Psychology Canton NY 13617 USA; 315-229-5167 315-229-7427 cacrcu@stlawu.edu

Crouch, Ronald. 2513 N. Southport Ave. 2R Chicago IL 60614 USA; 773-975-8139 rcrouch@depaul.edu

Crusto, Cindy. 29 Westwood Rd. New Haven CT 06515 USA; 203-387-2299 crustoc@aol.com

Culley, Ph.D., Marci. Georgia State University, Dept. of Psychology PO Box 5010 Atlanta GA 30302-5010 USA; 404-651-1607 404-651-1391 mculley@gsu.edu

Cunningham, Joseph. Peabody College of Vanderbilt University Box 90 Nashville TN 37203 USA; 615-322-2677 615-322-1141 joe.cunningham@vanderbilt.edu

Curenton, Stephanie. Florida State University, Family & Child Sciences 212 Sandels Tallahassee FL 32306 USA; 850-645-5776 850-644-3439 scurenton@fsu.edu

D

Da Silva Maria, Susana. Urbanizacao Fonte Dos Coracoes Lote 14 Gaeiras Obidos 2510-749 Portugal; 351-96-662-5118 351-21-88-60-954 sgmaria@yahoo.com

Dalton, Jr., James. Bloomsburg University Department of Psychology Bloomsburg PA 17815 USA; 570-389-4475 570-389-2019 jdalton@bloomu.edu

Daniel, Jessica. Department of Psychiatry Fegan 8, Children's Hospital 300 Longwood Ave. Boston MA 02115 USA; 617-355-6734 617-730-0319 jessica.daniel@childrens.harvard.edu

Danish, Steven. Virginia Commonwealth University, Dept. of Psychology Box 842018 Richmond VA 23216 USA; 804-828-4384 804-828-0239 sdanish@vcu.edu

Darlaston-Jones, Dawn. 26 Campbell Drive Hillarys 6025 Western Australia; -11227 -11520 d.darlast@ecu.edu.au

Darnell, Adam. 1101 Juniper St, Apt #58 Atlanta GA 30309 USA; 404-872-6405 darnelladam@hotmail.com

D'Augelli, Anthony. Penn State University 119 Henderson South University Park PA 16802 USA; 814-234-0111 814-865-4470 ard@psu.edu

David, Luis. Jesuit Residence, Ateneo de Manila PO Box 154, Manila Central Post Office Manila 917 Phillipines; ldavid@ateneo.edu

Davidson II, William. Michigan State University, Psychology Dept. 135 Snyder Hall East Lansing MI 48824 USA; 517-353-5015 517-432-2945 davidso7@msu.edu

Davis, Anita. Rhodes College, Dept. of Psychology 2000 N Parkway Memphis TN 38112 USA; 901-843-3989 901-843-3427 adavis@rhodes.edu

Davis, Margaret. Center for Community Research 990 W Fullerton Ave., Suite 3100 Chicago IL 60614 USA; 773-325-4964 773-325-4923 mdavis1@depaul.edu

Davis, Nina. 100 Union Dr. Apt. 222 Albany NY 12208 USA; 518-694-9682 nina26803@cs.com

Davis, Trina. 3819 1/2 N. Greenview, #1E Chicago IL 60613 USA; 773-325-7783 773-325-7781 tdavis@depaul.edu

Davison, Colleen. University of Calgary, Centre for Health and Policy Studies 3330 Hospital Dr. NW Calgary Alberta T2N 4N1 Canada; 403-220-8193 403-210-3818 cmdaviso@ucalgary.ca

De Jesus, Maria. 45 Donnybrook Road Brighton MA 02135 USA; 617-783-4956 dejesuma@yahoo.com

De Piano, Linda. 1041 45th St. West Palm Beach FL 33407 USA; 561-383-5711 561-514-1995 ldepiano@oakwoodcenter.org

Deacon, Zermarie. 1747 Maple Ridge Road #20 Haslett MI 48840 USA; 517-381-2083 deaconze@msu.edu

DeFour, Darlene. Hunter College, Dept. of Psychology 695 Park Ave New York NY 10021-5024 USA; 212-772-5679 212-772-5620 ddefour@hunter.cuny.edu

Degirmencioglu, PhD, Serdar. Biligi University Dept. of Psychology, Faculty of Science and Letters Kustepe Istanbul 34387 Turkey; 90-212-3116382 90-212-216-8477 serdard@bilgi.edu.tr

Denner, Jill. 4 Carbonero Way Scotts Valley CA 95066 USA; 831-438-4060 831-438-3577 jilld@etr.org

Denyer, Kara. 1024 Hill Street Ann Arbor MI 48109-3310 USA; 734-763-9056 734-647-7464 denyeka@umich.edu

Desrochers, Mireille. University of Quebec-Montreal, Dept. of Psychology GRAVE/ARDEC C.P. 8888 Downtown Sta.

- Montreal Quebec H3C 3P8 Canada; 514 987-3000 (6850) 514 987-8408 mireille.desrochers@internet.uqam.ca
- Diaz**, Manuela. 1710 Third Avenue Walnut Creek CA 94597 USA; 415-206-5096 925-988-0641 mdiaz@itsa.ucsf.edu
- Diaz**, Rafael. Cesar Chavez Institute, SFSU 3004 16th Street Ste 301 San Francisco CA 94103 USA; 415-522-5808 415-522-5899 rmdiaz@sfsu.edu / skhoury@sfsu.edu
- Diemer**, Matthew. Michigan State University 441 Ericson Hall East Lansing MI 48824 USA; 517-432-1524 diemerm@bc.edu
- Diener, Ph.D.**, Carol. 1711 Mayfair Road Champaign IL 61821-5522 USA; 217-333-8545 217-398-8205 cdiener@s.psych.uiuc.edu
- Dienes**, Bruce. Box 2349 Wolfville NS B4P 2N5 Canada; 902-678-6390 902-678-6205 bdienes@capflex.com
- Dierks**, Kevin. 108 C Maluniu Kailua HI 96734 USA; kdierks@hawaii.edu
- Dinh**, Khanh. University of Massachusetts-Lowell, Dept. of Psychology 870 Broadway Lowell MA 01854 USA; 978-934-3916 978-934-3074 khanh_dinh@uml.edu
- Disch**, William. 4 Rattlesnake Ledge Road Salem CT 06420 USA; 860-859-1235 dischw@ccsu.edu
- Dockett**, Kathleen. 4224 Blagden Ave NW Washington DC 20011-4246 USA; 202-723-0503 202-274-5705 kdockett@udc.edu
- Dohrenwend**, Bruce. 1056 5th Ave New York NY 10028-0112 USA; 212-795-0211 212-795-8084
- Dokecki**, Paul. Vanderbilt University, Peabody College, Dept. of Human and Organizational Development Box #6 Nashville TN 37202-0006 USA; 615-322-8418 615-343-2661 paul.r.dokecki@vanderbilt.edu
- Dolezal**, Theresa. 4381 331st Ave. NE Cambridge MN 55008 USA; 612-879-8521 tdapple@aol.com
- Doll**, Mimi. 4712 N. Bernard #2W Chicago IL 60625 USA; 773-325-4044 773-325-2057 mdoll@depaul.edu
- Dooley**, C.D.. 5461 Sierra Verde Irvine CA 92603 USA; 949-824-5293 949-824-3002 cddooley@uci.edu
- Dopp**, Peter. 15 View St. Holyoke MA 01040 USA; 413-552-3158 apdopp@verizon.net
- Dorlen**, Rosalind. 332 Springfield Avenue Summit NJ 07901 USA; 908-522-1444 908-233-9310 dorlen@mindspring.com
- Dorr**, Darwin. 717 N Sandpiper Wichita KS 67230-7012 USA; 316-978-3317 darwin.dorr@wichita.edu
- Douglas**, Deanna. 6936 Bainbridge Road Wichita KS 67226-1008 USA; 316-685-8617 316-685-8617 dkdouglas@wichita.edu
- Dowrick**, Peter. Center on Disability Studies 1776 Univ Ave UA4-6 Honolulu HI 96822-2463 USA; 808-956-8741 808-956-4371 dowrick@hawaii.edu
- Dreyer**, Carmen. Madreselvas 3726 - Macul Santiago Chile; day - 56-2 696-8442 eve - 56-2 3189471 56-2 698-1035 cusilva@puc.cl
- DuBois Ph.D.**, David. University of Illinois-Chicago, Community Health Sciences (MC 923), School of Public Health 1603 W. Taylor Street Chicago IL 60612-4394 USA; 312-413-3564 312-996-3551 dldubois@uic.edu
- Dubow**, Eric. Bowling Green State University Dept. of Psychology Bowling Green OH 43403-0001 USA; 419-372-2556 419-372-6013 edubow@bgnet.bgsu.edu
- Duffy**, Jennifer. University of South Carolina Dept. of Psychology Columbia SC 29208 USA; 803-600-8550 803-771-9759 jenduffy@sc.edu
- Duffy**, Karen. P.O. Box 324 Geneseo NY 14454 USA; 716-245-5213 716-245-5235 duffy@geneseo.edu
- Dufort**, Francine. Ecole de Psychologie Universite Laval, CITE STE-FOY PQ G1K7P4 Canada; 418-656-2131 #2712 418-656-3646 francine.dufort@psy.ulaval.ca
- Dumka**, Larry. Arizona State University, Dept. of Family & Human Development Box 872502 Tempe AZ 85287-2502 USA; 480-965-5797 480-965-6997 larry.dummka@asu.edu
- DuMont**, Kimberly. 38 Sherman Place Morristown NJ 07960 USA; 973-292-3607 dumontki@umdnj.edu
- Duncan**, Joan. 188 Scribner Ave. Norwalk CT 06854 USA; 203-854-4805
- Duncan**, Larissa. Penn State University 110 South Henderson Bldg. University Park PA 16802 USA; 814-235-0851 lgd110@psu.edu
- Dunn**, Cheryl. PO Box 1614 Santa Monica CA 90406 USA; 310-663-7887 questcher@earthlink.net
- Dunst**, Carl. 1623 Old Fort Road Fairview NC 28730-7618 USA; 828-255-0470 828-255-9035 dunst@puckett.org
- Dupertuis**, Daniel. Universidad de Buenos Aires Facultad de Psicologi Paunero 2793, Pisco 5#F Buenos Aires 01425 Argentina; 5411 4802 1244 5411 4803 8977 dgdupertuis@psi.uba.ar
- Durlak**, Joseph. Loyola University, Dept. of Psychology 6525 N. Sheridan Road Chicago IL 60626-5344 USA; 773-508-2969 773-508-8713 jdurlak@luc.edu

E

- Ebreo**, Angela. IRRPP-University of Illinois 412 S Peoria, Ste. 324 Chicago IL 60607 USA; 312-996-5294 312-413-2091 aebreo@uic.edu
- Eby**, Kimberly. George Mason University, New Century College (MSN 5D3) G4400 University Drive Fairfax VA 22030-4444 USA; 703-993-4338 703-993-1439 keby1@gmu.edu
- Edgerton**, J W. 6100 W.Friendly Apt. 2312 Greensboro NC 27410 USA; 336-851-2784 336-851-2784 wilnme@mindspring.com
- Eemshoff**, James. Georgia State University Dept. of Psychology Atlanta GA 30303 USA; 405-651-2029 404-651-1391 jemshoff@gsu.edu
- Elias**, Maurice. Rutgers University, Dept. of Psychology 53 Ave E Livingston Campus Piscataway NJ 08854 USA; 732-445-2444 732-445-0036 hpusy@aol.com
- Ellis**, Mesha. 6100 Center Drive Los Angeles CA 90045 USA; 310-568-5768 mellis@pepperdine.edu
- Elrod**, Carrie. 15 Crawford Ave. West Lebanon NH 03784 USA; 603-298-5323 802-296-5135 carrie.elrod@dartmouth.edu
- Engelman**, Amy. 594 S. Logan Denver CO 80209 USA; 303-722-3882 aengelma@du.edu
- Engstrom**, Mark. 2440 W. Walton, #1R Chicago IL 60622 USA; 773-227-7723 mengst1@uic.edu
- Espino**, Susan Ryerson. 1174 N. Beverly Lane Arlington Hts. IL 60005 USA; 847-398-9616 sryers1@uic.edu
- Estrine**, Steven. 310 Lexington Ave. #15F New York NY 10016-3173 USA; 212-681-0930 212-867-8633
- Evans**, Scot. 1401 Dallas Avenue Nashville TN 37212 USA; 615 327-4455 615 329-1444 scotney.d.evans@vanderbilt.edu
- Evensen**, Paul. 4048 Juniata St. Louis MO 63116 USA; 785-838-3320 785-838-4803 pevensen@communitysystemsgroup.com

F

Falb, Timothy. 10648 Bartlett Drive Grass Valley CA 95945 USA; 301-681-8166 tfalb@juno.com

Farley, Frank. Temple University 213 Ritter Addition Philadelphia PA 19122 USA; 215-204-6024 215-204-6013 frank.farley@temple.edu

Felner, Robert. University of Louisville, College of Education & Human Dev. Office of the Dean, Rm. 126 D Louisville KY 40294 USA; 401-874-5672 502-852-1464 r.felner@louisville.edu

Felton, Barbara. 55 East 11th St., #6 New York NY 10003 USA; 212-673-3556 212-533-0366 bfelton@ihhpar.rutgers.edu

Fernandez, Ph.D, Isa. 6335 La Gorce Dr. Miami Beach FL 33141 USA; 305-243-2630 305-243-2634 isa@miami.edu

Ferrari, Joseph. DePaul University, Dept. of Psychology 2219 N Kenmore Ave Chicago IL 60614-3504 USA; 773-325-4244 773-325-7888 jferrari@depaul.edu

Finkel, Julia. 922 Downer Lansing MI 48912 USA; 517-485-0038 jjf67d@umkc.edu

Fisher, Adrian. Victory University, Dept. of Psychology (F089), PO Box 14428 Melbourne City MC Melbourne 8001 Australia; 61-3-9919-5221 61-3-4324 adrian.fisher@vu.edu.au

Fisher, Philip. Oregon Social Learning Center 160 East 4th Avenue Eugene OR 97401 USA; 541-485-2711 541-681-4220 philf@oslc.org

Fishman, Daniel. 57 Jaffray Court Irvington NY 10533 USA; 914-693-8549 603-917-2567 dfish96198@aol.com

Flaspohler, Paul. Miami University Dept. of Psychology Oxford OH 45056 USA; 513-529-2469 513-529-1786 flaspopd@muohio.edu

Flay, Brian. University of Illinois-Chicago 850 W. Jackson, 4th floor, M/C 275 Chicago IL 60615 USA; 312-996-2806 312-996-2703 bflay@uic.edu

Fleming PhD, George. 243 W. Congress, Suite 350 Detroit MI 48226 USA; 313-567-2234 313-567-2817 gpsychdet@sbcglobal.net

Fleury-Steiner, Ruth. University of Delaware 116 Alison Hall West Newark DE 19716 USA; 302-831-8560 302-831-8776 rfs@udel.edu

Flynn, Andrea. 1536 W. Roscoe, Apt. 1 Chicago IL 60657 USA; 773-325-7151 aflynn1@depaul.edu

Fogel, Sondra. University of South Florida, School of Social Work MGY 132 Tampa FL 33620 USA; 813-974-7347 813-974-4675 sfogel@cas.usf.edu

Fondacaro, Mark. 3444 NW 63rd Pl Gainesville FL 32653-8861 USA; 352-392-0601 x251 352-392-7985 mfondaca@ufl.edu

Forde, Carrie. 1801 West First Oil City PA 16301 USA; 814-676-6591 814-676-1348 cforde@clarion.edu

Formoso, Diana. 650 W. Buckingham Pl., Apt. 1 Chicago IL 60657 USA; 773-404-6159 dianaf@uic.edu

Fortin-Pellerin, Laurence. 3640 Lanthier Quebec Canada; 418-656-2131 x4781 laurence.fortin-pellerin@ulaval.ca

Fortunato, Christine. 28 Fairmont St. Wethersfield CT 06109 USA; 860-297-4381 860-566-8714 cfortunato63@aol.com

Fraga, Psy.D., Michael. PO Box 2792 Petaluma CA 94953 USA; 707-544-4451 x306 707-544-4492 michael@msn.com

Francisco, Vincent. University of North Carolina - Greensboro 437 HHP Building, PO Box 26170 Greensboro NC 27402-6170 USA; 336-334-5520 336-334-3238 vincent_francisco@uncg.edu

Franklin, Brenda. 23 Rivas Avenue San Francisco CA 94132 USA; 415-334-6363 bfranklin63@earthlink.net

French, Sabine. University of Illinois-Chicago, Dept. of Psychology (M/C 285) 1007 West Harrison Street Chicago IL 60607-7137 USA; 312-355-2504 312-413-4122 sefrench@uic.edu

Friedman, Stacey. 25 Linden St. #3 New Haven CT 06511 USA; 203-789-7645 staceyfriedman@yahoo.com

Fryer, David. Helenslea, Feddal Road Braco Dunblane FK15 9QG Scotland; +44 (0) 1786-467650 +44 (0) 1786-467641 d.m.fryer@stir.ac.uk

Fuehrer, Ann. Miami University Department of Psychology Oxford OH 45056 USA; 513-529-6827 513-529-2420 fuehrea@muohio.edu

Fuentes, Milton. Montclair State University Dept. of Psychology Upper Montclair NJ 07043 USA; 973-655-7967 973-655-5121 fuentesm@mail.montclair.edu

Furman, Marilyn. 435 South Tryon St. Suite 907 Charlotte NC 28202 USA; 704-377-6631 mffurman@aol.com

Fyson, Stephen. 36 Illawarra Ave. Cardiff NSW 2285 Australia; 02-49536695 sfyson@huntercs.org

G

Gaba, Ayorkor. 8 Lincoln Place Apt. B North Brunswick NJ 08902 USA; 732-309-8152 yokigaba@hotmail.com

Gagne, Marie-Helene. Universite Laval; School of Psychologie Bureau FAS-1116 Quebec City QC G1K 7P4 Canada; 418-656-2131 x2240 418-656-3646 marie-helene.gagne@psy.ulaval.ca

Galano, Joseph. College of William & Mary, Dept. of Psychology PO Box 8795 Williamsburg VA 23187-8795 USA; 757-221-3878 jxgala@wm.edu

Galbavy, Renee. 8232 Kings Aum Dr. Alexandria VA 22308 USA; 703-589-3404 galbavy@hawaii.edu

Gaojia, Stephen. 1207 Meade St. Reading PA 19611 USA; 610-278-8266 x-432 610-208-0289 skegao@aol.com

Garcia, Irma. Taylor I-23A URB Parkville Guaynabo 00969 Puerto Rico; 787-789-2188 787-764-2615 irmaserrano@sanjuanstar.net

Garnets PhD, Linda. 3331 Ocean Park Blvd. Ste 201 Santa Monica CA 90405-3212 USA; 310-450-1188 310-399-0363 lgarnets@uda.edu

Gassman-Pines, Anna. 1628 Waverly St. Philadelphia PA 19146 USA; 212-988-7797 212-988-7781 ag313@nyu.edu

Gatz, Margaret. University of Southern California, Dept. of Psychology 3620 McClintock Ave. Los Angeles CA 90089-1061 USA; 213-740-2212 213-746-5994 gatz@usc.edu

Gee, Christina. George Washington University, Dept. of Psychology 2125 G Street NW Washington DC 20052 USA; 202-994-7683 202-994-1602 christinabgee@hotmail.com

Gensheimer, Leah. University of Missouri-Kansas City, Dept. of Psychology 4825 Troost, Room 214D Kansa City MO 64110-2437 USA; 816-235-1065 816-765-3856 GensheimerL@umkc.edu

Genz, Julie. 1014 NE 64th St. Vancouver WA 98665 USA; 503-280-6683 x222 julieg@pacifier.com

Gesten, Ellis. 205 83rd Street Holmes Beach FL 34217-1019 USA; 941-778-3583 gesten@chumal.cas.ust.edu

Gibb, Katie. 20 Downing Circle Downingtown PA 19335 USA; 610-873-8472 peter.gibb@verizon.net

- Gilbert, Stanley.** 2210 Eldorado Klamath Falls OR 97601 USA; 541-883-1030 541-884-2338 pcard@klamathyouth.org
- Ginexi, Elizabeth.** NIDA Prevention Research Branch 6001 Executive Blvd., Room 5153 MSC 9589 Bethesda MD 20892-9589 USA; 301-402-1755 301-480-2542 lginexi@nida.nih.gov
- Ginsberg, Mark.** 7325 Baltimore Ave. Takoma Park MD 20912 USA; 202-232-8777 202-328-1846 mrg17@aol.com
- Glenwick, PhD, David.** Fordham University, Psychology Dept. 441 E Fordham Road Bronx NY 10458 USA; 718-817-3790 718-817-3785 dglenwick@aol.com
- Goddard, Katherine.** 514 Elefa St. Roseville CA 95678 USA; 916-792-2704 kgoddard@psych.uiuc.edu
- Godfrey, Erin.** 15 Stanton St. #4F New York NY 10002 USA; 212-998-7797 ebg218@nyu.edu
- Goldberg, Richard.** 1114 E. 36th St. Baltimore MD 21218 USA; 410-706-2490 410-706-0022 rgoldeber@psych.umaryland.edu
- Goldstein, Marc.** Central Connecticut University, Dept. of Psychology 1615 Stanley Street New Britain CT 06053-2439 USA; 860-832-3112 860-832-3123 goldsteinm@ccsu.edu
- Gone, Joseph.** University of Michigan, Dept. of Psychology 525 East University, 2239 East Hall Ann Arbor MI 48109-1109 USA; 734-647-3958 734-615-0573 jgone@umich.edu
- Gonzales, Nancy.** Arizona State University, Dept. of Psychology PO Box 871104 Tempe AZ 85287-1104 USA; 480-965-8402 480-965-5430 nancy.gonzales@asu.edu
- Good, Trudy.** 1801 Fox Dr. Champaign IL 61820 USA; 217-398-8080 217-398-0172 tgood@soltec.net
- Goodenow, Carol.** Research Director, Health Educ. Program Mass. Dept of Educ., 350 Main Street Malden MA 02148 USA; 781-338-3603 cgoodenow@doe.mass.edu
- Goodkind, Jessica.** 2300 Morrow Rd. NE Albuquerque NM 87106 USA; 505-266-5013 505-272-4857 jgoodkind@salud.unm.edu
- Goodman, Lisa.** 83 Forest Street Newton MA 02461 USA; 617-552-1725 617-559-0174 goodmalc@bc.edu
- Goodman, Robert.** University of Pittsburgh, Graduate School of Public Health 208 Parran Hall, 130 DeSoto Street Pittsburgh PA 15261 USA; 412-624-3100 412-648-5975 rmg16@pitt.edu
- Gordon, Derrick.** The Consultation Center 389 Whitney Ave. New Haven CT 06511 USA; 203-789-7645 203-562-6355 derrick.gordon@yale.edu
- Gray, Denis.** North Carolina State University Psychology Dept. Raleigh NC 27695 USA; 919-515-1721 919-515-1716 denis.gray@ncsu.edu
- Green, Beth.** 5380 SW Macadam, Ste. 530 Portland OR 97239 USA; 503-243-2436 503-243-2454 green@npcresearch.com
- Greenberg, Mark.** Penn State University, Center on Prevention Research (Human Dev) 110 South Hendsen Bldg. University Park PA 16802 USA; 814-863-0112 814-865-2530
- Greenfield, Thomas.** Alcohol Research Group, PHI 2000 Hearst Ave., Suite 300 Berkeley CA 94709 USA; 510-643-5076 510-642-7175 tgreenfield@arg.org
- Gregory, Anne.** 3057 N. Spaulding Ave., #3 Chicago IL 60618 USA; 773-509-0616 anneg@socrates.berkeley.edu
- Gridley, Heather.** Victoria University, Dept. of Psychology PO Box 14428 Melbourne City MC Melbourne 8001 Australia; 61 3 9688 4324 613-9365-2218 heather.gridley@vu.edu.au
- Griffin, Patricia.** 8503 Flourtown Ave Wyndmoor PA 19038-7900 USA; 215-836-0570 215-836-0571 pgriffin@navpoint.com
- Groh, David.** 3032 N. Kenmore Ave. #1F Chicago IL 60652 USA; 773-935-2297 dgroh@depaul.edu
- Grunke, Mary.** 624 N 80th Terrace Kansas City KS 66112 USA; 913-334-2843 913-288-7666 mgrunke@toto.net
- Gullotta, Thomas.** Child and Family Agency 255 Hempstead St. New London CT 06320 USA; 860-443-2896 x1404 860-442-5909 tpg@aol.com
- Gutierrez, Lorraine.** 2115 Crestland Dr. Ann Arbor MI 48104 USA; 734-936-9124 734-936-1961 lorraing@umich.edu
- ## H
- Habarth, Janice.** PO Box 4262 Ann Arbor MI 48106 USA; jhabarth@umich.edu
- Haber, Mason.** Wayne State University, Dept. of Psychology 71 W. Warren Ave. Detroit MI 48202 USA; 248-584-0452 mhaber@sun.science.wayne.edu
- Hacker, Desideria.** 1533 Quarry Ct. Virginia Beach VA 23462 USA; 757-823-2228 757-823-2847 dshacker@nsu.edu
- Haine, Rachel.** Children's Hospital of San Diego 3020 Children's Way, MC 5033 San Diego CA 92123 USA; 858-966-7703 858-966-7704 rhaine@casrc.org
- Hale, Christopher.** 181 Beaver St. Ansonia CT 06401 USA; 203-735-4038 drchale@msn.com
- Hall, Kimberly.** 1970 S. Holt Ave., Apt. 6 Los Angeles CA 90034 USA; 310-845-1708 khall@uic.edu
- Hamby, Sherry.** Possible Equalities PO Box 772 Laurinburg NC 28353 USA; 910-276-7298 slhamby@email.unc.edu
- Hanlin, Carrie.** 1307 Acklen Ave. Nashville TN 37212 USA; 615-292-8550 carrie.e.hanlin@vanderbilt.edu
- Hanson, K. Lori.** 1900 Biscayne Blvd. Miami FL 33132 USA; 305-571-5700 305-571-5716 lori@thechildrenstrust.org
- Harelson, Robert.** 6624 Las Animas Dr. Martinez CA 94553 USA; 925-930-8087 925-937-8781 robertharelson@aol.com
- Hargrave, Stephanie.** 1845 Fairmount Box 34 Wichita KS 67218 USA; 316-978-3170 sjhargrave@wichita.edu
- Harper, Gary.** DePaul University, Dept. of Psychology 2219 N. Kenmore Ave. Chicago IL 60614 USA; 773-325-2056 773-325-2057 gharper@depaul.edu
- Harre, Niki.** New Zealand; 64-9-845-6525 64-9-373-7450 n.harre@auckland.ac.nz
- Harvey, Mary.** 73 Winthrop Rd Brookline MA 02445-4529 USA;
- Hastings PhD, Margaret.** PO Box 228 (mail in envelope, do not bulk mail) Kenilworth IL 60043-0228 USA; 847-256-4844 847-256-4844 margaretmhastings@earthlink.net
- Hawe, Penelope.** University of Calgary, Dept of Comm Health Sciences 3330 Hospital Drive NW Calgary Alberta T2N 4N1 Canada; 403 210-9383 403 210-3818 phawe@ucalgary.ca
- Hayashi, Yukiko.** 2829 Kolowalu St. Honolulu HI 96822 USA; 808-923-7348 808-923-7348 yukikohysh@aol.com; yukikoh@hawaii.edu
- Hayden, Elizabeth.** 25 Picabo Street Danielson CT 06239 USA; 860-779-7364
- Hayes, Erin.** University of Illinois-Chicago, Dept. of Psychology (MC285) 1007 W Harrison St., 1009 Behav. Sci. Bldg. Chicago IL 60607 USA; 773-848-1390 312-413-1804 ehayes@uic.edu
- Hazel, Cynthia.** 2450 S. Vine St. Denver CO 80208 USA; 303-871-2961 chazel@du.edu

Hazel, Kelly. 2616 Victory Memorial Drive Minneapolis MN 55412 USA; 651-793-1372 651-793-1368 kelly.hazel@metrostate.edu

Hebert-Beirne, Jennifer. 1521 W. Chase Ave. Chicago IL 60626 USA; 773-856-0886 jhbeirne@rcn.com

Heflinger, Craig Anne. Peabody College of Vanderbilt University, Dept. of Human and Organizational Development Box 90 Nashville TN 37203 USA; 615-322-8275 615-343-2661 c.heflinger@vanderbilt.edu

Heiligenthal, Angela. 220 Covington Ave. #60 Thomasville GA 31792 USA; 229-379-6861 angieh@siu.edu

Heller, Kenneth. Indiana University Dept. of Psychology Bloomington IN 47405 USA; 812-855-0343 812-855-4691 heller@indiana.edu

Helmen-Pekau, Monika. 7201 Knox Ave. S Richfield MN 55423 USA; 763-506-1272 612-869-2848 monika.helmen@anoka.k12.mn.us

Henry, David. 2136 W Warner Chicago IL 60618-3032 USA; 312-413-1728 312-413-1703 dhenry@uic.edu

Herman, Sandra. 2820 Cherithbrook Dr. Mason MI 48854 USA; 517-349-4476 herman1@msu.edu

Hernandez, Brigida. DePaul University, Psychology Dept. 2219 N. Kenmore Ave. Chicago IL 60614 USA; 773-325-4840 773-325-7888 bhernan4@depaul.edu

Herrera, Olga. 417 Ludington Ave. Madison WI 53704 USA; 608-240-2735 olgalucia@tds.net

Hess, Jacob. 10 South Main Street Farmington UT 84025 USA; 217-766-2471 jzhess@uiuc.edu

Hightower, A. Dirk. Children's Institute 274 N. Goodman Suite D103 Rochester NY 14607 USA; 585-295-1000 585-295-1090 dhightower@childrensinstitute.net

Hijjawi, Gina. 2950 Van Ness St. NW Apt. 627 Washington DC 20008 USA; 202-210-2638 grh3e@virginia.edu

Hill, Ph.D., Jean. New Mexico Highlands University Dept. of Behavioral Sciences Las Vegas NM 87701 USA; 505-454-3562 505-454-3331 jlhill@nmhu.edu

Hirsch, Barton. Northwestern University 2120 Campus Dr. Evanston IL 60208-0873 USA; 847-491-4418 847-491-8999 bhirsch@northwestern.edu

Hirschman, Richard. Kent State University Dept. of Psychology Kent OH 44240-1000 USA; 330-672-3783 330-672-3786 rhirschm@kent.edu

Hobfoll Ph.D, Stevan. Kent State University Dept. of Psychology Kent OH 44242-0001 USA; 330-672-2137 330-672-3786 shobfoll@kent.edu

Hoffnung, Robert. 101 Harrison Street New Haven CT 06515-1724 USA; 203-932-7281 Robert.Hoffnung@yale.edu

Holahan, Charles. University of Texas, Dept. of Psychology 1 Univ. Station A8000 Austin TX 78712-0187 USA;

Holditch-Niolon, Phyllis. Georgia State University 3977 McDaniel Street Atlanta GA 30341-1622 USA; 678-547-3503 pholditch@gsu.edu

Holland, Daniel. University of Arkansas at Little Rock, Dept. of Psychology 2801 S. University Ave. Little Rock AR 72204 USA; 501-569-3171 501-569-3047 dcholland@ualr.edu

Horen, Neal. 5322 Longsky Ct. Columbia MD 21045 USA; 410-772-1060 horenn@georgetown.edu

Horin, Elizabeth. DePaul University 2219 N. Kenmore Ave. Chicago IL 60614 USA; 773-325-7796 773-325-4923 ehorin@depaul.edu

Horst, Doyanne. 1372-4 Benning Pl. NE Atlanta GA 30307 USA; 404-222-0406 doyanne@excite.com

Horst, Rebekah. 8312 Kendale Rd. Baltimore MD 21234 USA; 410-665-5371 rlhorst@loyola.edu

Horwitz, Ph.D., Susan. University of Rochester, Dept. of Psychiatry 300 Crittenden Boulevard Rochester NY 14642 USA; 585-275-8307 585-271-7706 susan_horwitz@urmc.rochester.edu

House, Duane. 1135 Arlington Pkwy NE Atlanta GA 30324 USA; 404-325-6735 ldhouse2@bellsouth.net

Howe, George. 303 Warwick, GWU 2300 K Street NW Washington DC 20037 USA; 202-994-3802 202-994-4812 cfrgwh@gwumc.edu

Howe, Steven. 1043 Stream Ridge Lane Cincinnati OH 45255 USA; 513-231-0542 513-231-7901 howe@srhassociates.com

Hughes, Candice. 86 Indian Hill Rd. Winnetka IL 60093 USA; 847-226-3435 847-920-9378 Hughesinsights@aol.com

Hughey, Joseph. University of Missouri-Kansas City, 314 Scofield Hall 5100 Rockhill Rd. Kansas City MO 64110 USA; 16-235-5865 816-235-5191 hugheyj@umkc.edu

Hui, Amber. 5226 Pandora St. Burnaby BC V5B 1L6 Canada; 604-220-3618 ahuib@sfu.ca

Humphreys, Keith. Center for Health Care Evaluation (152-MPD) 795 Willow Road Menlo Park CA 94025-2539 USA; 650-617-2746 650-617-2736 KNH@Stanford.edu

Hunt, Marcia. 163 Dwight St. New Haven CT 06511 USA; 203-624-6841 hmarcia@bgnnet.bgsu.edu

Hunter-Williams, Jill. 9223 Shelton St. Bethesda MD 20817 USA; 301-581-9174 hunterwilliams@aol.com

Hyde, Mary Morris. 5124 Black Rock Rd Hampstead MD 21074 USA; 410-374-8982 410-374-8982 mhyde@capablecommunity.com

Ibanez, Gladys. 719 Ormewood Ave. Atlanta GA 30312 USA; 404-651-1289 404-622-2732 gibanez@mindspring.com

Ibardolaza, Jennifer. New York University 6 Washington Place, 2nd Floor New York NY 10003 USA; 212-920-1717 ji296@nyu.edu

Ikeda, Mitsuru. 2-2-7 Motoki Kawasaki-Ku Kawasaki-shi Kanagawa 210-0021 Japan; 81-44-333-0656 81-44-33-0656 manchan@purple.plala.or.jp

Imm, Pamela. 200 Buckthorne Drive Lexington SC 29072 USA; 803-733-1390 803-733-1395 pimm@lradac.org

Indart, Psy., D., Monica. 18 Ridgewood Terrace Maplewood NJ 07040 USA; 973-762-6878 973-761-1080 mjindart@aol.com

Iracheta, Miguel. 1409 N. Naper/Plfd. Rd. Plainfield IL 60544 USA; 815-546-6397 my693@aol.com

Ireland, John. 3101 N Green River Rd Apt 910 Evansville IN 47715-1378 USA; 812-479-3841 812-479-4014 jireland@sigecom.net

Iscoe, Ira. 3300 Greenlee Drive Austin TX 78703-1528 USA; 512-472-3605 iscoe@austin.rr.com

Isenberg, Daryl. 3200 N. Lake Shore Dr. #1406 Chicago IL 60657 USA; 773-857-5901 773-857-5902 dipeace@aol.com

Issel, L. Michele. 1603 W. Taylor St. (MC 923) Chicago IL 60612 USA; 312-355-1137 312-996-3551 issel@uic.edu

Ito, Ayako. Ochanomizu University, Human Life Science 2-1-1 Bunkyo-ku Otuka Tokyo 112-8610 Japan; -11166 -11677 YIU03136@nifty.ne.jp

J

Jackson, David. University of Hawaii at Manoa 1212 Nuuanu Avenue #1304 Honolulu HI 96817 USA; 808-531-8788 dj5775@yahoo.com

Jackson, Leslie. 572 Kenilworth Circle Stone Mountain GA 30083 USA; 404-651-3743 404-651-1391 psylicj@langate.gsu.edu

Jacobs, Cynthia. 8 Porter Rd Chelmsford MA 01824 USA; 978-256-0840 cwedekindjacobs@comcast.net

Jacobs-Priebe, Lynette. 5621 Knob Road Nashville TN 37209 USA; 615-352-1704 lynette.r.jacobsprise@vanderbilt.edu

Jakes, Susan. 4303 Thetford Road Durham NC 27707 USA; 919-515-9161 919-515-2786 susan_jakes@ncsu.edu

Jariego, Isidro Maya. Calle Madre Maria Teresa num. 94 1 D Sevilla 41005 Spain; +34 95 4574955 +34 95 4557711 isidromj@us.es

Jason PHD, Leonard. DePaul University, Center for Community Research 990 W. Fullerton Chicago IL 60614-3504 USA; 773-325-2018 773-325-4923 ljason@depaul.edu

Jed, Joyce. 544 8th Street Brooklyn NY 11215-4201 USA; 718-499-0411 heloisejed@mindspring.com

Jenkins, Richard. CDC 1600 Clifton Rd NE MS E-37 Atlanta GA 30333 USA; 404-639-1909 404-639-1950 rgj2@cdc.gov

Jenkins, Robin. 2338 Colgate Dr. Fayetteville NC 28304 USA; 910-433-1116 910-433-1115 rjenkins@Cccommunicare.org

Jerrell, Jeanette. 401 Shallow Brook Dr. Columbia SC 29223 USA; 803-898-1541 803-898-1616 jjerrell@medpark.sc.edu

Jeske, Shannon. Univ of Wisconsin-Milwaukee 413 C Merritt Avenue Oshkosh WI 54901 USA; 920-277-9192 shonique3030@hotmail.com

Ji, Peter. University of Illinois at Chicago 1747 W. Roosevelt Rd., Rm. 558 (M/C 275) Chicago IL 60608 USA; 312-413-1940 312-996-2703 petji@uic.edu

Jimenez, Tiffeny. 216 North Hagadorn Road East Lansing MI 48823 USA; 517-775-3019 517-432-2476 jimene17@msu.edu

Jones-Bamman, Leigh. 6 Forest Rd Storrs CT 06268 USA; 860-523-8042 x35 860-236-9412 banjers@mac.com

Julian, David. 1688 Guilford Road Upper Arlington OH 43201 USA; 614-227-2750 614-224-5885 julian.3@osu.edu

Julien, Danielle. Dept. of Psychology University of Quebec at Montreal C.P 8888 Montreal Quebec H3C 3P8 Canada; 514-987-3000 514-987-7965 julien.danielle@uqam.ca

Juras, Jennifer. Youth Leadership Institute 24 Belvedere St. San Rafael CA 94901 USA; 415-455-1676 415-455-1683 jjuras@yli.org

K

Kagan, Carolyn. Manchester Metropolitan University Dept. of Psychology & Speech Pathology Hathersage Road Manchester M21 0TH United Kingdom; (+44) (0) 161 247 2563 (+44) (0) 161 247 6842 C.Kagan@mmu.ac.uk

Kaji, Akiko. 1201 Wilder Ave. 902 Honolulu HI 96822 USA; 808-554-4088 808-521-8366 kaji@hawaii.edu

Kalafat, John. Rutgers University, Graduate School of Appl/Prof Psychology 152 Frelinghuysen Rd. Piscataway NJ 08854-8020 USA;

Kanazawa, Yoshinobu. Meiji Gakuin University, Department of Psychology 1-2-37 Shirokanedai Minato-ku Tokyo 108-8636 Japan; 03-5421-5365 03-5421-5365 yk@psy.meijigakuin.ac.jp

Kane, Catherine. 103 Locust Lane Ct. Charlottesville VA 22901 USA; 804-924-0100 804-982-1809 cfk9m@virginia.edu

Kane, Ph.D., Andrew. 2815 N Summit Ave Milwaukee WI 53211-3439 USA; 414-964-6449 414-964-9814 awkane@sbcglobal.net

Kapner, Kate. 33 Telegraph Hill Road Holmdel NJ 07733 USA; 908-461-1314 katekapner@hotmail.com

Kardaras, Eva. 7272 E 37th Street N Apt. 615 Wichita KS 67226-3213 USA; 316-630-0403 316-630-0403 eikpsych@aol.com

Karim, Nidal. 1540 Spartan Village, Apt. E East Lansing MI 48823 USA; 517-355-2992 karimnidal@hotmail.com

Karin, Jeschke. Maybachufer 8 Berlin 12047 Germany; 004930-23270916 jeschke2@zedat.fu-berlin.de

Karriker-Jaffe, Katherine. University of North Carolina - Chapel Hill P.O. Box 1019 Chapel Hill NC 27514 USA; 919-484-1744 kkarrike@email.unc.edu

Karvonen, Meagan. Western Carolina University, Dept. of Educ. Leadership & Foundation 250 Killian Building Cullowhee NC 28721 USA; 828-227-3323 karvonen@wcu.edu

Kaufman, Joy. Yale University 389 Whitney Ave. New Haven CT 06511 USA; 203-789-7645 203-562-6355 joy.kaufman@yale.edu

Kaufman, Judith. Fairleigh Dickinson University 1000 River Road Teaneck NJ 07666-1914 USA; 201-692-2815 201-692-2304 judith_kaufman@fdu.edu

Kawashima, Kei. Loyola University-Chicago 5740 N. Sheridan Rd., 11C Chicago IL 60660 USA; 773-334-3731 kkawash@luc.edu

Keener, Dana. 122 Emerson Ave Decatur GA 30030 USA; 404-377-2001 danakeener@yahoo.com

Keller, Peter. RD2 Box 157K Millerton PA 16936-9533 USA; 570-662-4772 pkeller@mnsfld.edu

Kelley, Michele. 1130 S. Michigan Avenue, #806 Chicago IL 60605-2317 USA; 312-413-3225 312-996-3551 makelley@uic.edu

Kelly, James. 1014 San Gallo Terr Davis CA 95616-6747 USA; 530-758-2277 530-758-2535 jgkjazz@davis.com

Kenkel, Mary Beth. Florida Institute of Technology, Dean, College of Psychology & Libl Arts 150 W. University Blvd. Melbourne FL 32901-6975 USA; 321-674-8142 321-674-7105 mkenkel@fit.edu

Kennedy, Mellen. PO Box 482 Burlington VT 05402 USA; 802-862-6558 mellenken@aol.com

Kerman, PhD, Ben. Casey Family Services 127 Church St. New Haven CT 06510 USA; 203-944-7227 203-926-0775 bkerman@caseyfamilyservices.org

Kerr, Douglas. 19 Monte Vista Avenue Larkspur CA 94939-2120 USA; 415-927-3166

Kettle, Samantha. 1619 SE Ladd #1 Portland OR 97214 USA; 503-232-5753 samantha@pacificu.edu

Keys, Christopher. 533 N Cuyler Ave Oak Park IL 60302-2306 USA; 773-325-4014 773-325-7888 ckeys@depaul.edu

Khamarko, Kevin. 500 W. Lake Lansing Rd., Apt. B30 East Lansing MI 48823 USA; 248-346-3870 khamarko@msu.edu

- Kilmer, Ryan.** University of North Carolina-Charlotte, Dept. of Psychology 9201 University City Blvd Charlotte NC 28223-0001 USA; 704-687-3689 704-687-3096
rpkilmer@email.uncc.edu
- Kim, Yuthika.** 320 Woodcroft Drive Rochester NY 14616 USA; 585-262-1764 ykim@monroec.edu
- Kinnison, Kelly.** 1931 W. Belle Plaine, FL 2 Chicago IL 60613 USA; 773-935-0460 kinnison@uic.edu
- Kirkhart, Karen.** 205 Sherwood Drive Syracuse NY 13214-1508 USA; 315-443-5574
- Kjosness, Joanne Yaffe.** 7215 NE 54th Place Vancouver WA 98661 USA; 801-502-0700 jyaffe@socwk.utah.edu
- Klein, Donald.** 4730 Sheppard Lane Ellicolt City MD 21042 USA; 443-535-9014 410-531-0091 dklein@tui.edu
- Kletter, Jacqueline.** 150 Brighton 15th St. #10 Brooklyn NY 11235 USA; 718-934-8772
- Kliwer, Wendy.** Virginia Commonwealth University, Dept. of Psychology PO Box 842018 Richmond VA 23284-2018 USA; 804-828-1793 804-828-2237 wkliwer@vcu.edu
- Kline-Pruett, Marsha.** Conn. Mental Health Center, Law and Psychiatry 34 Park St. New Haven CT 06519 USA; 203-974-7171 203-974-7178 marsha.pruett@yale.edu
- Klinkenberg, Dean.** Missouri Institute of Mental Health 5400 Arsenal St. St. Louis MO 63139 USA; 314-644-8993 314-644-7934 dean.klinkenberg@mimh.edu
- Kloos, Bret.** University of South Carolina Dept. of Psychology Columbia SC 29208 USA; 803-777-2704 803-777-9558 kloos@sc.edu
- Knopf, Monica.** 307 N. 3rd Ave., Apt. 2 Highland Park NJ 08904 USA; 732-317-1288
- Kobayashi, Juichi.** National Research Institute of Police Science 6-3-1 Kashiwanoha, Kashiwa Chiba 277-0882 Japan; 81-471-35-8001 81-471-33-9184 kobayasi@nrips.go.jp
- Korr, Wynne.** University of Illinois, School of Social Work 1207 W. Oregon Street Urbana IL 61801 USA; 217-333-2260 217-244-5220 wkorr@uiuc.edu
- Kranz PhD, Peter.** Univer. of Texas-Pan American, Dept. of Ed. Psychology 1201 W. University Dr. Edinburg TX 78539 USA; 956-381-3466 ranz3p@fpanam.edu
- Kress, Jeffrey.** Davidson School of Jewish Education 3080 Broadway New York NY 10027 USA; 212-678-8920 212-749-9085 jekress@jtsa.edu
- Krishnan, Sandhya.** 344 W. Armitage Ave., #2 Chicago IL 60614 USA; 734-883-3806 srk@uic.edu
- Kruger, Daniel.** University of Michigan, Prevention Research Center 1420 Washington Heights Ann Arbor MI 48109-2029 USA; 734-936-4927 734-615-2317 kruger@umich.edu
- Kruger, Garth.** 29337 310th Ave. NW Warren MN 56762 USA; 218-437-8435 218-437-8435 gkruger@medicine.nodak.edu
- Kuchenbecker, Shari.** 157 N. Saltair Ave. Los Angeles CA 90049 USA; 310-476-1745 310-476-1745 shariyo@aol.com
- Kumpfer, PhD, Karol.** 1901 E. South Campus Dr., Rm. 2142 Salt Lake City UT 84112 USA; 801-581-7718 801-581-5872 karol.kumpfer@health.utah.edu
- Kunz, Charlotte.** 5056 N. Wolcott #3E Chicago IL 60640 USA; 312-343-1634 ckunz@depaul.edu
- Kuperminc, Gabriel.** Georgia State University, Dept. of Psychology 140 Decatur St. 11th Floor Atlanta GA 30303 USA; 404-651-0763 404-651-1391 gkuperminc@gsu.edu
- Kurasaki, Karen.** 7664 El Douro Dr. Sacramento CA 95831 USA; 916-320-7417 kkurasaki@yahoo.com
- Lafreniere, Kathryn.** University of Windsor, Psychology Dept. 401 Sunset Ave. Windsor Ontario N9B 3P4 Canada; 519-253-3000 x2233 519-973-7021 lafren1@uwindsor.ca
- Laing, Adele.** 2 School Road Muckhart By Dollar Clackannanshire FK 14 7 JR Scotland; 00447764 984016 00441259 781442 adele.laing@stir.ac.uk
- Lam, Amy.** 378 Arlington St. San Francisco CA 94131 USA; 415-586-8643 amy_lam@excite.com
- Lambert, Sharon.** George Washington University, Dept. of Psychology 2125 G Street NW Washington DC 20052 USA; 410-955-3896 410-955-9088 slambert@gwu.edu
- Landry, Lyne.** Continuum of Care, Inc. 67 Trumbull Street New Haven CT 06510 USA; 203-562-2264 203-789-1335 llandry@continuumet.com
- Langhout, Regina.** Wesleyan University Dept. of Psychology Middletown CT 06459 USA; 860-685-2602 860-685-2761 rlanghout@mail.wesleyan.edu
- Lapidus, Rebecca.** 2725 Laurel Ridge Dr. Decatur GA 30033 USA; 404-929-9729 lapidusb@hotmail.com
- Lardon, Cecile.** University of Alaska-Fairbanks, Dept. of Psychology PO Box 756480 Fairbanks AK 99775-6480 USA; 907-474-5272 907-474-5781 ffcs1@uaf.edu
- Larrivee, Marie-Claude.** 1521 Van Horne, Apt. 16 Outremont Quebec H2V 1L4 Canada; 514-271-6315 514-987-8408 marieclaudelarrivee@hotmail.com
- Latkin, Carl.** Johns Hopkins University, Dept. of Hygiene 624 N Broadway Baltimore MD 21205 USA; 410-955-3972 410-955-7241 clatkin@jhsph.edu
- Lavoie, Francine.** Ecole de Psychologie Universite Laval Quebec PQ G1K7P4 Canada; 418-656-2131 ext. 7496 418-656-3646 francine.lavoie@psy.ulaval.ca
- Law, Kristen.** 1031 W. Lake Lansing Rd., Apt. 20 East Lansing MI 48823 USA; 517-333-3792 lawkrist@msu.edu
- Lee, Jae Hyun.** 3029 Gavin Place Duluth GA 30096 USA; 404-849-0664 678-417-1930 jlee7@student.gsu.edu
- Lee, Jiuen.** 3 Marathon Court, Apt. 1C Catonsville MD 21228 USA; 410-747-9151 jjeun1@umbc.edu
- Lee, Kien.** 10158 Nightingale St. Gaithersburg MD 20882 USA; 301-519-0722 X108 301-519-0724 kien@capablecommunity.com
- Lenrow, Peter.** 1572 Mass Ave., #3 Cambridge MA 02138-2911 USA; 617-623-6542 617-625-6339 plenrow@msn.com
- Lesesne, Catherine.** 989 Greenbriar Circle Decatur GA 30033 USA; 404-292-5117 404-498-3050 clesesne@cdc.gov
- Levant, Ronald.** Nova Southeastern University, Office of the Dean, Center for Psychological Studies 3301 College Avenue Ft. Lauderdale FL 33314 USA; 954-262-5701 954-262-3859
- Levin, Gloria.** 7327 University Ave Glen Echo MD 20812-1014 USA; 301-320-5068 g-levin@comcast.net
- Levine, Murray.** 18 St. Andrews Walk Buffalo NY 14222 USA; 716-883-0194 716-645-3801 psylevin@buffalo.edu
- Levine, Ralph.** Michigan State University, Dept. of Comm., Agr., Rec. and Resource Studies 314 Natural Resources East Lansing MI 48824 USA; 517-332-2317 leviner@msu.edu

Lewis, Rhonda. Wichita State University 1845 N. Fairmount, Box 34 Wichita KS 67260 USA; 316-978-3695 316-978-3086 rhonda.lewis@wichita.edu

Lewis, Psy.D., Sandra. 77 Orange Rd., #72 Montclair NJ 07042 USA; 973-655-7375 973-655-5121 lewissy@mail.montclair.edu

Libby, Margaret. 246-1st St., Ste. 400 San Francisco CA 94105 USA; 415-836-9160 415-836-0071 mlibby@yli.org

Lichtenstein, Edward. Oregon Research Institute 1715 Franklin Blvd Eugene OR 97403-1983 USA; 541-484-2123 ed@ori.org

Lichty, Lauren. Michigan State University 139D Psychology Building East Lansing MI 48823 USA; lichtyla@msu.edu

Lima, Diamantina. 160 Fox St. Lowell MA 01850 USA; 978-937-0737 deannalima@comcast.net

Lindley, M. Sharon. University of Alaska-Fairbanks P.O. Box 1584 Bethel AK 99559 USA; 907-543-1814 907-543-2438 slindley@unicom-alaska.com

Linney, Ph.D., Jean Ann. University of Notre Dame, Office of the Provost 300 Main Bldg. Notre Dame IN 46556 USA; 574-631-4590 jlinney@nd.edu

Lipkins, Susan. 14 Vanderventer Ave. Port Washington NY 11050 USA; 516-944-3786 516-944-3786 drl190@aol.com

Lissi, Anastasia. 38, Theokritov St. Mytilene, Lesvos 81100 Greece; +30 22510-36516 +30 22510-36509 a.zissi@soc.aegean.gr

Livert, David. 941 Lehigh St. Easton PA 18042 USA; 212-817-1818 dlivert@gc.cuny.edu

Locasale-Crouch, Jennifer. 623 Taylors Gap Rd. Charlottesville VA 22903 USA; 434-924-0730 jl3d@virginia.edu

Lochman, John. University of Alabama, Dept. of Psychology Box 870348 Tuscaloosa AL 35487-0001 USA; 205-348-7678 205-348-8648 jlochman@gp.as.ua.edu

Logan, TK. 4757 Scenicview Road Lexington KY 40514 USA; 859-257-8248 tklogan@uky.edu

Lohmann, Andrew. 218 Villanova Drive Claremont CA 91711 USA; 909-621-0082 andrew.lohmann@cgu.edu

Loiselle, Lisa. 703 Karlsfeld Road Waterloo Ontario N2T 2W4 Canada; 519-888-4567x5040 loiselle@healthy.uwaterloo.ca

Long, Susan. University of Illinois-Chicago, 1009 Behavioral Sciences Bldg. (m/c 285) 1007 W. Harrison St. Chicago IL 60607 USA; 773-832-0377 312-413-4122 slong2@uic.edu

Loomis, Colleen. Wilfrid Laurier University Dept. of Psychology Waterloo Ontario N2L 3C5 Canada; 519-884-0710 ext.2858 519-746-7605 cloomis@wlu.ca

Lucksted, Alicia. 3002 St. Paul St., Apt. 3F Baltimore MD 21218 USA; 410-706-2490 410-706-0022 aluckste@psych.umaryland.edu

Luke, Douglas. Saint Louis University 3545 Lafayette Ave. St. Louis MO 63104 USA; 314-966-8479 314-977-8150 dluke@slu.edu

Lunsford, Laura. North Carolina State University Campus Box 7009 Raleigh NC 27695 USA; 919-515-3794 919-515-8933 laura_lunsford@ncsu.edu

Lykes, M. Brinton. Boston College, Lynch School Of Education, Dept. of Counseling Chestnut Hill MA 02467 USA; 617-552-0670 617-552-1981 lykes@bc.edu

Lyon, John. 1050 Galloway St. Pacific Palisades CA 90272 USA; 310-459-0760 310-459-0758 pmcmalibu@verizon.net

M

MacDermott, Wendy. 226 Tache Cres Saskatoon SK S7C 5G3 Canada; 306-933-9946 306-933-9946 wmacdermott1@shaw.ca

Mackin, Juliette. 7626 N Fowler Avenue Portland OR 97217-5929 USA; 503-243-2436 x114 503-243-2454 mackin@npcresearch.com

Madigan, Amy. 2007 O Street, NW #201 Washington DC 20036 USA; 202-223-2128 amadigan@gmu.edu

Magee, Meghan. 263 Ellsworth St., Apt. 4B Bridgeport CT 06605 USA; 585-330-4353 mmagee1@newhaven.edu

Maharaj, Artie. 16 Countryside Drive Boston MA 02126 USA; 617-901-7086 artie_maharaj@student.uml.edu

Maher, Charles. 35 Pavilion Ave. Long Branch NJ 07740 USA; 732-445-2000 x103 732-445-2888 camaher@rci.rutgers.edu

Mahoney, Joseph. Yale University, Dept. of Psychology PO Box 208205 New Haven CT 06520 USA; 203-432-7904 203-437-7172 joseph.mahoney@yale.edu

Majer, John. 5134 N. Ashland Ave., #2 Chicago IL 60640 USA; 773-506-7382 jmajer@depaul.edu

Mak, Winnie. The Chinese University of Hong Kong, Dept. of Psychology 3/F Sino Building Shatin N.T. Hong Kong; 852-2609-6577 852-2603-5019 wwsmak@psy.cuhk.edu.hk

Maltese, Kelly. 4304 Sloan Square Atlanta GA 30329 USA; 404-315-0750 404-293-3967 kmaltese1@student.gsu.edu

Mankowski, Eric. Portland State University Dept. of Psychology Portland OR 97207-0751 USA; 503-725-3901 503-725-3904 mankowskie@pdx.edu

Mannino, Fortune. 1370 Lambert Drive Silver Spring MD 20902 USA; 301-649-3334

Manuel, Dennis. Central East Health Care Institutions Board 125 Trans Canada Highway Gander NF A1V 1P7 Canada; 709-256-5438 709-256-5667 dmanuel@cehoib.nf.ca

Marin, Gerardo. University of San Francisco: Office of the Provost 2130 Fulton Street San Francisco CA 94117-1080 USA; 415-422-2199 415-422-6212 marin@usfca.edu

Marrelli, Jon. 84 Tremont St., Apt. B1 Hartford CT 06105 USA; 860-232-2899 jmarr31975@yahoo.com

Marshall, Linda. University of North Texas, Dept. of Psychology P.O. Box 311280 Denton TX 76203-1280 USA; 940-565-2671 940-565-4680 llm@unt.edu

Marta, Elena. L-GO Gemelli, 1 Università Cattolica del S. Cuore Milano 20123 Italy; +39 02-72342347 -272342603 elena.marta@unicatt.it

Martin, Alison. 1801 16th Street NW #110 Washington DC 20009 USA; 202-483-2046 ajmartin205@yahoo.com

Mashburn, Andrew. 1308 Hampton St. Charlottesville VA 22902 USA; 404-875-5772 ajm9s@cms.mail.virginia.edu

Mason, Gillian. University of Illinois-Chicago, Dept. of Psychology (M/C 285) 1007 West Harrison Street Chicago IL 60607 USA; 312-342-5610 gmason@uic.edu

Mason, Michael. Villanova University, Dept. of Education & Human Services 302 St. Augustine Center, 800 Lancaster Ave. Villanova PA 19085-1699 USA; 202-687-1357 202-687-6658 michael.j.mason@villanova.edu

Masters, Mark. 1420 Woodfield Drive Nashville TN 37211 USA; 615-332-9969 mark.masters@vanderbilt.edu

Mathes, Stephen. 26 Heritage PWY Scotia NY 12302 USA; 518-370-3094 518-393-9686 skmathes@nycap.rr.com

Maton, Kenneth. University of Maryland-Baltimore County Dept. of Psychology Baltimore MD 21250-0001 USA; 410-455-2567 410-455-1055 maton@umbc.edu

Mattaini, Mark. JACSWS (MC 309) 1040 W. Harrison St. Chicago IL 60607 USA; 312-996-4629 312-996-2770 mattaini@earthlink.net

Mattie, Laura. 771 Westford St., Apt. 1 Lowell MA 01851 USA; 978-455-7584 lcmattie@yahoo.com

Mattison, Erica. 503 West Green Street Apt. 2 Champaign IL 61820 USA; 217-356-1299 emattiso@s.psych.uiuc.edu

Matvya, Jennifer. 1712 Webster St. Baltimore MD 21230 USA; 412-901-7415 jmatvya1@umbc.edu

Mauricio, Anne. 4225 E. Cathedral Rock Dr. Phoenix AZ 85044 USA; 480-706-6353 anne.mauricio@asu.edu

McArthur, A. Verne. 297 Trafton Road Springfield MA 01108 USA; 413-746-4293 vernemca@earthlink.net

McCaulay, Marci. 15340 Shoreline Dr. Thornville OH 43076 USA; 740-246-5949 470-246-5949 mccaulyam@denison.edu

McDonald, Katherine. University of Illinois-Chicago, Dept. of Psychology 1007 W Harrison (MC 285) Chicago IL 60607 USA; 708-763-0358 kmcdon3@uic.edu

McElroy, Howard. 3253 20th Ave. S Minneapolis MN 55407 USA; 612-201-9067 mac.mc@usfamily.net

McIntosh, Jeanne. DePaul University 2219 N. Kenmore Ave. Chicago IL 60614 USA; 773-325-7183 773-325-7888 jmcintos@depaul.edu

McKay, Marcie. 1-59 Scott St. Kitchener Ontario N2H 2P9 Canada; 579-716-0069 marciedsmith@yahoo.ca

McMahon, Susan. DePaul University 2219 N Kenmore Ave. Chicago IL 60614 USA; 773-325-2039 773-325-7888 smcmahon@depaul.edu

McNally, Christopher. 21769 Cromwell Avenue Fairview Park OH 44126 USA; 216-346-6346 mcnally@vakrou.edu

Medina, Adrian. 2024 Fullerton Ave., Apt. A Costa Mesa CA 92627 USA; 949-650-1602 adrianm54@yahoo.com

Medvene, Louis. Wichita State University, Psychology Dept. Box 34, Jabara Building Wichita KS 67201 USA; 316-978-3822 316-978-3086 louis.medvene@wichita.edu

Mehm, John. University of Hartford 103 Woodland St. Hartford CT 06105 USA; 860-714-6168 860-520-1156 mehm@hartford.edu

Meinrath, Sascha. 705 S. Race St. Urbana IL 61801 USA; 217-278-3933 217-278-7171 sascha@ucimc.org

Meissen, Gregory. Wichita State University Department of Psychology Wichita KS 67260-0034 USA; 316-978-3039 316-978-3593 greg.meissen@wichita.edu

Mekos, PhD, Debra. Urban Institute 2100 M Street NW Washington DC 20037 USA; 202-261-5524 202-452-1840 dmekos@ui.urban.org

Melton, Gary. Clemson University, Inst. on Family and Neighborhood Life 158 Poole Agriculture Clemson SC 29634-0132 USA; 864-656-6271 864-656-6281 gmelton@clemson.edu

Mena, Jasmine. 40 Stenton Avenue, Apt. 204 Providence RI 02906 USA; 401-277-5492 401-277-5426 jmen1265@postoffice.uri.edu

Mermelstein, Robin. 1747 W. Roosevelt Rd. Room 558, M/C 275 Chicago IL 60608 USA; 312-996-1469 312-996-2703 robinm@uic.edu

Meyer, Oanh. PO Box 72622 Davis CA 95617 USA; 916-703-0348 oanh19_99@yahoo.com

Meyers, Judith. 40 Tokeneke Dr. North Haven CT 06473 USA; 860-679-1519 860-679-1521 meyers@adp.uhc.edu

Milburn, Norweeta. 3680 Shadow Grove Rd Pasadena CA 91107-2112 USA; 310-794-3773 nmilburn@mednet.ucla.edu

Miles, Jonathan. 2121 Jamieson Ave. #1702 Alexandria VA 22314 USA; 703-683-1157 jonmiles27@yahoo.com

Milillo, Diana. 36 March Ct. Selden NY 11784 USA; 631-696-2540 d_milillo@hotmail.com

Miller, Ken. San Fransisco State University, Dept. of Psychology 1600 Hollowsy Ave San Francisco CA 94132 USA; 415-338-1440 415-338-2398 kemiller@sfsu.edu

Miller, Robin. Michigan State University, Dept. of Psychology 134A Psychology Building East Lansing MI 48824-1116 USA; 517-353-5015 rlmiller@uic.edu

Miller, Theresa. 18636 Golfview Drive Hazel Crest IL 60429 USA; 708-709-7369 miller2theresa@aol.com

Minden, Joel. 359 E. 7th St. Chico CA 95928 USA; 530-591-7385

Minogue, Helen. 49 Wiltshire Drive Lincolnshire IL 60069 USA; 847-604-5909 hminogue@dcccd.edu

Mitchell, Cecily. 400 W. Hortter St., Apt. 506 Philadelphia PA 19119 USA; 215-694-8628 cmitchell@wesleyan.edu

Mitchell, Roger. North Carolina State University, Dept. of Psychology Box 7650 Raleigh NC 27695-7650 USA; 919 513-2546 919 515-1716 roger_mitchell@ncsu.edu

Mitchell, Shannon. 16250 Frederick Road Woodbine MD 21797 USA; 410 489-5567 410 489-9622 sgwinmitchell@hotmail.com

Miyoshi, Hiroto. 1664 Fujino Wake-chou Wake-gwun Okayama 709-0412 Japan; h_m_@po.harenet.ne.jp

Mohatt, Gerald. University of Alaska-Fairbanks, Center for Alaska Native Health Res. Irving 111, IAB Fairbanks AK 99709 USA; 907-474- 7927 907-474-5700 ffgvm@uaf.edu

Montero, Maritza. Apdo-80394 Prados del Este Caracas 1080-A Venezuela; 58-212-753-4641 58-212-753-2314 mmontero@reacciun.ve

Mook, Carrie. 1218 S. Midvale Blvd., Apt. B Madison WI 53711 USA; 608-262-6766 608-276-9215 csmook@wisc.edu

Moos, Rudolf. 25661 Fremont Road Los Altos Hills CA 94022 USA; 650-948-2928 rmoos@stanford.edu

Morales, Mercedes. 4731 Duvernay Drive, Apt. 334 Lansing MI 48910 USA; 517-214-6819 morale33@msu.edu

Morgan, John. Chesterfield MH-MR Dept PO Box 92 Chesterfield VA 23832-0001 USA; 804-768-7249 804-768-9205 morganj@co.chesterfield.va.us

Morgan, Stephanie. 1705 SW 11th Avenue # 611 Portland OR 97201 USA; 503-471-8147 stephm@pdx.edu

Moritsugu, John. Pacific Lutheran University Department of Psychology Tacoma WA 98447 USA; 253-535-7650 moritsjn@plu.edu

Morris, Michael. University of New Haven Dept. of Psychology West Haven CT 06516 USA; 203-932-7289 mmorris@newhaven.edu

Morsbach, Sarah. Barnwell College Box 107 Columbia SC 29208 USA; 803-779-9001 smorsbach@sc.edu

Morsillo, Julie. PO Box 611 Pascoe Vale Vic 3044 Australia; +61 3 3954 0004 morsillo@bigpond.net.au

Mosack, Victoria. 6425 Bedford Circle Derby KS 67037 USA; 316-776-9391 vamosack@wichita.edu

Motes, Patricia. University of South Carolina Institute for Family in Society Columbia SC 29208-0001 USA; 803-777-4698 803-777-1793 pmotes@sc.edu

Mowbray PhD, Carol. University of Michigan, School of Social Work Building 1080 S University Rm 2734 Ann Arbor MI 8109-1106 USA; 734-763-6578 734-763-3372 cmowbray@umich.edu

Mowry, Randolph. Dept. of Applied Psychology 239 Greene St., Suite 400 New York NY 10012 USA; 212-998-5224 212-995-3458 rms@nyu.edu

Mrazek, Susan. 3634A Halekapa Pl Honolulu HI 96816 USA; 808-256-3445 mrazek@hawaii.edu

Mulvey, Anne. 41 Prospect Street Newburyport MA 01950-2824 USA; 978-934-3965 978-934-3074 anne_mulvey@uml.edu

Mulvey, Edward. University of Pittsburgh, Wstn Psych. Institute & Clinic 3811 O'Hara St Pittsburgh PA 15213-2593 USA; 412-624-1702 412-624-2360 mulveyep@msx.upmc.edu

Munoz PhD, Ricardo. University of California, Dept. of Psychiatry San Francisco General Hospital, Suite 7m San Francisco CA 94110 USA; 415-206-5214 415-206-8942 munoz@itsa.ucsf.edu

Murallo, Alexandria. 9411 15th Ave. NE Seattle WA 98115 USA; 206-695-0842

Murray, J.Dennis. Mansfield University Psychology Department Mansfield PA 16933 USA; 570-662-4775 570-662-4112 dmurray@mnsfld.edu

Murray, Kate. 1133 W. Baseline Rd., Apt. 273 Tempe AZ 85283 USA; 480-570-3384 kate.murray@asu.edu

Murray, Michael. Memorial University of Newfound Land St. Johns NF A1B 3V6 Canada; 709-777-6213 709-777-7382 murraym@mun.ca

Myers, Ernest. 5315 Colorado Ave NW Washington DC 20011-3622 USA; 202-274-6447 202-274-5003

N

Nagarajan, Thara. 4650 N. Beacon St., Apt. 1 Chicago IL 60640 USA; 773-506-2913 tnagaraj@depaul.edu

Nary, Dorothy. University of Kansas, RTC/IL 1000 Sunnyside Avenue, Room 4089 Lawrence KS 66045 USA; 785-864-0562 785-864-5063 dotn@ukans.edu

Nastasi, Bonnie. Institute for Community Research 2 Hartford Square West, Suite 100 Hartford CT 06106-5128 USA; 860-278-2044 860-278-2141 bonnastasi@yahoo.com

Ndirangu, Murugi. 118 College Dr. #5054 Hattiesburg MS 39406 USA; 601-266-5312 601-266-6343 murugi.ndirangu@usm.edu

Neal, Jennifer. 1151 W. Washington Blvd. #142 Chicago IL 60607 USA; 312-421-7542 jwatl1@uic.edu

Neigher, Susan. 31 Mile Drive Chester NJ 07930-2805 USA; 973-895-4422 973-895-4419

Neigher, William. 31 Mile Drive Chester NJ 07930-2805 USA; 908-879-4870 973-895-4419 wdneigher@hotmail.com

Nelson, Geoffrey. Sir Wilfred Laurier University Dept. of Psychology Waterloo Ontario N2L3C5 Canada; 519-884-0710 ex3314 519-746-7605 gnelson@wlu.ca

Nemon, Melissa. G101 Capitol Hill Dr. Londonderry NH 03053 USA; 603-870-2149 mfixx3@yahoo.com

Nemoto PhD, Tooru. CAPS/UCSA 74 New Montgomery St., Suite 600 San Francisco CA 94105-0886 USA; 415-597-9391 415-597-9194 tnemoto@psg.ucsf.edu

Newbrough, John. Peabody College of Vanderbilt University, Dept. of Human and Organizational Development Box 90 Nashville TN 37203 USA; 615-269-6489 615-269-6489 john.r.newbrough@vanderbilt.edu

Newman, Philip. 240 Broadrock South Kingston RI 02879 USA; prn10@yahoo.com

Newmeyer, Mark. 6330 Remington Cove Burlington KY 41005 USA; 859-586-6462 newmeyer@juno.com

Nichols PhD, Robert. 7124 Roslyn Ave Mill Creek Town Rockville MD 20855-1234 USA; 301-926-2952 301-926-1015 drrobtnich@aol.com

Nishimae, Ritsuko. 3-19-8, Kichijyoji-minamicho Musashino-shi Tokyo Japan; 0422 71 7079 0422 71 7079 ritz0634@hotmail.com

Noll, Gary. 28W111 Elm Drive Northwoods IL 60185 USA; 630-231-7877 gnoll@aimhi.com

Norman, Cameron. 155 Dalhousie Street Suite 757 Toronto ON M5B 2P7 Canada; 416-854-3805 cameron.norman@utoronto.ca

Norris, Fran. NCPTSD VA Medical Center MS 116D 215 North Main Street White River Junction VT 05009 USA; 8002-296-5132 802-296-5135 fran.norris@dartmouth.edu

Novaco, Raymond. University of California-Irvine, Dept of of Psychology & Social Behavior School of Social Ecology Irvine CA 92697-7085 USA; 949-824-7206 949-824-3002 rwnovaco@uci.edu

Nowell, Branda. Michigan State University 1029 Morgan Lansing MI 48912 USA; 517-377-0932 nowellbr@msu.edu

O

Oberlander, Sarah. 1 Torlina Ct., Apt. D Baltimore MD 21207 USA; 410-277-0664 sarah2@umbc.edu

O'Connor, PhD, Patricia. Sage Graduate School The Sage Colls Troy NY 12180 USA; 518-244-2221 518-244-4545 oconnp@sage.edu

O'Donnell, Clifford. University of Hawaii, Dept. of Psychology 2430 Campus Honolulu HI 96822 USA; 808-956-6271 808-956-4700 cliffod@hawaii.edu

Oh, Kyung. Yonsei University 134 Shinchon-dong Seodaemum-gu Seoul 120-749 Korea; 82-2-2123-2441 82-2-365-4354 kjoh@yonsei.ac.kr

Okazaki, Kotoe. 6-4-8 Nijigaoka Hikari-shi Yamaguchi-ken 743-0031 Japan; +81 52 776 9423

O'Keefe, Ann Marie. 10830 Parr Avenue Sunland CA 91040 USA; 818-951-3365 annmax@verizon.net

Olson, Bradley. DePaul University 990 W Fullerton Ave. Chicago IL 60614 USA; 773-325-4771 773-325-4923 bolson@depaul.edu

Onaga, Esther. 2658 Roseland Ave. East Lansing MI 48823-3871 USA; 517-355-0166 517-432-1344 onaga@pilot.msu.edu

O'Neill, Patrick. 9 Blomidon Terr. Wolfville NS B4P 2G8 Canada; 902-542-7533 902-585-1715 poneill@accesswave.ca

Orellana-Damacela, Lucia. 4 Granaston Ln. Darien CT 06820 USA; 203-662-3636 lorella@luc.edu

Ornelas, Jose. Rua dos Prazeres 62 1 Esq Lisboa 1200-355 Portugal; +351 21-8111714 +351 21-8860956 joseornelas@mail.telepac.pt

Osborne, Guy. Carson-Newman College Box 72022 Jefferson City TN 37760 USA; 423-471-3470 423-471-3502 osborne@cncacc.cn.edu

O'Sullivan, Michael. Loyola Marymount University, Dept. of Psychology One LMU Drive, Suite 4700 Los Angeles CA 90045-2659 USA; 310-338-3015 310-338-7726 mosulliv@lmu.edu

Ouchi, Junko. International Christian University 3-10-3 Sibley House Mitaka-shi Tokyo 181-0015 Japan; 0422 33 3588 yanaginoha@hotmail.com

Ozer, PhD, Emily. University of California-Berkeley School of Public Health 140 Warren Hall Berkeley CA 94720-7360 USA; 510-642-1723 510-643-6981 eozer@berkeley.edu

P

Paine-Andrews, Adrienne. 8000 W 113th Terrace Overland Park KS 66210 USA; 913-451-4458 913-451-2621 adrandrews@everestkc.net

Pancer, S. Mark. Wilfrid Laurier University Dept. of Psychology Waterloo Ontario Canada; 519-884-0710 519-746-7605 mpancer@wlu.ca

Paniesin, PhD, Rhea. 1 Hill Street Apartment B Machias ME 04654 USA; 207-255-0926 rhea@maineline.net

Papineau, Danielle. 2409 Collingwood St. Vancouver BC V6R 3L3 Canada; 604-739-3291 604-737-2424 dgpapineau@shaw.ca

Pargament, Kenneth. Bowling Green State University Dept. of Psychology Bowling Green OH 43403-0001 USA; 419-372-8037 419-372-6013 kpargam@bgnet.bgsu.edu

Parker, Kenneth. PO Box 1562 El Cerrito CA 94530 USA; 510-528-7748 (H), 415-474-7310 x462 (W) 415-673-2488 kpparker@comcast.net

Parks, Carlton. Los Angeles Alliant International University 1000 S. Fremont Ave., Unit 5, Bldg. 7 Alhambra CA 91803 USA; 626-284-2777 x3045 626-284-0550 cparks@alliant.edu

Patka, Mazna. 502 Midwest Club Oak Brook IL 60523 USA; 630-886-4616 hm787@aol.com

Patterson, Cari. Box#2404 Wolfville NS B4P 253 Canada; 902-542-0156 902-582-7940 cari@horizonscda.ca

Pellman, Julie. 140 Cadman Plaza West #21J Brooklyn NY 11201-1830 USA; 718-596-9480 718-624-4482 juliepellman@hotmail.com

Pendola, Rocco. 3361A 21st Street San Francisco CA 94110 USA; 415-647-7187 r_pendola@yahoo.com

Perez-Jimenez, David. PO Box 22100 San Juan 00931-2100 Puerto Rico; 787-764-0000 x5785 787-764-2615 dperez@prdigital.com

Perkins, David. Ball State University Dept. of Psychological Science Muncie IN 47306-0001 USA; dperkins@bsu.edu

Perkins, Douglas. Peabody College of Vanderbilt University, Dept. of Human and Organizational Development Box 90 Nashville TN 37203 USA; 615 322 3386 615 322 1769 Douglas.D.Perkins@vanderbilt.edu

Perl, Harold. 4102 Maryland Ave. Bethesda MD 20816-2665 USA; 301-443-0788 301-443-8774 hperl@mail.nih.gov

Peterson, John. Georgia State University, Dept. of Psychology 140 Decatur St., Ste. 1100 Atlanta GA 30303 USA; 404-651-1148 404-651-1391 jpeterson@gsu.edu

Peterson, N. Andrew. University of IA - College of Public Health 200 Hawkins Drive, E238 GH Iowa City IA 52242 USA; 319-384-5395 319-384-5462 andrew-peterson@uiowa.edu

Peterson, Paul. 615 Short Street Steilacoom WA 98388-3115 USA; 253-756-2851 253-756-3987 peterspd@u.washington.edu

Phillips Smith, Emilie. Penn State University, Human Development & Family Studies 105 White Bldg. University Park PA 16803 USA; 814-863-0243 814-865-4470 emilips@psu.edu

Pickett-Schenk, Susan. 6117 Leader Ave Chicago IL 60646 USA; 312-422-8180x17 312-422-0740 pickett@psych.uic.edu

Pierce, Steven. 2408 Artisan Drive Lansing MI 48910 USA; 517-882-7306 pierces1@msu.edu

Pilaczynski, Terese. 3800- 292nd Street East Randolph MN 55065 USA; terril@rconnect.com

Pokorny, Steven. 967 Marshall Drive Des Plaines IL 60016 USA; 773-325-1892 773-325-4721 spokorny@depaul.edu

Ponce-Rodas, Melissa. 2708 W. Thomas St., Apt. 2 Chicago IL 60622 USA; 312-933-6791 mponce1@uic.edu

Portillo-Pena, Nelson. 1035 W. Diversey, Apt. 2 Chicago IL 60614 USA; 773-454-3715 nportil@luc.edu

Portwood, Sharon. University of Missouri-Kansas City, Dept. of Psychology 5100 Rockhill Road Kansas City MO 64110 USA; 816-235-1064 816-235-1062 sportwood@cctr.umkc.edu

Prelow, Hazel. The University at Albany, Dept. of Psych. - SS369 1400 Washington Avenue Albany NY 12222 USA; 518-442-5805 518-442-4867 H.Prelow@Albany.edu

Pretty, Grace. University of Southern Queensland DToowoomba, QLD 4350 Australia; 0746-311740 0746-312721 pretty@usq.edu.au

Price, Richard. 1790 Country Club Road Ann Arbor MI 48105 USA; ricprice@umich.edu

Price, PhD, Ann. 3015 Salisbury Drive Alpharetta GA 30004 USA; 770-751-0451 awprice@earthlink.net

Prilleltensky, Isaac. Peabody College of Vanderbilt University, Dept. of Human and Organizational Development Box 90 Nashville TN 37203 USA; 615-343-4144 615-322-2661 isaac.prilleltensky@vanderbilt.edu

Primavera PhD, Judy. Fairfield University Dept. of Psychology Fairfield CT 06824 USA; 203-254-4000 x 2233 203-254-4122 jprimavera@mail.fairfield.edu

Prinz, Ronald. University of South Carolina Dept of Psychology Columbia SC 29208-0001 USA; 803-777-7143 803-777-5502 prinz@sc.edu

Proescholdbell, Rae Jean. 2305 W. Club Blvd. Durham NC 27705 USA; 919-286-5007 raejean@asu.edu

Pynor, Rosemary. The University of Sydney PO Box 170 Lidcombe NSW 1825 Australia; 61 2 9351 9598 61 2 9351 9540 r.pynor@fhs.usyd.edu.au

R

Rabin-Belyaev, Olga. 2100 Valencia Dr., Apt. 210 Northbrook IL 60062 USA; 847-910-7428 orabinbe@depaul.edu

Radermacher, Harriet. 76 Hope St. Brunswick Victoria 3056 Australia; 61 3 8300 0797 harrietrad@hotmail.com

Rafferty, Yvonne. 100 W 93rd St, 21-B New York NY 10025 USA; 212-346-1506 212-346-1618 yrafferty@pace.edu

Raiford, Jerris. 6080 Camden Forrest Dr. Riverdale GA 30296 USA; 770-909-3652 jerris29@hotmail.com

Ramirez, Manuel Garcia. Departamento de Psicologia Social Universidad de Sevilla, 4 Camilo Jose Cela, s/n Seville 41018 Spain; 34-95-4557808 34-95-4557711 magarcia@us.es

Rapkin, Ph.D., Bruce. Memorial Sloan-Kettering Cancer Center 330 E.59th Street, 8th Floor New York NY 10022 USA; 212-583-3045 212-230-1940 or 212-230-1193 rapkinb@mskcc.org

- Rappaport, Julian.** 56 Chestnut Court Champaign IL 61822-7121 USA; 217-333-6483 jrappapo@s.psych.uiuc.edu
- Rasmussen, Andrew.** Bellevue Hospital 462 First Ave., CD 710 New York NY 10016 USA; 217-994-7175 rasmua01@med.nyu.edu
- Ratcliffe, Allen.** PO Box 7558 Tacoma WA 98406-0558 USA; 253-376-4893 253-759-0469 al@ratcliffe.com
- Redvers-Lee, Peter.** 1822 Wildwood Ave. Nashville TN 37212 USA; 615-297-5157 peter.redvers-lee@vanderbilt.edu
- Reich, Stephanie.** Vanderbilt University, Center for Evaluation & Program Improvement 1212 21st Avenue South Nashville TN 37203-5721 USA; 615-343-2705 615-322-7049 stephanie.m.reich@vanderbilt.edu
- Reischl, Thomas.** U-M School of Public Health 109 Observatory, M2541 Ann Arbor MI 48109-2029 USA; 734-763-5568 734-615-2317 reischl@umich.edu
- Renfro, Richard.** PO Box 146723 Chicago IL 60614 USA; 773-342-9058 773-325-7781 rrenfro@depaul.edu
- Reppucci, Nicholas.** 401 Georgetown Road Charlottesville VA 22901-2458 USA; 434-924-0662 434-982-4766 ndr@virginia.edu
- Resto-Olivo, Josephine.** 2522 Reflections Place West Melbourne FL 32904 USA; 321-723-1870 jrest073@hotmail.com
- Revenson, Tracey.** The Graduate Center, CUNY 365 Fifth Ave New York NY 10016-4309 USA; 212-817-8709 212-817-3402 TRevenson@gc.cuny.edu
- Reyes-Cruz, Mariolga.** 602 S. Race St. #2 Urbana IL 61801 USA; 217-344-2684 cmreyes@uiuc.edu
- Rhodes, Jean.** 48 Woodlawn Drive Chestnut Hill MA 02467 USA; 617-496-1511 617-287-6368 jean.rhodes@umb.edu
- Ribordy, Sheila.** 2125 N Lincoln Ave Chicago IL 60614-4510 USA; 773-325-7787 773-325-7781 sribordy@depaul.edu
- Rickel, Annette.** 700 Park Ave, #2A New York NY 10021 USA; 212-535-0242 212-535-0041 rickelau@aol.com
- Rincon, Claudia.** New York University 420E 70th 10Q New York NY 10021 USA; 212-998-7793 cpr212@nyu.edu
- Ritchie, Pierre.** University of Ottawa, Dept. of Psychology 11 Marie Curie 6th Floor Ottawa ON K1N6N5 Canada; 613-562-5800, ext. 4827 613-562-5169 pritchie@uottawa.ca
- Ritzler, Tina.** 1531 Blanchan Ave. LaGrange Park IL 60526 USA; 773-882-1731 312-413-1804 tritzler@uic.edu
- Roberts, Michael.** University of Kansas, Clinical Child Psychology Program 1000 Sunnyside Avenue Lawrence KS 66045-7555 USA; 785-864-3580 mroberts@ku.edu
- Roberts, Richard.** Utah State University 6580 Old Main Hill Logan UT 84322-6580 USA; 435-797-3346 435-797-2019 richard.roberts@usu.edu
- Robertson, Neville.** The University of Waikato, Dept. of Psychology Private Bag 3105 Hamilton New Zealand; 647-838-4466 x8300 -5933 scorpio@waikato.ac.nz
- Rogers, Todd.** 101 First Street, PMB 426 Los Altos CA 94022-2750 USA; 650-949-4055 650-949-4091 txrogers@pacbell.net
- Roosa, Mark.** Arizona State University, Dept. of Family & Human Development Box 872502 Tempe AZ 85287-2502 USA; 480-727-6122 480-965-5430 mark.roosa@asu.edu
- Rosario, Margaret.** The City College, Psychology Dept., NAC Building 7-120 138th Street & Covenant New York NY 10031 USA; 212-650-5420 212-650-5659 mr37@earthlink.net
- Rosen, Sharon.** Casco Passage 8 Matthews Street Portland ME 04103 USA; 207-772-7514 slrosen@cascopassage.com
- Rosenbaum, Melinda.** 1747 N. Cleveland Ave. #1F Chicago IL 60614 USA; 312-944-8995 mschmidtrosenbaum@yahoo.com
- Rotheram-Borus PhD, Mary Jane.** University of California-LA, NPI, Center for Community Health 10920 Wilshire Blvd. Suite 350 Los Angeles CA 90024-6521 USA; 310-794-8278 310-794-8297 rotheram@ucla.edu
- Rowland, Laurenn.** 146 Farrand Park Highland Park MI 48203-3352 USA; 313-577-3398 313-577-9628 aa2107@wayne.edu
- Roy, Amanda.** 315 1st Ave., Apt. 4F New York NY 10003 USA; 212-505-8390 alr260@nyu.edu
- Ruback, Jasmin.** 991 McCormick Avenue State College PA 16801 USA; 814-441-4150 jruback@rubackassociates.com
- Rudkin, Jennifer Kofkin.** 500 W. Sycamore Circle Louisville CO 80027 USA; 303-665-4451 jennifer.rudkin@cudenver.edu
- Rutter, Marie-Christine.** 6819 N. 12th St. #21 Phoenix AZ 85014 USA; 480-748-7060 marie-christine.rutter@asu.edu
- Ryan, Mary.** Metropolitan State University 956 S. 4th Street Bird Island MN 55310 USA; 320-231-7034 320-365-3924 stimp@mail2world.com

S

- Saegert, Susan.** City University of New York, Graduate Center 365 Fifth Avenue New York NY 10016-8003 USA; 212-817-1886 212-662-1903 ssaegert@email.gc.cuny.edu
- Sagrestano, Lynda.** Southern Illinois University Dept of Psychology Carbondale IL 62901-6502 USA; 618-453-3534 618-453-3563 sagresta@siu.edu
- Salazar, Laura.** 201 Hurt Street NE Atlanta GA 30307 USA; 404-681-0370 404-727-1369 lfsalaz@sph.emory.edu
- Salina, Doreen.** Feinberg School of Medicine 333 N. Michigan Ave., Ste 1801 Chicago IL 60601 USA; 312-346-1881 d-salina@northwest.edu
- Salzer, Mark.** University of Pennsylvania CMHPSR 3535 Market St., 3rd Floor Philadelphia PA 19104 USA; 215-349-8483 215-349-8715 salzer@mail.med.upenn.edu
- Sami, Nilofar.** University of California-Berkeley, Dept. of Psychology 2205 Tolman Hall #1650 Berkeley CA 94720-1650 USA; 510-642-2055 510-643-1922 nilofars@uclink4.berkeley.edu
- Sanchez, Bernadette.** DePaul University, Dept. of Psychology 2219 N. Kenmore Ave. Chicago IL 60614 USA; 773-325-4841 773-325-7888 bsanchez@depaul.edu
- Sanchez-Cesareo, Marizaida.** POB 147132 Chicago IL 60614 USA; 773-742-5523 urbanetwks@yahoo.com
- Sandler, Irwin.** 3205 N 55th Street Phoenix AZ 85018-6634 USA;
- Sarason, Seymour.** 200 Leeder Hill Dr. Hamden CT 06517 USA; 203-281-6661
- Sasao, Toshiaki.** 739 North Grove Avenue Oak Park IL 60302 USA; 708-445-1248 708-445-1248 sasao@icu.ac.jp
- Sato, Shin'ichi.** 3-6-6 Hashido Seya-ku Yokohama Kanagawa Japan; 81-45-301-8846 81-45-301-8846 shin1205@a6.cktv.ne.jp; g066007@yamata.icu.ac.jp
- Schaeffer, Cindy.** University of Maryland-BC, Dept. of Psychology 1000 Hilltop Circle Baltimore MD 21250 USA; 410-455-2322 410-455-1055 cschaeff@umbc.edu
- Schillo, Barbara.** Minnesota Partnership For Action Against Tobacco Two Appletree Sq.; 8011 34th Ave. South; Suite 400 Minneapolis MN 55425 USA; 952-767-1414 952-767-1422 bschillo@mpaat.org

Schlehofer, Michele. 1685 E Bonnie Brae Ontario CA 91764 USA; 909-398-4178 michele.schlehofer@cgu.edu

Schmidt, Heather. 7 McMorran Crescent Thornhill Ontario L4J 2T4 Canada; 905-764-3629 hschmidt@yorku.ca

Schneider, Margaret. 44 Glenwood Cres Toronto Ontario M4B 1J6 Canada; 416-923-6641 x2550 mschneider@oise.utoronto.ca

Schober, Daniel. 2467 West Gunnison Street, Apt. 3 Chicago IL 60625 USA; 414-839-9114 SchoberDaniel@hotmail.com

Schotland, Marieka. 4103 Patterson Ave. Oakland CA 94619 USA; mss286@nyu.edu

Schultz, Jerry. Work Group on Health Production 4082 Dole Center Lawrence KS 66045 USA; 785-864-0533 785-864-5281 jschultz@ukans.edu

Schultz, Jerry. Work Group on Health Production 4082 Dole Center Lawrence KS 66045 USA; 785-864-0533 785-864-5281 jschultz@ukans.edu

Schultz, Theresa. 137 North Oak Park Avenue Oak Park IL 60301 USA; 708-383-3405 708-383-3406 tschultz@email.dom.edu

Schweon, Craig. 1313 Foothill Blvd. Suite 9 La Canada CA 91011 USA; 626-256-7863 626-301-1045 chsphd@cs.com

Scileppi, John. Marist College Department of Psychology Poughkeepsie NY 12601 USA; 845 575-3000 x2961 845 575-3965 john.scileppi@marist.edu

Sehgal, Ph.D., Sue. Georgia State University 1190 Urban Life Building Atlanta GA 30303 USA; 404-651-4628 404-651-1391 ssehgal@gsu.edu

Seidman, Edward. William T. Grant Foundation 570 Lexington Ave., 18th Floor New York NY 10022-6837 USA; 212-752-0071 212-752-1398 eseidman@wtgrantfdn.org

Seybolt, Diana. 9445 Kilmanjaro Road Columbia MD 21045 USA; 410-646-1756 psych@umaryland.edu

Shadish, William. University of California Merced PO Box 2039 Merced CA 95344 USA; 209-724-4372 209-724-4390 wshadish@ucmerced.edu

Shah, Seema. 418 St. John's Place, #2E Brooklyn NY 11238 USA; 917-586-8970 seema41@juno.com

Shepard, Jane. The Consultation Center 389 Whitney Ave. New Haven CT 06511 USA; 203-789-7645 203-462-6355

Shepherd, Ph.D., Matthew. 1616 Derby Hills Ct. Derby KS 67037 USA; 316-978-3073 316-978-3593 matthew.shepherd@wichita.edu

Sherker, Jennifer. 6520 Green Valley Circle Apt. 109 Culver City CA 90230 USA; 310-417-7954 jlscherke@pepperdine.edu

Shimazu, Keiko B.. 1711 East-West Rd. #567 Honolulu HI 96848-1711 USA; kshimazu@hawaii.edu

Shinn, Marybeth. New York University, Dept. of Psychology 6 Washington Place, Mail Code 1019 New York NY 10003 USA; 212 998 7923 212 998 7781 beth.shinn@nyu.edu

Shore, Milton. 1370 Lambert Drive Silver Spring MD 20902 USA; 301-649-3345 miltonshore@cs.com

Short, Jerome. George Mason University, Dept of Psychology 3F5 4400 University Dr. Fairfax VA 22030 USA; 703-993-1368 703-993-1359 jshort@gmu.edu

Shorter-Gooden, Kumea. 6 Richland Pl. Pasadena CA 91103-2837 USA; 626-568-9385 626-284-0787 goodens@earthlink.net

Shull, Courtney. 7151 Rd 192 Antwerp OH 45813 USA; c.e.71123@att.net

Shure, Myrna. Drexel University 245 N 15th Street MS626 Philadelphia PA 19102 USA; 215-762-7205 215-762-8625 mshure@drexel.edu

Siebold, Wendi. 6633 Bovey Ave. Reseda CA 91335 USA; 818-231-4012 sieboldw@msu.edu

Silverman, Morton. 4858 S. Dorchester Ave. Chicago IL 60615-2012 USA; 773-550-8179 773-624-3995 msilverm@uhs.bsd.uchicago.edu

Silverman, Ronald. 1213 Beard St. Flint MI 48503 USA; 810-239-5220 810-238-9741 rsilver@umflint.edu

Simons, Lori. 1102 Rosewood Lane Glen Mills PA 19342 USA; 610-499-4602 lorgold@aol.com

Simons-Rudolph, Joseph. 911 Independence Ave Washington DC 20003 USA; 919-788-8013 joe_rudolph@ncsu.edu

Singh, Joshua. 4650 N. Beacon St., Apt. 1 Chicago IL 60640 USA; 773-551-6175 jsingh1@depaul.edu

Sinkule, Jennifer. George Mason University 310 Shirley St. Apt 58 Falls Church VA 22046 USA; 571-243-8625 jsinkule@gmu.edu

Sloan, Tod. Lewis and Clark College Dept. of Counseling Psychology Portland OR 97219 USA; 503-768-6066

Sloss, Christine. 104 Woodcrest Ave. Toronto Ontario M4J 3B2 Canada; 416-778-5844 christinesloss@yahoo.com

Small, Stephen. University of Wisconsin-Madison, Dept. of Human Development and Family Studies 1300 Linden Drive Madison WI 53706-1524 USA; 608-263-5688 608-265-1172 sassmall@facstaff.wisc.edu

Smith, Sharon. 1331 Benning Pl, #3 Atlanta GA 30307 USA; 404-223-5270 smithsharong@earthlink.net

Smyer, Michael. Boston College, Graduate School of Arts & Sciences McGuinn 221 Chestnut Hill MA 02467-3800 USA; 617-552-3268 617-552-3700 smyer@bc.edu

Snell-Johns, Jessica. 12803 Margit Drive Austin TX 78729 USA; 512-335-8822 snelljohns@yahoo.com

Sniffen, Chad. PO Box 3446 Tucson AZ 85722 USA; 520-626-9511 520-626-9515 csniffen@email.arizona.edu

Snow, David. The Consultation Center 389 Whitney Ave. New Haven CT 06511-2301 USA; 203-789-7645 203-562-6355 david.snow@yale.edu

Snowden Jr, Lonnie. 1090 Warfield Ave Oakland CA 94610-1612 USA;

Sobeck, Joanne. Wayne State University 4756 Cass Avenue Detroit MI 48201 USA; 313-577-8770 ab1350@wayne.edu

Sommer, Gert. FB Psychologie Gutenbergstrabe 18, D-35032 Marburg Germany; 6421-282 3666 sommerg@hstaff.uni-marburg.de

Sonn, Christopher. Victoria University, Dept. of Psychology PO Box 14428 Melbourne City MC Melbourne 8001 Australia; 61 3 9688 5226 +61 8 9400 5834 christopher.sonn@vu.edu.au

Sorhaindo, Alphonso. 16 Clinton Ave Hastings-Hudson NY 10706-3209 USA; 718-518-1276 718-518-1281 yaman7806@yahoo.com

Spalt, Tania. 1316 Manzanita St. Los Angeles CA 90027 USA; 323-663-7652 tania-o@pacbell.net

Speer, Paul. Peabody College of Vanderbilt University, Dept. of Human and Organizational Development Box 90 Nashville TN 37205 USA; 615-322-3117 615-343-2611 paul.w.speer@vanderbilt.edu

Spelman, Erin. 3340 Murray Street Columbia SC 29205 USA; 803-466-7138 elspel@hotmail.com

- St. Domingo**, Mariano. 1612-D Cantwell Rd. Baltimore MD 21244 USA; 410-944-2055 410-455-1055 msdomingo@aol.com
- St Onge**, Myreille. 2310 Ave De La Ronde Quebec PQ G1J4E8 Canada; 418-656-2131 x3195 418-656-3567
- Staggs**, Susan. 2314 W. 23rd Street 2nd Floor Chicago IL 60608-3801 USA; 773-523-0773 312-413-4122 sstagg1@uic.edu
- Starnes**, Debi. 804 Edgewood Avenue NE Atlanta GA 30307 USA; 404-681-9759 404-681-1067 emstarres@aol.com
- Steffe**, Jerome. 6811 NW 34th St. Margate FL 33063 USA; 305-575-7000 x6308 steffejj@aol.com
- Stein**, Catherine. Bowling Green State University Dept. of Psychology Bowling Green OH 43403-0228 USA; 419-372-2278 419-372-6013 cstein@bqnet.bqsu.edu
- Steinberg**, Jakob. 10 W Hanover Avenue Suite 110 Randolph NJ 07869 USA; 973-895-4799 973-895-4796 crisisgmt@nac.net
- Stelzner**, Stephen. College of St. Benedict 37 S. College Ave. St Joseph MN 56374-2001 USA; 320-363-5410 320-363-5582 sstelzner@cbsbj.edu
- Stevenson**, John. University of Rhode Island, Dept. of Psychology 10 Chafee Rd., Suite 8 Kingston RI 02881 USA; 401-874-4240 401-874-2157 jsteve@uri.edu
- Stillman**, Lindsey. 233 Ravenel St. Columbia SC 29205 USA; 803-252-0637 lstillman@sc.edu
- Stoneking, Ph.D.**, Beth. P.O. Box 64336 Tucson AZ 85728-4336 USA; 520-577-7821 520-626-7833 bstoneki@u.arizona.edu
- Strauss**, Jaine. Macalester College, Dept. of Psychology 1600 Grand Ave. St Paul MN 55105 USA; 651-696-6114 651-696-6348 strauss@macalester.edu
- Stritto**, Mary Ellen Dello. Ball State University Dept. of Psychological Science Muncie IN 47306 USA; 765-285-1697 mdellostritt@bsu.edu
- Suarez-Balcazar**, Yolanda. University of Illinois at Chicago, College of Applied Health Sciences (MC-811) 1919 West Taylor - Room 351 Chicago IL 60612 USA; 312-413-0117 312-413-0256 ysuares@uic.edu
- Sue**, Stanley. University of California, Dept of Psychology 1 Shields Ave Davis CA 95616-8686 USA; 530-754-6173 530-752-2087 ssue@ucdavis.edu
- Sullivan**, Cris. Michigan State University, Psychology Dept. East Lansing MI 48824 USA; 517-353-8867 517-432-2945 sulliv22@msu.edu
- Sullivan**, Tami. The Consultation Center 389 Whitney Ave. New Haven CT 06511 USA; 203-789-7645 203-562-6355 tami.sullivan@yale.edu
- Sundberg**, Norman. University of Oregon, Dept. of Psychology 1227 University of Oregon Eugene OR 97403 USA; 541-346-4909 nds@Oregon.Uoregon.edu
- Surdich**, Stavroula. 52 Grosvenor Drive Wandana Heights 3216, Victoria Victoria Australia; surdich@bigbond.com
- Suter, MA**, Jesse. University of Vermont, Dept. of Psychology 41 Manseau St. Winooski VT 05404 USA; 802-233-4133 jsuter@uvm.edu
- Sutfin**, Erin. 1412 Forest Ridge Road Charlottesville VA 22903 USA; 434-243-8164 434-982-4766 els4a@virginia.edu
- Sutcliffe**, Nancy. 77 Burgundy Dr. Kensington CT 06037-1800 USA; 860-829-0454 nancy830@snet.net
- Suzuki**, Mamoru. 6-3-1 Kashiwanoha Kashiwa Chiba 277-0882 Japan; +81 471 35-8001 +81 471 33-9184 suzukim@nrrips.go.jp
- Swanson**, Deborah. PO Box 1054 Glen Ellen CA 95442 USA; 707-996-8620 dclaire@vom.com
- Swift**, Carolyn. 1102 Hilltop Drive Lawrence KS 66044 USA; cbswift@eagle.cc.ukans.edu
- Sylvester**, Bonnie. 2316 Heath Ave. N Oakdale MN 55128 USA; 651-779-7919 651-747-0459 joenbonnie@comcast.net
- Symanski - Tondora**, Janis. 353 North Street Milford CT 06460 USA; 203-772-2086 x101 203-772-2265 janis.tondora@yale.edu
- ## I
- Tableman**, Betty. 1515 Moores River Dr. Lansing MI 48910 USA; 517-432-7138 517-355-6545 tableman@msu.edu
- Takada-Rooks**, Curtiss. 8939 S. Sepulveda Blvd., Suite 208 Los Angeles CA 90045 USA; 310-568-9264 310-568-0070 curtiss_rooks@yahoo.com
- Tanaka**, Carey. 1235 Albion Street, Apt. B-3 Denver CO 80220 USA; 303-333-3229
- Tanyu**, Manolya. University of Illinois-Chicago, Dept. of Psychology 1007 W. Harrison St. (M/C 285) Chicago IL 60607 USA; mtanyu1@uic.edu
- Taylor**, Kevin. 6658 W. Clinton Ln. #202 Boise ID 83704 USA; 208-919-0132 minion@cableone.net
- Taylor-Richardson**, Kelly. 205 A 32nd Avenue S. Nashville TN 37212 USA; 615-463-0069 kelly.d.richardson@vanderbilt.edu
- Tedesco**, Lisa. Columbia Univ. Medical Center, Ctr. for Comm. Health Partnership 100 Haven Ave., Suite 27 New York NY 10032 USA; 773-763-5553 773-763-8011 ltedesco@umich.edu
- Tefft**, Bruce. University of Manitoba, Dept. of Psychology Winnipeg MB R3T2N2 Canada; 204-474-8259 204-474-7599 tefft@ms.unmanitoba.ca
- Teplin**, Linda. Psycho-Legal Studies Prog 710 N Lake Shore Dr Ste 900 Chicago IL 60611-3006 USA; 312-503-3500 312-503-3535
- Test**, Mary. 4334 Upland Drive Madison WI 53705-5041 USA; 608-263-5695 608-263-3836 matest@wisc.edu
- Thai**, Nghi Dong. 1355 Frank St Honolulu HI 96816 USA; 808-218-4342 nghit@hawaii.edu
- Thomas**, Amanda. 18 Knollwood Building Middletown PA 17057 USA; 717-930-0231 act145@psu.edu
- Thomas**, Elaine. 50 Gateside Plse Marietta GA 30067 USA; 770-303-0254 770-303-0254 elain@bellsouth.net
- Thomas**, Elizabeth. University of Washington-Bothell, Interdisciplinary Arts and Sciences Box 358530, 18115 Campus Way NE Bothell WA 98011-8246 USA; 425-352-3590 ethomas@uwb.edu
- Thomas**, Katie. 44A Warragoon Crescent Attadale WA 6156 Australia; 61 (08) 9433-0219 kthomas@nd.edu.au
- Tiamiyu**, Mojisola. University of Toledo, Dept. of Psychology 2801 Bancroft Street Toledo OH 43606 USA; 419-530-2853 419-530-8479 mtiamiy@uoft02.utoledo.edu
- Tinsley Li, PhD**, Susan. Pacific University, School of Professional Psychology 511 SW 10th Ave., Suite 400 Portland OR 97205-2732 USA; 503-352-2610 503-352-2623 susanli@pacific.edu
- Todd**, Nathan. University of Illinois at Urbana-Champaign, Dept. of Psychology 603 East Daniel Street Champaign IL 61820 USA; 217-378-4736 ntodd2@uiuc.edu
- Tolan**, Patrick. IJR 840 South Wood Street Chicago IL 60612 USA; 312-413-1893 312-413-1703 tolan@uic.edu

Tomkins, Alan. University of Nebraska, Public Policy Center 121 S. 13th Street Ste 303 Lincoln NE 68588-0228 USA; 402-472-5688 402-472-5679 atomkins@nebraska.edu

Tompsett, Carolyn. Wayne State University, Dept. of Psychology 71 W. Warren Ave. Detroit MI 48202 USA; 313-577-0962 313-577-1149 ctompset@sun.science.wayne.edu

Toro, Paul. Wayne State University, Dept. of Psychology 71 W. Warren Ave. Detroit MI 48202 USA; 313-577-0806 313-577-7636 paul.toro@wayne.edu

Torres-Harding, Susan. 6818 N. Lakewood Chicago IL 60626 USA; 773-325-4628 773-325-4923 storres@depaul.edu

Townsend, Stephanie. University of Illinois-Chicago, Dept of Psychology (MC285) 1007 W. Harrison St. Chicago IL 60607-7137 USA; 312-355-1288 stownsen@uic.edu

Townsend, Tiffany. Penn State University, Dept of Psychology 544 Moore Building University Park PA 16802 USA; 814-863-1745 814-863-7002 tgt1@psu.edu

Trickett, PhD, Edison. University of Illinois at Chicago; Dept. of Psych-MC 285 1007 W. Harrison St. Chicago IL 60607 USA; 312-998-2144 708-358-0008 trickett@uic.edu

Trimble, Ph.D., Joseph. Western Washington University 516 High Street Bellingham WA 98225-9089 USA; 360-650-3058 360-650-7305 joseph.trimble@wwu.edu

Trotter, Jennifer. University of Illinois at Urbana-Champaign, Dept. of Psychology 603 E. Daniel Street Champaign IL 61820 USA; 217-621-2918 jltrotte@uiuc.edu

Tseng, Vivian. William T. Grant Foundation 570 Lexington Ave., 18th Floor New York NY 10022 USA; 212-752-0071 212-752-1398 vtseng@wtgrantfdn.org

Tugnoli, Anna. 6171 Glen Oak St. Los Angeles CA 90068 USA; 323-462-4072 chiattu@earthlink.net

Tusher, Chantal. 1901 Vinings Trail Smyrna GA 30080 USA; 770-801-0327 cpoister@student.gsu.edu

Tutchener, Carol. 404/2 Slater Street Melbourne Victoria 3004 Australia; +613 9905 3846 +613 9866 5256 carol.tutchener1@students.vu.edu.au

Tyler, Forrest. University of Maryland, Dept. of Psychology College Park MD 20742-0001 USA;

U

Unger, Donald. University of Delaware Dept. of Individual & Family Studies Newark DE 19716 USA; 302-831-6852 302-831-8776 unger@udel.edu

Upshur, Carole. University of Massachusetts Med School, Dept. of Family Medicine and Community Health 55 Lake Avenue North Worcester MA 01655 USA; 508-334-7267 508-856-1212 carole.upshur@umassmed.edu

Usher, Jeff. Kansas Health Foundation 309 E. Douglas Wichita KS 67202 USA; 316-262-7676 316-262-2044 jusher@khf.org

Uttal, Lynet. 1430 Linden Drive, #202 Madison WI 53706 USA; 608-263-4026 608-265-1172 luttal@facstaff.wisc.edu

V

Valdez, Marianna. 1121 Wilder Ave., #1900A Honolulu HI 96822 USA; 808-779-3674 mariannafischer@yahoo.com

Valentine, Elizebeth. 123 Hampshire Ct. Avondale Estates GA 30002 USA; 404-353-4566 leannevalentine@comcast.net

Van Der Graaf, Sharon. Edith Cowan University, Edith Cowan University 100 Joondalup Drive Joondalup 6027 Western

Australia; 08-6304-5168- 08-6304-5834

s.van_der_graaf@ecu.edu.au

van der Woerd, Kim. 207-1502 Island Park Walk Vancouver BC V6H 3Z8 Canada; kvanderwoerd@yahoo.com OR kimvande@sfu.ca

Vandenbos, Gary. American Psychological Association 750 First Street NE Washington DC 20002-4241 USA; 202-336-5795 202-336-5630 gary@apa.org

Vasconcelles, Erin. 324 Manville Apt #19 Bowling Green OH 43402 USA; 419-353-3139 evascon@bgnet.bgsu.edu

Velcoff, Jessica. 1153 W. Webster Ave., Apt. 1W Chicago IL 60614 USA; 773-957-3881 jvelcoff@depaul.edu

Viola, Judah. 2736 W. Leland #1 Chicago IL 60625 USA; 773-325-4975 773-769-6316 jviola1@depaul.edu

von Lengerke, Thomas. Hannover Medical School, Medical Psychology (OE 5430) Carl -Neuberg -Str.1 Hannover 30625 Germany; ++49 (0)511 532-4445 ++49 (0) 511 532 4214 lengerke.thomas@mh-hannover.de

Voorhees, Coure. HC 70 Box 3105 Glorieta NM 87535 USA; 505-699-2375 zeti@popstar.com

Voth, David. HC 60 #2851 Haines AK 99827 USA; 907-767-5429 voth@voth.com

W

Waanders, Christine. 117 Simpson Rd. Ardmore PA 19003 USA; 610-649-6845 waandersc@yahoo.com

Wadsworth, Martha. 2155 S. Race St. Denver CO 80208 USA; 303-871-2582 303-871-4747 mwadswor@du.edu

Wahl, Otto. 103 Woodland Street Hartford CT 06105 USA; 860-520-1153 860-520-1156 owahl@hartford.edu

Walby, Gary. 7129 Park Dr. New Port Richey FL 34652 USA; 727-858-3335 gwalby@gte.net

Wallace, Ph.D., Scyatta. SUNY Downstate, Box 1240 450 Clarkson Ave. Brooklyn NY 11203 USA; 718-270-6391 scyatta.wallace@downstate.edu

Wandersman, Abraham. University of South Carolina Dept of Psychology Columbia SC 29208-0001 USA; 803-777-7671 803-777-9558 wandersman@sc.edu

Ward, Ph.D., Nadia. The Consultation Center 389 Whitney Ave. New Haven CT 06511 USA; 203-789-7645 203-562-6355 nadia.ward@yale.edu

Warp, Kimberly. 384 Willow Grove Dr. Unit D Pewaukee WI 53072 USA; kbwarp@smumn.edu

Wasco, Ph.D., Sharon. University of Massachusetts-Lowell, Dept. of Psychology 870 Broadway St., Suite 1 Lowell MA 01854 USA; 978-934-3964 978-934-3074 sharon_wasco@uml.edu

Watkins, Mary. Pacifica Graduate Institute 249 Lambert Rd Carpinteria CA 93013 USA; 805-695-0555 x32 mary_watkins@pacific.edu

Weed, David. 23 Bridge St. Warren RI 02885 USA; 508-235-7211 508-235-7346 drweed@mindspring.com

Weinstein, Rhona. University of California-Berkeley, Psychology Dept. 3210 Tolman Hall MC 1650 Berkeley CA 94720-1650 USA; 510-642-2055 510-642-5293 rhona@socrates.berkeley.edu

Weinstein, Traci. 64 Tolman Ave., Apt. 2 Lowell MA 01854-2237 USA; 978-328-8722 tweinst@msn.com

Weissberg, Roger. University of Illinois-Chicago, Dept. of Psychology (M/C 285) 1007 West Harrison Street Chicago IL 60607-7137 USA; 312-413-1012 312-355-0559 rpw@uic.edu

- Weller, Jamie.** 18 Fletcher St., Apt. 2 Nashua NH 03064 USA; 603-320-3173 eimaj17@hotmail.com
- Wener, Albert.** 1916 Tupper Monteval PQ H3H1N5 Canada;
- Wenzel, Suzanne.** PO Box 2138, Rand Corp 1700 Main Street Santa Monica CA 90401-3208 USA; 310-393-0411x6415 310-451-7004 slwenzel@rand.org
- Werpetinski, Valeri.** 100 Kenwood Road Apt. 490 Champaign IL 61821-7226 USA; 217-355-9294 vwerpeti@s.psych.uiuc.edu
- Werth, Jr., James.** University of Akron Dept. of Psychology Akron OH 44325-4301 USA; 330-972-2505 330-972-5174 jwerth@uakron.edu
- West, Romaine.** PO Box 8822 Lowell MA 01853 USA; 815-370-0946 mainard10@yahoo.com
- Weston, Rebecca.** Southern Illinois University Mailcode 6502 Carbondale IL 62901 USA; 618-453-3535 618-453-3563 weston@siu.edu
- White, Rhonda.** 1622 Brookfield Drive Ann Arbor MI 48103 USA; 301-385-8326 rhondalw@umich.edu
- Wilcox, Brian.** University of Nebraska, CCFC 121 S. 13th Street, Suite 302 Lincoln NE 68588-0227 USA; bwilcox@unl.edu
- Will, Kelli.** Center for Pediatric Research 855 West Brambleton Avenue Norfolk VA 23510-1001 USA; 757-668-6449 757-668-6495 willke@chkd.org
- Williams, Terrinieka.** 105 E. 68th St. Chicago IL 60637 USA; 312-802-1763 twilli29@depaul.edu
- Williams, PhD, Stacey.** University of Michigan, Institute for Social Research 426 Thompson Street, #3348 Ann Arbor MI 48106 USA; 734-647-9290 staceywg@isr.umich.edu
- Wilson, Bianca.** 2435 N. Lawndale #1 Chicago IL 60647 USA; 773-342-6928 312-413-4122 biancaw@uic.edu
- Wilson, Melvin.** University of Virginia, Dept. of Psychology 306 Gilmer Hall, PO Box 400400 Charlottesville VA 22904-4400 USA; mwn@virginia.edu
- Wilson, Nance.** 2140 Shattuck Ave., #401 Berkeley CA 94704 USA; 510-665-1937 510-665-1301 nwilson@phi.org
- Witherspoon, Dawn.** 401 New Bridge Road New Milford NJ 07646 USA; 212-998-7793 212-998-7481 dpw208@nyu.edu
- Wolchik, Sharlene.** Arizona State University, Psychology Department Tempe AZ 85287 USA;
- Wolf, Angela.** National Council on Crime and Delinquency 1970 Broadway, Suite 500 Oakland CA 94612 USA; 510-208-0500 x302 510-208-0511 awolf@sfinccd-crc.org
- Wolfe, Susan.** US Dept. of Health and Human Services, Office of Evaluation and Inspections 1100 Commerce Street, Room 437 Dallas TX 75242-0493 USA; 214-767-1716 214-767-2039 swolfe@olg.hhs.gov
- Wolff, Thomas.** 24 S Prospect Street Amherst MA 01002-3817 USA; 413-253-4283 413-253-7131 tom@tomwolff.com
- Wolitski, Rich.** 1600 Clifton Rd. (E-37) Atlanta GA 30333 USA; 404-639-1939 404-639-1950 rwolitski@cdc.gov
- Wong, Frank.** Georgetown University, School of Nursing and Health Studies 3700 Reservoir Rd., NW Washington DC 20057 USA; 202-687-0333 202-687-9466 fyw@georgetown.edu
- Wong-Rieger, Durhane.** 35 Merton St., #1502 Toronto ON M4S 3G4 Canada; 416-969-7435 416-964-7420 durhane@sympatico.ca
- Woods, LaKeesha.** The Consultation Center 389 Whitney Ave. New Haven CT 06511 USA; 203-789-7645 203-562-6355 lakeesha.woods@yale.edu
- Woolard, Jennifer.** Georgetown University, Dept. of Psychology 37th O Streets NW, 306 H. White-Gravenor Washington DC 20057 USA; 202-687-9287 202-687-6050 jlw47@georgetown.edu
- Wright, Damion.** 14436 Shadow Dr. Fontana CA 92337 USA; 909-355-5603 damionwright@adelphia.net
- Wright, Patricia.** University of South Carolina, Dept. of Psychology, Clinical-Community Program 3319 Duncan St. Columbia SC 29205 USA; 803-252-9865 patriciaannwright@yahoo.com
- Wyman, Mary.** 1906 N. 48th St. Milwaukee WI 53208 USA; 414-384-2000 x41265 stoneburymead@yahoo.com
- Wynne, Michael.** 16007 Crenshaw Blvd. Torrance CA 90506 USA; 310-660-3562 mwynne@elcamino.edu

Y

- Yaelingh, Elisabeth.** 108 Washtenaw #30 Ypsilanti MI 48197 USA; 734-323-7197 877-519-9606 eyaelingh@emich.edu
- Yasuda, Tomoyuki.** 333 Logan Ave, #508 State College PA 16801 USA; 814-237-7721 tuy101@psu.edu
- Yasui, Naoko.** Waisman Center, Rm. 154 1500 Highland Ave. Madison WI 53705 USA; 608-263-0271 x8 608-265-4101 yasui@waisman.wisc.edu
- Yoshikawa, Hiro.** New York University, Dept. of Psychology 6 Washington Pl, Rm 279 New York NY 10003 USA; 212-998-7826 212-998-7781 hiro.yoshikawa@nyu.edu
- Yuan, Nicole.** 3433 N. Winding River Way Tucson AZ 85712 USA; 520-319-8689 nyuan@email.arizona.edu

Z

- Zahniser, James.** 806 Linder Blvd. Greenville IL 62246-2332 USA; 618-664-6825 jim.zahniser@greenville.edu
- Zea, Maria.** George Washington University, Dept. of Psychology 2125 G Street NW Washington DC 20052 USA; 202-994-6321 202-994-4619 zea@gwu.edu
- Zea, Maria.** George Washington University, Dept. of Psychology 2125 G Street NW Washington DC 20052 USA; 202-994-6321 202-994-4619 zea@gwu.edu
- Zeldin, Shepherd.** University of Wisconsin, School of Human Ecology 1300 Linden Avenue Madison WI 53706 USA; 608-231-1319 608-231-1333 rszeldin@facstaff.wisc.edu
- Zimmerman, Lindsey.** 731A Duboce Ave. San Francisco CA 94117 USA; 415-503-0842 linseyzimmerman@earthlink.net
- Zimmerman, Marc.** University of Michigan, Dept of Health Behavior & Health Educ. 1420 Washington Hgts. Ann Arbor MI 48109-2029 USA; 734-647-0224 734-763-7379 marcz@umich.edu
- Zullo, PhD, Harold.** PO Box 380 Marlboro NJ 07746-0380 USA; 732-972-4769 hzullo@mindspring.com

Women and Social Justice Issues

Edited by Mary Ellen Dello Stritto and Christina Ayala-Alcantar

Introduction

For this special section of *The Community Psychologist*, SCRA's women's committee requested papers on the topic of women and social justice issues in a variety of settings. The intention was to include papers by community psychologists who were working on research that encompassed social justice (human rights) and/or papers from community psychologists working on social justice projects that included women. We were very pleased to receive submissions from Australia and the United States that encompassed many different settings. The following six papers include discussions of: (1) advocacy for programs for low-income women with mental health problems; (2) violence against women with disabilities; (3) women working with asylum seeking refugees in Australia; (4) services for women experiencing family violence; (5) well being for women in rural health settings; and (6) women in mutual help groups for persons with mental illness.

Linkages

The papers presented here, while very different, have many underlying themes in common. This basic common theme across papers is feminism. Five out of the six papers discuss social justice programs/ projects that are working toward improving the mental and physical health of specifically women. While the focus of the sixth paper is male refugees, the authors discuss how feminism informs and guide their personal processes in their social justice work.

In addition, many of these papers describe feminist research methodologies; and several of the authors use a feminist framework to examine the assumptions underlying their work. For example, the papers of Gridley, Cooper, Gibson, and Kercheval apply Charlotte Bunch's (1974) criteria for evaluating feminist reforms to examine their research processes. The paper by Liang, Glenn, and Goodman apply feminist ethics to advocates and their partners (clients). Using a vignette, the authors examine the ethical challenges in the relationship between an advocate and her partner.

Also prominent in these papers is another central idea of feminism: empowerment. In her paper, Hughes describes the human rights problem of violence against women with

disabilities. She speaks directly to community psychologists, encouraging them to play a role in the empowerment of women as one step toward changing attitudes that lead to violence and abuse of women. Kelly Cooper, in her paper on an integrated intervention approach to family violence, discusses how the "Faxback" program helps women gain power by more effectively linking women

to family violence services. In their paper, Liang et al. describe *woman-defined advocacy* programs that focus on defining an advocate-partner relationship around the needs of the woman rather than around an existing system of services. The authors describe woman centered advocacy relationships as collaborative, which serve to empower women to improve their own well-being.

Belinda Gibson's paper on the well-being of women in rural health settings also addresses empowerment. In her research, rural health workers while participating in focus groups were empowered to share their input and recommendations on improving the health of their own working environments. Finally, Briony Kercheval discusses the experiences of women in mutual help groups created and run by patients with mental illness. Using the participant's own words, Kercheval provides examples of how women were transformed and empowered by participating in these mutual help groups.

Another theme that links these papers is the influence of the personal. Most of the papers presented here are, at least in part, written in the first person. Several of these papers express the influence of personal biases on their research, which is also a central tenet of feminist research. The paper by Gridley, Sampson, and Shopland titled "*The personal is political – stories that cross borders*" illustrates the value of including the "personal". This paper reports on the work of an activist psychologist and a student researcher involved with asylum seeking refugees in Australia. Both women reflect on the interactions among the

personal, professional and political in their work. The personal is also well incorporated in Liang et al.'s inclusion of a vignette describing the experiences of an advocate who is examining the impact of her own personal

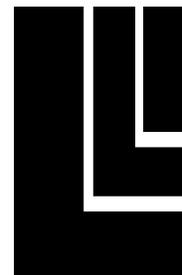
biases and boundaries in her relationship with her partner Jane. Finally, the papers of Cooper, Gibson, and Kercheval all share the personal factors that contributed

Finally, it is most important to note that many of these authors have included a *call to action* encouraging community psychologists to work toward solutions to these social justice problems.

to their interest in social justice as well as the personal challenges involved in their projects. These papers are compelling, in part, because the authors are openly examining their points of view thus enhancing their stories.

Finally, it is most important to note that many of these authors have included a *call to action* encouraging community psychologists to work toward solutions to these social justice problems. The call to action reminds us of the importance of social change and the critical role we as community psychologists can play in improving the world.

Correspondence regarding this special section can be sent to Mary Ellen Dello Stritto, Ph.D., Assistant Professor, Department of Psychological Science, Ball State University, Muncie, IN 47306; Tel: (765) 285-1697; Fax (765) 285-8980; E-mail: mdellostritt@bsu.edu or Dr. Christina Ayala-Alcantar, CSUN, Chicano/a Studies, 18111 Nordhoff Street, Northridge, CA 91330; E-mail: christina.ayala-alcantar@csun.edu.



Feminist Ethics in Advocacy Relationships: A Relational vs. Rule-Bound Approach

Belle Liang, Catherine Glenn, and Lisa Goodman
Boston College

Introduction

Community-based advocacy programs, designed to meet the needs of marginalized women by connecting them to community resources, have arisen as alternatives to traditional interventions and systems. A few of these programs have embraced the concept of *woman-defined* advocacy, a term coined by Jill Davies and her colleagues to describe a new form of advocacy for battered women (Davies, Lyon, & Monti-Catania, 1998). Here rather than attempting to fit clients to pre-existing services, services are fit to the individual needs of “clients,” or “partners.” Moreover, woman-defined advocacy recognizes the intrinsic value of the advocate-partner relationship itself. Through this relationship, the advocate works to understand and represent the partner’s expressed desires and needs.

In this paper, we highlight ethical considerations that evolve from a woman-defined, relational approach to advocacy. First, we posit the need for considering ethics in advocacy work by comparing it to other helping professions that have accepted rules or standards for ethical behavior. Second, we describe a woman-defined advocacy program that aims to meet the needs of low-income women. Based on our experiences with this program, we present a vignette that illustrates the types of ethical dilemmas that arise in such work. Finally, we demonstrate a relational approach to dealing with ethical dilemmas in woman-defined advocacy.

The Need for Ethics in Woman-Defined Advocacy Work

Helping professionals, such as psychotherapists, are guided by well-established ethical standards. Yet, despite commonalities between mental health professions and advocacy work, discussions about ethical considerations rarely appear in the advocacy literature (Edgett, 2002). Given the shared characteristics between the fields, however, it follows that the ethical guidelines governing mental health professionals would be an appropriate starting point for advocacy work. These guidelines include beneficence (doing good rather than harm), confidentiality, avoiding discrimination and exploitation, and

cooperation with other professionals in the interest of the client.

However, certain distinctions of woman-defined advocacy relationships may warrant a more progressive, feminist interpretation of these ethical guidelines. Namely, the hallmark of woman-defined advocacy relationships is *shared power* between advocate and partner; but this value stands in opposition to the traditional therapy ethics of *hierarchy* and clear *boundaries* in therapeutic relationships (Brown, 1994). By “shared power,” we mean advocates and partners negotiating both the process and goals of the working relationship.

What is required, then, is a new conception of advocacy ethics that emphasizes a relational approach to ethics, one that is characterized by mutuality in decision-making about the goals and process of the relationship, as opposed to strict boundaries and rigid rules about the structure of the relationship. This new conception is not intended to undermine the importance of the rules and ethical standards that underlie traditional therapy work, as these are generally useful and protective in woman-defined advocacy work. Moreover, the point is not to *promote* multiple relationships or looser boundaries, but rather to propose that these therapeutic “taboos” are not always negative when applied in woman-defined advocacy. Indeed, woman-defined advocacy work is determined by individual and contextual factors in a partner’s life; thus, these factors, rather than absolute rules, may guide ethical choices.

A Woman-Defined Advocacy Program

The woman-defined advocacy program we describe below is one component of a larger community-based program called ROAD (Reaching Out About Depression) that is designed to provide support to low-income women with depression (for a detailed description of ROAD, see Goodman, Littwin, Bohlig, Weintraub, Green, & Walker, in press). In the advocacy component of ROAD, a counseling student and/or law graduate student (often both students) is paired with a “partner” (a low-income woman in the community who may be struggling with mental health difficulties such as depression). These advocate-partner teams work to alleviate partners’ acute crises

(e.g. threatened evictions, loss of benefits, debt, layoffs, health problems, or parenting difficulties), as well as to help them achieve short- and long-term goals. Advocates meet weekly at their partners’ homes or other easily accessible settings. In addition, the advocates work with their partners in the community, obtaining information or accompanying partners to meetings where advocacy may be necessary. In

general, advocates work with their partners for nine months, after which, partners have the option of continuing with a new advocate team.

This program’s woman-defined approach is based on several specific assumptions. First, the development of a relationship between the advocate and her partner is paramount. Women need to feel safe to let their real needs be spoken – to themselves as well as to others. Second, these relationships must be truly collaborative, leaving room for the voices, values, and perspectives of both the advocate and the partner. Third, the advocate needs to approach her work with maximum flexibility, as unencumbered as possible by preconceived notions of what is “appropriate” work. After all, since the focus is on the true needs of disenfranchised women, the advocate must be prepared to meet such needs through nontraditional means when the traditional methods fall short.

Ethical Vignette and Discussion

An exhaustive exploration of ethical dilemmas relevant to woman-defined advocacy is beyond the scope of this paper. Thus, we address two sample ethical dilemmas created by the fluid nature of boundaries in woman-defined advocacy by presenting a vignette incorporating the perspectives of both an advocate and a partner. Specifically, the following vignette, which typifies situations encountered in the program described above, will be used to illustrate whether and how advocates should: 1) engage in multiple relationships and 2) negotiate their own values in their work with their partners.

Vignette

Jane¹, a divorced mother with full custody of her 14 and 17 year-old daughters sought emotional and instrumental support from her advocate. On top of her difficulties managing

home and work responsibilities in the context of scarce financial resources and an ongoing battle with depression, Jane struggled with complicated family conflicts with her ex-husband and his parents, who were pushing for increased contact with her daughters. Although she neither felt threatened by them nor considered them to be “bad” people, she believed that they would be poor influences on her children. Yet, she had great difficulty identifying clear examples of this, given the insidious nature of their dysfunctional interaction with each other and the children.

Eventually, Jane asked her advocate to come to her older daughter’s graduation party, also to be attended by the daughter’s father and paternal grandparents. She believed that this would allow the advocate to witness firsthand, as well as support her through, the problematic dynamics in the family. The advocate consulted with her supervisor about whether she should attend the graduation party, and, after lengthy discussion as described below, decided to go.

At the same time, the advocate was helping Jane tackle problems faced by members of her immediate family for whom Jane felt responsibility. For example, the advocate tutored one of the daughters in schoolwork, and was helping the other daughter apply for jobs. In addition, she searched for housing for a cousin who had been evicted. The advocate felt ambivalent about spending so much of her time working on behalf of family members, instead of working to help Jane more directly. Indeed, the advocate struggled with wanting to accommodate Jane’s wishes to support her loved ones, while also wishing Jane would honor her own needs.

In grappling with whether she should go to the party, as well as how to help Jane prioritize her own needs, the advocate had many conversations with both her supervisor and with Jane. As a student counselor and advocate, she craved a clear definition of her role as a woman-centered advocate. Her supervisor, while validating her concerns and feelings, encouraged her to sit with the complexity of the situation, to explore the various reasons for her discomfort, and to focus on understanding and meeting Jane’s expressed needs, rather than the needs the advocate *thought* she should have.

This vignette raises two related ethical dilemmas – the first having to do with whether and how the advocate should interact with her partner’s family members; and the second having to do with how the advocate should handle her own values in her work with her partner. Each of these is discussed in turn below.

Ethical considerations in multiple relationships.

The advocate in the above vignette, who had already developed multiple relationships with members of Jane’s family through advocacy work with them, now faced another dilemma: Should she attend the graduation party of Jane’s daughter even though it would bring her in closer contact with Jane’s large extended family and, in particular, with the ex-husband and his parents?

The advocate and her supervisor carefully considered the potential pros and cons of the advocate’s participation in the family event. For example, cons included the possibility that such an event might create stress and confusion for Jane and the advocate, including questions about the latter’s role in a delicate and potentially tense situation. Indeed, it was unclear how the advocate would or should relate with the ex-husband and grandparents during the party. On the other hand, by going to the graduation event, the advocate could provide much needed instrumental and emotional support to her partner *in vitro* – this combination of support is not usually provided either in traditional therapy or in traditional advocacy.

After exploring the reasons behind the advocate’s reservations, the supervisor advised that the advocate discuss them openly and sensitively with Jane. Such a conversation would be intended to help the pair come to a mutual understanding of expectations and plans for the advocate’s role at the graduation party. Moreover, rather than assuming what was best for Jane, the advocate could gain insight into what role Jane most desired or needed her to fill (i.e., emotional support for Jane or her daughters, or instrumental support in the form of organizing, setting up, or cleaning up at the party.) Through supervision, the advocate felt supported and validated. Although there were no straightforward answers concerning her role, the advocate came away from supervision recognizing how her role could be clarified through open conversations with Jane.

Thus, the advocate met with Jane to clarify what “actions” would be most helpful and supportive for her to take at the party. Importantly, these discussions were framed in terms of the overall goals of the advocacy partnership. For example, a major goal for the advocacy relationship was to help Jane develop organizational skills. They

therefore agreed that, in addition to providing emotional support to Jane through her presence at the event and through “check-ins” by phone in the days leading up to the party, the advocate’s role at the event would be to help Jane strategize about how to organize it. Jane decided that she wanted to introduce the advocate as a “friend of the family” who had come to help with the party, so as to avoid questions about the advocacy relationship. These discussions clarified goals and expectations for the advocate’s role at this family event, and allowed the needs of both the partner and the advocate to be heard and processed.

Ethical considerations in sharing values.

In this vignette, the advocate’s ambivalence around whether her partner should focus more on herself than others raises another boundary-related issue – that of how to negotiate potential value differences between advocate and partner. How does the advocate choose between the partner’s expressed needs and the advocate’s own insight into what is “best” for the partner? Are priorities completely the partner’s to decide, or does the advocate have any say in the matter?

Woman-defined advocacy assumes the relevance of women’s personal relationships to their own well-being. Indeed, many of the women involved in ROAD’s advocacy program asked that advocates work to support their loved ones, particularly children and close relatives. It became clear to the advocates that their partners’ well-being was inextricably linked to that of others; thus supporting loved ones often relieved their partners’ stress. At the same time, advocates noticed that many women did not feel

Woman-defined advocacy assumes the relevance of women’s personal relationships to their own well-being.

they had a right to focus on personal concerns, believing it would be selfish to do so.

Through supervision, advocates explored their own values and biases, considering cultural differences that prompted them to prioritize personal, individualistic concerns while their partners prioritized more collectivistic ones. Advocates who focused on supporting partners’ loved ones wondered whether they might be reinforcing unfair social expectations that women give to others ceaselessly without thinking of themselves. Yet, they also recognized that their partners might begin to contemplate personal needs only when the needs of loved ones were adequately addressed. Until that point, suggestions that the partner do

otherwise could be counterproductive and appear dismissive of her actual situation.

It is important to note that traditional therapists may undergo a similar process to explore their own values and avoid imposing them on clients. However, sharing values in woman-defined advocacy, as opposed to traditional therapy, involves “acting on” values, not just “talking about” them. For example, in this vignette, what is being decided is not just whether the advocate should suggest that *the partner focus* more on herself or others, but also for whom *the advocate should spend time working*.

Further, because woman-defined advocacy involves a mutual partnership in which an advocate’s personal history may be shared more openly than it would in a therapy relationship, there is more room for the advocate’s values to come into play. Thus, it is particularly important that woman-defined advocates be aware of their own value systems and the ways that those beliefs and assumptions influence their work.

After exploring such concerns during supervision, the advocate from this vignette returned to Jane and gently expressed wonder at why Jane rarely mentioned any of her own needs. She validated Jane’s concerns for her loved ones, but reminded her that, if she chose, the two of them could explore some of Jane’s more individual needs or goals. Later, during a focus group, Jane described how grateful she was that her advocate had asked so persistently about her individual needs and goals, noting that she previously rarely thought of herself.

Jane also discussed the benefits of having an advocate who was willing to let her define the focus of the advocacy while at the same time challenging her to explore personal areas of focus. Jane noted that because the advocate-partner relationship had been founded on respect and mutuality, she did not perceive her advocate’s comments as judgmental or demanding, but rather as supportive and caring. In the end, Jane determined the foci of advocacy support, with the advocate’s sensitively communicated insights incorporated into her decisions.

Conclusion

In sum, woman-defined advocacy emphasizes building an advocate-partner relationship through which individual needs can be discovered and met. More specifically, this relational, contextual approach has several aims: developing mutual, woman-centered partnerships; validating women’s immediate needs *and* long-term goals; and providing emotional as well as instrumental support.

Given these goals, we have discussed corresponding ethical challenges, including the management of multiple relationships and sharing values. Moreover, we reveal ways that advocates dealt with these dilemmas given several principles including: establishing openness in discussing potential pitfalls and benefits; taking a woman-defined approach while incorporating the advocate’s values and perspectives; and seeking close supervision around boundary issues.

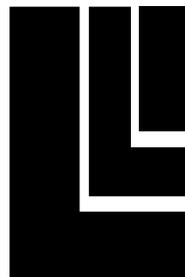
Endnote

¹All identifying information has been altered to protect confidentiality.

References

- Brown, L.S. (1994). *Subversive Dialogues: Theory in Feminist Therapy*. New York: BasicBooks.
- Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women*. Thousand Oaks, CA: Sage.
- Edgett, R. (2002). Toward an Ethical Framework for Advocacy in Public Relations, *Journal of Public Relations*, 14, 1-26.
- Goodman, L.A., Littwin, A., Bohlig, A., Weintraub, S.R., Green, A. & Walker, J. (in press). Applying feminist theory to community practice: A case example of a multi-level empowerment intervention for low-income women with depression. In E. Aldarando (Ed.), *Promoting social justice through mental health practice*. Lawrence Erlbaum Associates.

Correspondence concerning this article should be addressed to: Belle Liang, Ph.D., Department of Counseling and Developmental Psychology, Lynch School of Education, Boston College, Campion 314, Chestnut Hill, MA 02461; Phone: 617-552-4079; E-mail: liangbe@bc.edu.



Violence against Women with Disabilities: Urgent Call for Action

Rosemary B. Hughes
Center for Research on Women with Disabilities
Baylor College of Medicine

In the late 90’s I changed my focus in psychology from clinical practice to research at Baylor College of Medicine’s Center for Research on Women with Disabilities (CROWD) in Houston, Texas. My primary research interests are the psychosocial health issues of community-living women with physical disabilities. With my wonderful colleagues, I conduct research studies addressing depression, stress, self-esteem, and violence in the context of women and disability. My focus in this article is violence against women with disabilities. Given the social and environmental nature of this social problem, I believe that community psychologists are in an ideal, if not the best, position to award this gender-based and worldwide human rights issue the attention it demands from the psychological community. In reviewing this article, I invite you the reader to consider the information in the context of your mission as community psychologists or as an individual from another discipline, and contemplate ways to incorporate this message into your professional activities

I am taking this opportunity to share edited highlights of a keynote address I gave to an audience of reportedly 1,500 at the 1st International Congress on Women and Disabilities held in Valencia, Spain (Hughes, 2003). At a press conference after delivering my presentation, I was asked many questions about the scope and nature of violence against this population of women in the U.S. The next day’s issue of *El Mundo* and *Diario de Valencia* ran lead stories covering much of what I had shared the previous day. I am pleased to know that my presentation was well received and to have had the opportunity to speak to an audience that seemed to be truly committed to eliminating violence against women with disabilities throughout the world.

First of all, does violence discriminate? It depends on gender. We all know that violence can strike any man or woman, but all too often the victim is female. Violence against women is one of the most pervasive human rights abuses worldwide (Minnesota Advocates for Human Rights, 2003). One third of women worldwide have been victimized by violence in their lives (Ending violence, 1999). Violence against women, including those with disabilities, has no geographic, language, or

cultural boundaries. It does not discriminate on the basis of race, age, sexual orientation, type of living arrangement, or economics.

Secondly, does disability result in a greater experience of violence? What we do know with some level of certainty is that the presence of disability introduces increased marginalization and additional vulnerability for abuse to women's lives (Nosek, Foley, Hughes, & Howland, 2001). Although the nature of abuse revolves around the dynamics of power and control, the presence of disability or the context of a disability-

related setting or relationship opens new channels for those dynamics. Factors including a greater reliance on larger numbers of people for assistance, perceptions of powerlessness, less risk of discovery, difficulty being believed, less education about sexuality, social isolation, physical helplessness, and emotional deprivation have contributed to increased vulnerability of people with disabilities to violence (Andrews & Veronen, 1993; Howe, 2000). Based on empirical data, women with disabilities experience rates of abuse comparable to - if not greater than - those experienced by women without disabilities (Nosek, Howland, Rintala, Young, & Chanpong, 2001).

In addition to the sexual, physical, psychological, and economic abuse perpetrated against women in general, women with disabilities experience a type of violence and abuse that could not occur if they did not have the experience of disability. Disability-related violence and abuse includes the withholding of medications, excessive administration of medication, restriction of mobility by confinement and withholding or dismantling assistive equipment such as wheelchairs, and denial of personal assistance with essential activities of daily living including eating, bathing, and getting out of bed (Iglesias, Gil, Joneken, Mickler, & Knudsen, 1998). Many women with disabilities rely upon paid or unpaid personal assistance providers (Saxton, Curry, Powers, Maley, Eckels, & Gross, 2001). While these services are essential to the independence of women with disabilities, these services also increase their susceptibility to abusive actions that may not be considered abusive to women in general, such as being left on the toilet or in the shower for excessive amounts of time.

From what is currently known, violence against women with disabilities occurs universally and relentlessly. No one knows, however, what actual percentage of women with disabilities worldwide experience violence. U.S. law enforcement agencies and programs for battered women often do not document whether the victim has a disability, thus hindering our knowledge about the extent of this problem. Despite these drawbacks, many have documented high rates of violence against women with disabilities (Cusitar, 1994; Nosek & Hughes, 2002; Sobsey & Doe, 1991).

Violence against women, including those with disabilities, has no geographic, language, or cultural boundaries. It does not discriminate on the basis of race, age, sexual orientation, type of living arrangement, or economics.

In CROWD's national survey study of nearly 1,000 women, half of whom had disabilities, respondents were asked about their experiences with violence and abuse (Nosek, Howland, et al., 2001). An unanticipated high rate of abuse emerged as one of the most prominent findings of that study. Nearly two-thirds (62%) of the participants with *and* without disabilities had experienced emotional, physical, and/ or sexual abuse at some point in their lives. Slightly more than half of both groups of women had experienced physical and/ or sexual abuse. Rates of different types of abuse were not significantly different between the groups. Thirteen percent of the women with disabilities had experienced physical or sexual abuse within the past year. Compared to the women without disabilities, the women with disabilities were more likely to experience abuse for a longer duration with more complex and intense patterns of abuse over their lifetimes, and to experience abuse by healthcare providers and personal attendants. We concluded that having a disability does not serve as a protective factor against violence and abuse. Finally, we took these findings to be a mandate from the women who participated in the study to delve deeper into the nature of this problem (Nosek & Hughes, 2002).

We subsequently conducted an intensive interview study of a sample of 511 women with physical disabilities from diverse ethnic backgrounds. Our findings from that study indicated that 50 of the women had experienced current abuse, defined as physical, sexual, or disability-related abuse, during the past twelve

months (Nosek & Hughes, 2002; McFarlane, Hughes, Nosek, Groff, Swedlund, & Mullen, 2001).

We also conducted an analysis on data provided by 415 (82%) of the women who completed the same study in order to identify variables that characterize abused women with disabilities and the context within which they live (Nosek, Hughes, Taylor, & Taylor, in press). Our preliminary findings suggest that five variables: age, education, mobility, social isolation, and depression, could be used to identify with 84% accuracy whether or not a woman with a physical disability may have experienced physical, sexual, or disability-related violence or abuse within the past year. Specifically, our model suggests that women with physical disabilities who were younger, more educated, less mobile, more socially isolated, and who had greater depressive symptomatology may have had a higher likelihood of having experienced abuse in the past year. While the literature supports the direction of the relation of four of the variables, the finding on education was not anticipated and may have been due to this sample being highly educated. Due to the cross-sectional design of this study, it was not possible to determine if any individual factor was the cause or the effect of abuse in the past year.

Despite the fact that 24% of U.S. women have disabilities (U.S. Census, 2000), little attention has been paid to the development of programs specifically designed for preventing and reducing violence against women with disabilities living in the community. The lack of community and societal response is non-defensible for a nation that is ready and well equipped to fight against what it perceives to

Compared to the women without disabilities, the women with disabilities were more likely to experience abuse for a longer duration with more complex and intense patterns of abuse over their lifetimes, and to experience abuse by healthcare providers and personal attendants.

be oppression and injustice throughout the world. Community-based safety planning programs are needed that are designed to meet the unique needs of women with disabilities, including information on: recognizing abuse, protecting themselves in abusive situations, and removing themselves from potentially abusive relationships and situations. CROWD has

developed and pilot-tested a safety planning program for women with physical disabilities ($N = 48$), and we observed improved scores on measures of self-efficacy for safety planning and abuse-related knowledge between the pre-test and immediate post-test (Nosek, Hughes, & Taylor, 2002). Although it is important to have high quality and targeted prevention programs, these types of initiatives alone will not make the impact that is required to realize a violence-free life for women with disabilities.

Solving the major humanitarian issue of violence against women in the context of disability will also require an intensive community effort, the likes of which we can only imagine today. Ending violence against women with disabilities will take the involvement of segments of the community that have not traditionally collaborated with one another. Networks of communication must be established among those working in: the battered women's movement, the disability rights movement, disability service organizations, policymaking, legal defense organizations, law enforcement, religious organizations, and health care; and they must coordinate their efforts. It will also require close interdisciplinary collaboration among disciplines such as medicine, psychiatry, public health, social work, epidemiology, criminal justice, and psychology. Community psychologists can play a lead role by helping to reshape societal attitudes that tolerate abuse and violence by empowering women, contributing to the understanding of the relation between violence and other social issues such as poverty and unemployment, and removing social and community barriers that face individual women with disabilities who are trying to eliminate violence from their lives. I am making a call for action to communities throughout the nation, if not the world, to assume leadership and take responsibility for this urgent criminal and major public health problem and pervasive violation of human rights.



CROWD logo

References

Andrews, A. B. & Veronen, L. J. (1993). Sexual assault and people with disabilities. Special issue: Sexuality and disabilities: A guide for human service practitioners. *Journal of Social Work and Human Sexuality*, 8, 137-159.

Cusitar, L. (1994). *Strengthening the links: Stopping the violence: A guide to the issue of violence against women with*

disabilities. Toronto, Ontario, Canada: DisAbled Women's Network Toronto.

Ending violence against women, 1999, Population Reports, Series L., Number 11 Retrieved March 31, 2005, from <http://www.jhuccp.org>.

Howe, K. (2000). *Violence against women with disabilities – An overview of the literature*. Retrieved March 31, 2005, from <http://www.wwda.org.au/keran.htm>.

Hughes, R.B. (2003). *Women, Disability, and Violence*. Presentation for the 1st International Women and Disability Congress, Valencia, Spain. Retrieved May 25, 2005, from http://www.micongreso.gva.es/mujer/programa_2_28_e.htm

Iglesias, M., Gil, G., Joneken, A., Mickler, B., & Knudsen, J.S. (1998). *Violence and disabled women*. Retrieved March 31, 2005, from <http://www.independentliving.org/docs1/iglesiassetal1998.html>.

McFarlane, J., Hughes, R. B., Nosek, M. A., Groff, J. Y., Swedlund, N., & Mullen, P. D. (2001). Abuse Assessment Screen-Disability (AAS-D): Measuring frequency, type, and perpetrator of abuse toward women with physical disabilities. *Journal of Women's Health and Gender-Based Medicine*, 10, 861-866.

Minnesota Advocates for Human Rights. (2003). *Stop violence against women*. Minneapolis, MN. Retrieved March 31, 2005, from <http://www.stopvaw.org/>.

Nosek, M.A., Foley, C.C., Hughes, R.B., & Howland, C.A. (2001). Vulnerabilities for abuse among women with disabilities. Special issue of *Sexuality and Disability*, 19 (3), 177-189.

Nosek, M.A., Howland, C.A., Rintala, D.H., Young, M.E., Chanpong, G.F. (2001). National Study of Women with Physical Disabilities: Final Report. *Sexuality and Disability*, 19 (1) 5-39.

Nosek, M.A., & Hughes, R.B. (2002). *Violence against women with physical disabilities: Findings from studies conducted by the Center for Research on Women with Disabilities at Baylor College of Medicine, 1992-2002*.

Nosek, M. A., Hughes, R. B., & Taylor, H. B. (2002). *Violence against women with physical disabilities: Final report*. Houston, TX: Center for Research on Women with Disabilities, Baylor College of Medicine, Department of Physical Medicine and Rehabilitation.

Nosek, M.A., Hughes, R.B., Taylor, H.B., & Taylor, P. (in press). Disability, psychosocial, and demographic characteristics of abused women with physical disabilities. *Violence Against Women*.

Saxton, M., Curry, M. A., Powers, L. E., Maley, S., Eckels, K., & Gross, J. (2001). "Bring my scooter so I can leave you": A study of disabled women handling abuse by personal assistance providers. *Violence Against Women*, 7, 393-417.

Sobsey, D. & Doe, T. (1991). Patterns of sexual abuse and assault. *Sexuality and Disability*, 9, 243-260.

U.S. Census 2000. Retrieved March 31, 2005, from <http://www.census.gov/main/www/cen2000.html>.

Correspondence regarding this article can be sent to Rosemary B. Hughes, Ph.D., Director, Center for Research on Women with Disabilities, Asst. Prof., Dept. of Physical Medicine & Rehabilitation, Baylor College of Medicine, 6550 Fannin, Suite 1421, Houston, TX 77030; Tel: 281-280-9199; Fax: 281-280-9199; E-mail: rhughes@bcm.tmc.edu.

The Personal is Political is Professional – Stories that Cross Borders

Heather Gridley
Victoria University

Emma Sampson
Victoria University

Jeanette Shopland

Refugee policy in Australia

In 1991, the first Australian Immigration Detention Centre was opened at Port Headland in remote North-Western Australia. The then Federal Labour Government had introduced legislation that involved the compulsory detention of asylum seekers, marking a shift in Australian refugee policy towards deterrence. Immigration detention centres were established around the country, particularly in remote locations such as Port Headland, Curtin and Woomera. This move was almost unprecedented in the Western world, and despite breaching numerous United Nations conventions on refugees, polls indicated strong community support for the policy (Marr & Wilkinson, 2003).

Nearly a decade later, a series of political and legislative changes were introduced by the conservative Coalition Government that aimed to further deter refugees from seeking asylum in Australia. These changes included a new form of Temporary Protection Visa (TPV) for all 'unauthorised arrivals,' that no longer

guaranteed permanent protection, as well as the provision of bridging visas, the conditions of which often restricted the right to work, to public health care or to any welfare payments. Additionally, Christmas Island and Ashmore Reef were excised from the Australian migration zone, and 'processing centres' were established in Papua New Guinea and the remote Pacific island of Nauru. This was referred to as the 'Pacific solution,' which in effect means that asylum seekers have little recourse to the safeguards and appeal process of the Australian courts (Marr & Wilkinson, 2003), a strategy similar to the US Government's selection of Guantanamo Bay for the detention of suspected terrorists. The immediate trigger for this policy occurred in August 2001, just prior to September 11 and less than two months before a Federal election. When the Norwegian cargo vessel MV Tampa rescued 433 asylum seekers (mainly from Afghanistan) whose boat had sunk, the Tampa was refused entry into Australia, and its 'passengers' were transported instead to Nauru, where some still remain nearly four years later. As Robert Manne (2004) describes:

The system – based around mandatory detention, temporary protection and the Pacific Solution – was incomparably the harshest in the western world. Only one task remained. It was to prepare to send the overwhelming majority of fourth-wave refugees and failed asylum-seekers home (p.14).

Stories of resistance

In reaction to these policy shifts, there has been a corresponding response by citizens and psychologists concerned about the harmful impacts of policies of deterrence on those seeking asylum in Australia. The stories of three women involved in this context are shared in this paper, which provides an example of student research that utilized feminist and community psychology principles in addressing research questions foregrounding social justice.

The project examined the role of psychologists in social responsibility and social action, via the experience of one person, a psychologist who has adopted a strong advocacy role in relation to a group of refugees seeking asylum in Australia. The focus of the research was the personal, professional, and political dimensions of social responsibility, as constructed within a single case study. A collaborative approach to inquiry was adopted, where interviews were in-depth and unstructured to enable discussions to be grounded in the participant/co-

researcher's experiences. Fifteen interviews were conducted over a period of eighteen months. What is presented here is not the research itself, but some of the many possible narratives from this time, from the perspectives of the three women involved as supervisor (Heather), student researcher (Emma) and research participant/co-researcher (Jeanette).

In early 2002, Jeanette Shopland first visited the Maribyrnong Immigration Detention Centre in Melbourne. (Although Jeanette is a psychologist and has been a student counsellor in universities for many years, she took this action as a private citizen.) There she met a group of young men, all in their early to mid twenties, who had been placed in detention on the day they arrived in Australia. They held no hopes of getting out into the community, but were very fearful of returning home. Over the course of a few weeks and many visits she observed them sinking deeper into despair, and began to contemplate fanciful thoughts of enabling their release. The main obstacle was the requirement of a \$10,000 bond (bail) for each of them. Money for five bonds totaling \$50,000 was raised from substantial contributions from Jeanette and a small circle of friends, including Heather. Other friends of the young men raised bonds as well.

The men were all released two months later, having been in detention for six months. This was only the start of the story. They were released on Bridging Visas class E, a visa usually granted to those who arrive in Australia on a valid visa and then lodge a protection visa application. The conditions of the visa were that they must not work or engage in any activity that could be deemed to be work, and had no access to any form of social security, concessions on public transport, or public health care.

In 2005, the men are all still living in Melbourne. Rent and food is paid for by a small group of supporters who pay money into a bank account for this purpose. Utilities and telephone bills are paid for by an order of Catholic sisters who run the Brigidine Asylum Seekers Project. As honorary mother, money manager, counsellor, friend and cultural interpreter, Jeanette felt a great desire to share some of the stories of the day-to-day joy, chaos and fear of this 'project.' This is where Heather and Emma come into the story.

The project examined the role of psychologists in social responsibility and social action, via the experience of one person, a psychologist who has adopted a strong advocacy role in relation to a group of refugees seeking asylum in Australia.

Emma was interested in using her thesis research to address issues surrounding psychology, social responsibility and responding to refugees. After consulting with Heather (her supervisor, and Jeanette's friend and colleague), Emma was put in contact with Jeanette, and over the course of the next twelve

months, a rich connection developed. During this time, we all found ourselves questioning, and sometimes setting aside traditional boundaries and

fixed roles such as that of expert researcher, even more expert supervisor or naïve participant. This involvement also led us, in different ways, to more unpacking and deconstructing of 'boundaries' (between supervisor, friend, research subject, student, asylum seeker) that have become taken-for-granted 'truths' within most psychological discourses.

The narratives presented here must necessarily be confined to our experiences and not those of the young men concerned. We wish it were otherwise, but to tell their stories would risk putting their appeals processes in jeopardy. The Australian system of bridging visas and temporary protection visas is a very effective way to silence individual stories. We would like you however to regard the subtext here as far more important than the narratives we find ourselves able to present. We tell our stories by means of three questions posed by Heather to Emma and Jeanette, arising from an extension of the feminist maxim 'the personal is political' to encompass 'the professional.'

1. What is it about you as a person that got you into this in the first place? What sustains you now?
2. In what sense/s do you consider your part/s in this story to be political? Are there dilemmas in this for you?
3. How do your professional beliefs as a psychologist, and the profession's practices and constraints, fit with this project as it has turned out?

Personal

Jeanette

I grew up in the 1940s with many stories of the depression and holocaust. As a child I could not understand how ordinary people could let this happen in their midst. Later as stories of

Aboriginal children (now referred to as ‘the stolen generation’) being forcibly removed from their families by government processes emerged, I was shocked to realize that this had been happening when I was adult. How come [sic] I did not know/ did not recognize what was happening and take action? When stories of asylum seekers and their treatment began to emerge, I determined that I would not look back at this time regretting my inaction.

What sustains me? I have strongly held values about human rights and the obligation to translate these into action. There is also something about being the age I am that gives me permission and impetus to take risks, a different perspective on what matters. At the very personal level I am sustained by my close personal connections with a bunch of young men who love me dearly as I do them. I would not want to romanticize this aspect. There are times they drive me crazy, and I’m sure it’s mutual. Given the huge imbalance of power in this situation, between me as a 65-year-old white citizen of Australia and them as young, black, non-citizens without work rights, I take comfort in the fact that they sometimes choose to ignore me or give me a hard time in other ways. On balance, while I have made many mistakes and the whole situation sometimes feels like walking through a minefield, I have never regretted my decision to do what I did.

Emma

I first heard about the situation involving Australia’s treatment of asylum seekers while I was traveling overseas. One of the few stories about Australia that received media coverage while I was away was that of the Tampa (the cargo vessel previously described) and the ‘children overboard’ affair, an episode in which the Australian government misled the Australian public by alleging that asylum seekers had thrown their children into the sea, as an attempt to seek entry to Australia. I thought that people must be in pretty horrible situations to be throwing their own children overboard, and then later wondered if this was indeed what was actually happening. The ‘children overboard’ affair has subsequently been revealed as untrue; no child was thrown in the water (Mares, 2002). It has instead been

identified as part of the 2001 Federal election campaign, where issues around border protection and asylum seekers became a defining preoccupation. Australia’s responses to the Tampa and to those seeking asylum were equally concerning for me; I wondered why this was happening in my country and felt embarrassed that this was how the international community saw and heard of Australia.

Also at this time, I recall being particularly aware of the contrast in my own privileged position in comparison to that of those seeking asylum. While I was able to travel freely to countries around the world, these people, who were leaving horrific situations from what I knew, were prevented from coming to Australia; they weren’t even given the opportunity to make their case.

Upon my return to Australia, I was committed to learning more about what had happened (was happening), and to be involved in some way in the support of those seeking refugee status here. At this time I resumed my studies in community psychology, and completed a placement at the Asylum Seeker Resource Centre (ASRC), a community agency that emerged in response to the support needs of asylum seekers. Then my thesis research led me to connect with Jeanette.

What sustains me is personally getting to know, and know of, some of those people and the situations that led them to seek asylum, and to hear their stories. The similarities in our needs and hopes for the future, for us and our families, sustain me. Also at a personal level, my commitment to Jeanette, her situation, her story and the group of young men sustains my own involvement in this project. Her actions, reflections and personal commitment have been a source of immense learning and respect for me.

Political

Jeanette

Let me be really clear, I want to be political about this; I intend my action to be political. My main concern has been whether by privately supporting a group of asylum seekers, an action that is largely invisible in the public sphere, I was not being sufficiently political. What I was doing was a drop in the ocean in relation to the plight of refugees in Australia, let alone the world. It was unlikely to have any impact at all on the policies that created this situation. Then, out of my concern, I found a new way to look at it. I now believe that I am being intensely subversive in what I am doing (although my primary motivation I would still call personal). These young men are not meant to be able to survive here. They are meant to return to their home country, no matter what fate awaits them. The actions of their newly made friends, including me, have made it possible for them to stay.

I talk about the plight of refugees in Australia to anyone who will listen. When I tell them the meaning of ‘Bridging Visa E’ I am met with disbelief. How are they meant to live? Answer: They are not. It is a political invention to ensure that people find it impossible to live here while they attempt to establish a case for asylum in this country. So, in the sense that I am attacking this agenda of deterrence, I am being very political. I also take every opportunity to inform in ways that confront people with the real human stories behind the political rhetoric that makes generalized attacks on depersonalized categories of people. Thus, I hope that what I am doing is subverting in a small way the intention of government to hide the human faces of the suffering they are causing.

There are always dilemmas in taking political action and, yes, there are many in this territory. For me there would be more dilemmas in *not* taking action. When I talk to the young men about how awful it is for them to be forced into living as virtual beggars, the best I can say is ‘it is not your fault, it is not my fault or the fault of any of your friends; our job is to do the best we can, together, in these circumstances we can’t change’.

What sustains me? I have strongly held values about human rights and the obligation to translate these into action. There is also something about being the age I am that gives me permission and impetus to take risks, a different perspective on what matters.

What sustains me is personally getting to know, and know of, some of those people and the situations that led them to seek asylum, and to hear their stories. The similarities in our needs and hopes for the future, for us and our families, sustain me.

Emma

By focusing my thesis on narratives of action and response to those seeking asylum, in a small way I have also played a subversive role in confronting people. I am encouraging others to view these stories, and Jeanette's experiences, as significant reactions to an important political and human issue. Through the re-telling of these stories within the thesis, I am sharing some alternative narratives of human connection, resistance and compassion. Set against the broader political rhetoric of fear and punishment, this locates me, and the thesis, inherently in the political realm. I see the research project as a form of public testimonial, of public display and giving witness. As outlined by Scott (1997, cited in Murray, 2003), such interviews act as a form of coming out: "this form of public narration is a means of developing a community of support and also of challenging certain repressive societal narratives" (p.127).

Like Jeanette, I feel it more of a dilemma *not* to respond to such an important issue. My dilemmas in this project relate to framing it within an academic/psychology arena. What is my role within this project as a 'researcher'? Where does my involvement start and end, and is it adequate or indeed possible or ethical for me to play the traditional detached, neutral role? Which parts of this story do I include/exclude, and how are they 'reported' or framed? Where are the young men in this story, and how have I addressed concerns about their representation and involvement? What is the nature of my commitment to the project beyond completion of the thesis, and have I contributed to changing anything or making a difference and if so, how?

For me, these dilemmas were ethical considerations in which 'informed consent' and the role of 'researcher' and 'co-researcher' were constantly discussed and negotiated throughout the research process, the issue of power within interviewing was acknowledged, discussed and minimised, and notions of intimacy, friendship, reciprocity and collaborative relationships were honored (Oakley, 1981; Ribbens, 1989). As co-researchers, we worked together to monitor the tone of the interviews and related discussion in terms of how the young men, and asylum seekers more generally, were being represented. For example, I wanted to avoid asking questions that might contribute to the stigmatisation of refugees and those seeking asylum, and so was careful not to frame questions in ways that might cause harm (Paradis, 2000).

Psychological

Jeanette

When I first visited Maribyrnong, I was very clear with myself that I was not doing so as a psychologist or counsellor. In fact, I seriously question the usefulness of psychological constructs around normalcy, helping, post-traumatic stress et cetera as applied to people in this situation. The government calls them

I was interested in identifying ways in which psychologists were responding to asylum seekers and to the increasingly oppressive immigration policies, and was particularly keen to make visible issues and stories that emerged from those responding.

'bad' (for example, when asylum seekers expressed their despair by sewing their lips together, this action was called manipulation); it does not help if we call them 'mad.'

I should also say that I hear with great respect and relief reports from psychiatrists and psychologists who are involved with support and research into asylum seekers' lives. At the same time I wonder what it means for us as a society that we need such 'experts' to tell the public that what we are doing is extraordinarily harmful. It would be taken for granted that any Australian citizen would be seriously harmed by being locked up indefinitely or prevented from earning a living. Why do we need research to tell us that we are doing terrible harm to these people who have fled from danger, often experienced persecution and seen loved ones killed, and then are treated in this way?

So it has been important for me to be able to say: I am just an ordinary Australian citizen who has not allowed myself to hide from the enormity of what we are doing. I have looked into the eyes of those seeking asylum and felt compelled to take action. At the same time my experience of thirty years of counselling university students has probably given me some ideas about how to relate to these young men. For the most part, however, I find the existing frameworks inadequate or misleading, and I feel like this is a journey with no maps, relying on stubborn determination and a flickering light of hope.

Emma

My belief in the need for psychology to have a social responsibility is where I began in this project, by looking at my own profession

(psychology), and how this important social and political issue was being addressed and framed. I was interested in identifying ways in which psychologists were responding to asylum seekers and to the increasingly oppressive immigration policies, and was particularly keen to make visible issues and stories that emerged from those responding.

The research questions, and the way the research has been conducted, are grounded firmly within what I understand community psychology to be. This includes a strong value commitment (particularly to social justice), a focus on individual, social and political action, and a collaborative approach to inquiry that saw traditional researcher-participant roles being discarded in favour of a more fluid and open research relationship; one where Jeanette often took the lead rather than merely responding to a series of questions (Plummer, 1995). Importantly, I have situated this narrative clearly within its social and political context.

While my thesis started out exploring the importance of social responsibility and action in relation to psychology as a profession, my discussions with Jeanette have highlighted for me, in her own words, that "empathy is not a professional quality, it should be at the heart of a society." So while it is important for psychology to have a role in social responsibility, it should be the concern of all citizens that something like this is happening in our country.

Postscript

Emma went on to complete her thesis in 2004. Themes identified from the interviews were organised around personal, professional and political dimensions. Clinical categories that define refugees as traumatised were critiqued; instead human faces and lives of refugees affected by policies of deterrence were foregrounded. The study also documented the holistic role of those who support refugees, highlighting both significant rewards and challenges for those involved.

On the day this paper is being finalised, Jeanette is celebrating her 65th birthday over lunch with all of her 'sons.' It is a dual celebration, also marking three years since they were released from the detention centre. Between them, their survival in Australia over that period represents twenty-one years of resistance to a cruel and unjust policy. But they are now reaching the final stages of legal processes involved with their appeals. By the time this paper is

published, all of the young men will likely have been deported.

As feminist women concerned with social justice, we believe that our personal experiences cannot be separated from our professional roles as psychologists, and that psychologists' responses to social issues are inherently political. Implications for future involvement, whether as citizens or as psychologists, include the importance of advocating for justice at a policy level, as well as the significance of practical, social and economic assistance ahead of, or in addition to, psychological support. We would be happy to have some responses from TCP readers. So we invite you to jot down any immediate responses you would be willing to share with us (including questions) and email them to us: heather.gridley@vu.edu.au

References

- Manne, R. & Corlett, D. (2004). Sending them home: Refugees and the new politics of indifference. *Quarterly Essay*, 13, 1-95. Melbourne: Black Inc.
- Mares, P. (2002). *Borderline: Australia's response to refugees and asylum-seekers in the wake of the Tampa*. (2nd ed.). Sydney: UNSW Press.
- Marr, D. & Wilkinson, M. (2003). *Dark victory: The Tampa and the military campaign to re-elect the Prime Minister*. Sydney: Allen & Unwin.
- Murray, M. (2003). Narrative psychology. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.
- Oakley, A. (1981). Interviewing women, a contradiction in terms? In H. Roberts (Ed.) *Doing Feminist Research*. London: Routledge & Kegan Paul.
- Paradis, E.K. (2000). Feminist and community psychology ethics in research with homeless women. *American Journal of Community Psychology*, 28 : 839-858.
- Plummer, K. (1995). Life story research. In J.A. Smith, R. Harre, & L.V. Langenhove (Eds.), *Rethinking Methods in Psychology*, London: Sage.
- Ribbens, J. (1989). Interviewing – An unnatural situation. *Women's Studies International Forum*, 12: 579-92.

Author to whom correspondence should be addressed: Heather Gridley, School of Psychology, Victoria University, PO Box 14428, Melbourne VIC 8001, Australia. Email: heather.gridley@vu.edu.au

SPECIAL FEATURE SUBSECTION

Doing (and Supervising) Feminist Research with Social Justice in Mind¹

*Edited by Heather Gridley
Victoria University*

Introduction

What makes research feminist? What are the challenges for psychology students seeking to address social justice concerns when undertaking examinable research projects? Can such research really contribute to social justice for women? This subsection of the special feature provides three examples of student research projects that have implications for women and social justice. We adapted Charlotte Bunch's (1974) criteria for evaluating feminist reforms and applied them to our research processes:

1. Does the research have the potential to materially improve the lives of women and if so, which women and how many?
2. Does it build an individual woman's self-respect, strength and confidence?
3. Does it give women a sense of power, strength, and imagination as a group, and help build structures for further change?
4. Does it weaken patriarchal control of society's institutions and help women gain power over them?

The three short papers that follow each discuss one of Bunch's criteria as it relates to the particular project undertaken by the student researcher, under my supervision.

Bringing a feminist perspective to supervision of student research is not always straightforward. Having a feminist supervisor has been shown to benefit supervisees themselves (Gridley, 2004). Whether such benefits render their research more accountable in terms of social justice is not so clear. The three projects reported here are causes for optimism that supervision can provide a positive springboard for change. More importantly, the work of these young women (all aged under 30) shows that feminism and social justice are not forgotten causes in the 21st Century.

Endnote

¹ A version of this set of papers was presented by the authors at the Australian Psychological Society Women and

Psychology Interest Group Conference *Doing Feminist Research In Psychology*, August 2004. We would like to dedicate this publication to Precilla Choi, PhD, who died before her time on May 10 2005. Precilla was co-convenor of the 2004 Conference, and inspired us with her fierce commitment to feminism and her unwavering support for young feminist researchers.

References

- Bunch, C. (1974). The reform tool kit. *Quest: A Feminist Quarterly*, 1, 37-51.
- Gridley, H. (2004). The Power Relationship in Supervision. In D. Paré & G. Lerner (Eds.), *Collaborative Practice in Psychology and Therapy*. Binghamton, NY: Haworth Press.

Author to whom correspondence should be addressed: Heather Gridley, School of Psychology, Victoria University, PO Box 14428, Melbourne VIC 8001, Australia; Email: heather.gridley@vu.edu.au

Evaluating the Impact of the 'Fax Back' Initiative on Family Violence Services

Kelly Cooper

A number of factors contributed to my interest in social justice, through my personal experience and at university. I have always had an interest in how environments influence people's way of being. Over time what most shaped this interest was that my mother had mental health problems. So I saw and experienced disadvantage and isolation, largely from the way the community views mental illness, but also because of the lack of access to community resources for my family. At university I gravitated towards classes that offered a socio-political framework. These classes did not deal with abstract intrapsychic conditions; they identified social structures that foster inequalities, and looked to challenge and change them. They resonated with my thinking and also prompted my interest in community psychology.

The seed for my project started when I took a class in Domestic Violence and Sexual Assault, initially for personal reasons. The feminist socio-political framework used in the class prompted me to choose family violence for my thesis topic. I was aware that Heather Gridley had active interests in both community psychology and women's issues, so I approached her about supervision. We set about consulting with prospective research partners in the field, and

Heather was informed that the Faxback Initiative was earmarked for evaluation.

The study

Family violence is a serious and widespread social problem displaying distinct gender and power differences in terms of those who are victims and those who perpetrate violence. Integrated intervention approaches coordinate the range of agencies involved in responding to family violence, with primary attention to the ongoing safety of victims. Such models respond to family violence by incorporating the criminal justice system, law enforcement, correctional services, social services, legislators, education campaigns, programs for victims and perpetrators, and health and medical services (Hamberger & Ambuel, 2000). Advantages of such frameworks are that they aim to address family violence in its entirety by ensuring victim/survivor safety and perpetrator accountability, while aiming for broader societal change.

The Police Priority Referral (Faxback) initiative is part of one such integrated approach. This initiative was implemented in May 2003 in a Melbourne outer metropolitan municipality, an area experiencing rapid development and population growth and identified as having one of the highest per capita rates of family violence reported to the police in Victoria. A lack of available support services compounds the problem within the community. The Faxback strategy was instigated by a regional women's health service in partnership with the local police station, to improve the response to women experiencing family violence, with a particular focus on reducing recurring incidents of family violence.

Prior to the introduction of the Faxback program, police procedure was to hand out referral cards in the hope that victims would contact family violence services for support. This strategy was seen as a minimally effective intervention strategy due to the large number of households where police were repeatedly being called out. The new intervention requires police to discuss with the female party involved in the violent incident the support services available to her. Furthermore, police gain consent for a referral to be faxed to a family violence service on her behalf, so that a family violence worker can respond within 24 hours of receiving the referral. Because this kind of response is a more active intervention, women

are considered more likely to be linked with support services sooner, and repeat callouts are thus expected to be minimised.

As a fourth year psychology student at Victoria University, I was involved in evaluating the Faxback Initiative for my field research project. I investigated whether it had improved police and service provider responses to women experiencing family violence, and had reduced the rate of recurring incidents of family violence. The research utilised a feminist framework. Design aspects were largely directed by the collaborative model adopted for the study as well as the evaluative premise of the research.

The feminist socio-political framework used in the class prompted me to choose family violence for my thesis topic.

Through a consultation process with stakeholders, a mixed method design was developed involving interviews with police members, family violence support workers and generalist service providers, and an examination of client feedback sheets as well as pre and post initiative family violence data within the district. A total of 19 participants were interviewed: eleven police members (one female), five female staff from the family violence service, two staff from the local support and housing agency (one male), and one female from the local community legal service. Client feedback sheets collected by the women's agency for internal evaluative purposes from 2003-2004 were examined, as well as five additional client feedback sheets designed to gauge client views of the Faxback Initiative.

Findings revealed striking differences between the ways the police and family violence worker participants referred to family violence, and the way they viewed their roles in response to it. The family violence workers provided examples that emphasised the support and advocacy features of their services, with a commitment to centralising women's needs and strengthening and enhancing their services. An example is working with what women presented with rather than imposing a universal "one size fits all" response.

We assist women with whatever support they might need, depending on her needs; information, advocacy, housing issues, income, [and] crisis support. (Female family violence outreach worker)

Support and understanding were some of the key features the family violence agency clients conveyed (via feedback forms) about the

service they had received. One woman client stated, "[They] were excellent, informative and supportive, in particular I found my case worker competent and genuinely caring."

The police participants, describing their role in responding to family violence, placed less emphasis on supporting victims. Their statements did reflect concern about the safety of parties, as well as resolving the immediate incident. However, they saw their task as passing the responsibility for ongoing care to referral agencies, as one male senior constable explained, "If we can give it to someone that's great, that's their role, that's their job description." Physical violence seemed to be the indicator they used to differentiate between an incident that required police intervention, or assistance from a referral service.

In the rare circumstance of [physical] violence, that's when the police really step up and we intervene. (Male constable)

If there's no violence, we'll explain to them that there's nothing we can do for you... so we refer in those instances. (Male sergeant)

Some police gave the impression that responding to family violence was a waste of their time, describing family violence as "mostly verbals," sometimes involving "trivial matters", a considerable drain on their resources, and time consuming. Almost all police participants revealed views indicating some level of frustration or cynicism associated with responding to family violence.

The majority of it is very frustrating, adults who can't work out their problems. (Male senior constable)

How many times does a female make a complaint and withdraw it down the track because she's back with him, you become jaded a bit I guess. (Male acting sergeant)

While the Faxback initiative was underutilised by police members and faced some implementation barriers, all the family violence agency participants and all but one of the police interviewed shared positive views about the initiative. Most participants from both agencies thought it was a better approach for connecting women experiencing family violence to support services than the previous response of handing out referral cards. Participants also expressed positive attitudes towards their interagency collaboration and believed the initiative had

improved their joint response. The Faxback initiative therefore, appeared to have met the objective of improving the response to at least some women experiencing family violence, as viewed by the research participants. However, absent to this analysis was direct input from the women themselves; though the minimal feedback provided via feedback sheets was in favour of such an approach being offered. Since this was a student project, we did not have sufficient resources to provide a safe, secure environment in which to contact or interview service users who might be at risk of further violence or intimidation from their partners.

A feminist perspective asserts that violence against women is a human rights violation used by men to maintain power and control of women, and that this subordination is institutionalized in the patriarchal family and supported by societal institutions.

With regard to the secondary objective of reducing the number of recurring incidents of family violence, a majority of participants believed the initiative had been effective, although not all were convinced of this. The frequency data gathered from police records was insufficient to confirm that there had been a significant reduction in recurring incidents, the number of which was relatively small overall. It was unclear whether this reflected inadequate record-keeping on the part of police, or whether the police's level of frustration had the effect of exaggerating the incidence of repeat callouts as a proportion of all family violence episodes.

A series of recommendations was framed to improve the initiative's contribution to one community's response to women experiencing family violence. These included:

- the ongoing maintenance and development of the partnership between the police and the family violence agency;
- that the previous police response of providing the referral card still be offered in situations where the Faxback referral is refused, to maximise the possibility of connecting women to a support service;
- clarifying the Faxback procedure for police members;
- expanding the initiative to other police districts, if adequate resources and funding are available.

This research best answers Bunch's (1974) criterion: *Does the research weaken patriarchal*

control of society's institutions and help women gain power over them? The research weakens patriarchal control of society's institutions by utilizing a feminist framework to challenge the structures that foster inequality. A feminist perspective asserts that violence against women is a human rights violation used by men to maintain power and control of women, and that this subordination is institutionalized in the patriarchal family and supported by societal institutions. The Faxback initiative involves police becoming more actively responsible for linking women to family violence services, where previously they left the responsibility with the woman.

Challenges to feminist research

A challenge for me in doing this research in the light of my personal experience, and as a female, was the confronting reality of violence against women. I have also found doing this research challenging on an interpersonal level, finding myself in heated exchanges about gender and power in relation to family violence. For example, when my brother came back from being abroad for a year, he became really defensive after I shared my views about violence against women with him. This I think was because they were challenging for him on an intellectual level, and also because there was a shift in our power dynamic that he did not seem comfortable with.

The challenges I faced within the university relate to the fact that feminism is still a marginalized view. At a student conference, a lecturer was critical of something I said about the prevalence of victim blaming attitudes towards family violence in the community. These challenges also have an impact when undertaking research, as I try to ensure that I have sufficiently justified my stance, that my arguments are sound and valid. While this is the case for all students, I think that taking a marginalized standpoint can be an added disadvantage.

Having to defend and justify my position and feeling unsupported or not understood by some lecturers undermined my beliefs, engendering a sense of self doubt and marginality. To cope with these challenges, I found the most useful resource was support from like-minded people.

In particular preparations for the feminist research conference provided a constructive supportive environment to examine feminism, and what that means to me. It also provided me with the opportunity to mix with students, academics and workers in the field of similar persuasion, something I found a tremendously rewarding and inspiring experience.

References

- Bunch, C. (1974). The reform tool kit. *Quest: A Feminist Quarterly*, 1, 37-51.
- Hamberger, L. K. & Ambuel, B. (2000). Community collaboration to develop research programs in partner violence. In S. K. Ward & D. Finkelhor (Eds.), *Program Evaluation and Family Violence Research*. Binghamton, NJ: The Haworth Maltreatment and Trauma Press.

Workplace Wellbeing for Women Working in Rural Health Settings

Belinda Gibson

Looking back, my personal interest in feminism began when I was quite young. My family was run differently from what was believed to be the norm. My mum was the breadwinner who worked six months after I was born, and my father took on the childrearing role. Not only did my parents swap traditional roles, but my brother and I were also raised to share the domestic chores. Each month we were designated specific chores, for example one month I would mow the lawns and my brother would do the ironing, and then the next month we would swap. Because of this upbringing, I started to question inequality and to look towards feminism. Instead of asking why should everyone be treated equally, I asked why not? Why are women treated as 'other,' why are minority groups not shown the respect and dignity that everyone deserves?

My questioning about life and the inequalities experienced by women led me to approach a feminist supervisor for my research. I approached Heather Gridley to be my supervisor because it was common knowledge within the university that she was the teacher to approach if 1) you were interested in community psychology and 2) if you were interested in feminist research. Around the same time, Heather was approached by women's health resource workers in the southwest region of Victoria who had identified women and work as a regional priority area for further research. The women's health resource workers were also keen to form a partnership with researchers who shared their feminist perspective. I readily

accepted the opportunity to undertake this study that raises questions about gender equality and wellbeing in the workplace.

The study

According to the Australian Bureau of Statistics (2003), 72.5% of the health sector workforce are women. The health sector has been identified as a stressful working environment (Dollard, Dormann, Boyd, Winefield, & Winefield, 2003). The National Occupational Health and Safety Commission in 1999-2000 reported that employees in Australian health and community services made 790 stress-related claims. While there is a large body of research that examines the topics of gender, the health sector, and rural/ regional communities, few studies consider these topics in combination. The impetus for this project arose when women's health resource workers in the southwest region of Victoria identified anecdotal concerns relating to the workplace wellbeing of health workers, who were predominantly women, within their region. The resource workers themselves are somewhat marginalised within the wider health system that encompasses both hospitals and community health services in the region, and they hoped that a formal study in partnership with a university research team would provide data supporting their desire to draw attention to women's health needs in a workplace context.

After a number of consultative meetings between the researchers, prospective managers and women's health resource workers, the purpose of the study was decided on: to develop ways of understanding wellbeing issues for women working within rural and regional community health settings, and to support these women to improve their health and working environments.

Focus groups were utilized as the research design, as they allowed us to hear the participants' personal experiences and stories of what workplace wellbeing means to them without the restrictions that surveys may impose, and what they believe hinders and supports it. Altogether, 24 women workers participated in four focus groups across the region, each including a mix of professions, such as nurses, kitchen staff, aged care workers, receptionists, counsellors and youth workers. The focus groups explored four key questions:

- What is workplace wellbeing?
- What hinders your workplace wellbeing?
- What supports your workplace wellbeing?

- What is being done or could be done to improve your workplace wellbeing?

Qualitative data analysis identified nine themes: the nature of work in health settings, rural work, balancing work and family/personal life, stress/workload, infrastructure and resources, management and supervision, supportive teams, flexibility and social/health promotion activities. What was not present in the focus group discussions was reference to issues such as organisational change, sexuality/sexual harassment, workplace bullying, and experiences of violence at work and at home. Such issues had been anticipated on the basis of the literature and the anecdotal reports that provided the impetus for the project. Possible explanations for this are that these issues were simply not present in the participants' working

By conducting the research we were able to support women who are often undervalued and under appreciated in their working roles and personal lives, and to consider what would improve their health and working environment.

lives, or that these issues were not discussed because of the focus group setting. Focus groups may limit the personal information discussed by participants, who understandably, may not want everyone else in the group to know their personal and intimate information.

The findings suggest that workplace wellbeing for women in rural health settings is likely to be enhanced by the availability of flexible working hours, a supportive manager and co-workers, and resources and infrastructure to ensure adequate working conditions, work relationships and workplace organisation. Most of the participants were juggling work and family responsibilities either as sole parents or in traditional family relationships, and their rural locations limited their access to further training and professional development opportunities. So both informal and structural support in their workplaces were perceived as central to their wellbeing.

Recommendations based on the participants' suggested changes were presented to the management level of each organisation. While managers did appear supportive of the project, we have not been in a position to learn of any follow up work since its completion. Personnel changes amongst the women's health resource workers have led to some re-ordering of priorities in their work, and they are yet to decide

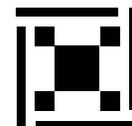
how best to pursue the implementation of the study's recommendations.

One of Bunch's (1974) criteria for feminist reform asks: *Does it give women a sense of power, strength, and imagination as a group and help build structures for further change?* Power, strength, and imagination were demonstrated not only by the women who participated in the focus group, but also by the women's health resource workers who identified a problem and sought to find a solution. As a group the participants were encouraged to discuss their ideas and recommendations based on what they believed would support or hinder their workplace wellbeing. This study promotes the fact that the women employed within the health sector have the right to have input into their working environment. The resource workers were empowered to draw on the suggestions articulated within the focus groups, as evidence supporting the need for workplace changes within rural health settings.

By conducting the research we were able to support women who are often undervalued and under appreciated in their working roles and personal lives, and to consider what would improve their health and working environment. Although at this stage the outcomes remain unclear, we believe that the most important ripple effects are likely to have been amongst the participants themselves, coming together for the first time across different roles and settings to identify shared concerns and to brainstorm a range of ideas for enhancing their workplace wellbeing.

References

- Australian Bureau of Statistics. (2003). *Health Workforce Australia*. Commonwealth of Australia, Canberra.
- Bunch, C. (1974). The reform tool kit. *Quest: A Feminist Quarterly*, 1, 37-51.
- Dollard, M.F., Dormann, C., Boyd, C.M., Winefield, H.R., & Winefield, A.H. (2003). Unique aspects of stress in human service work. *Australian Psychologist*, 38, 84-91.
- National Institute for Occupational Safety and Health (NIOSH). (1999). Job conditions that may lead to stress. Retrieved September 1, 2004 from <http://www.cdc.gov/niosh>.



Women's experiences at GROW

"There's an opportunity there to grow way beyond what you thought you could..."

Briony Kercheval

Up until recently, feminism was something I considered to be quite obtuse, academic, and spoken about only in circles of highly educated and revered women. That didn't stop me from readily proclaiming its virtues in my home as a teenager though, questioning why Mum was always doing the ironing and washing the dishes while Dad seemed to be engaged in much more rewarding tasks - like going off to work in an expensive (and ironed!) suit all day. But outside home, I never felt qualified to talk about feminism, scared of the connotations and stereotypes the word could elicit, and of the discussions it could evoke that I didn't feel knowledgeable enough to engage in. Perhaps I was with the 70% of Australian women surveyed by Trioli (1996) who did not identify as feminists, but believed in equal pay, a fair justice system, harassment free workplaces and sexual freedom.

Prior to commencing the Masters course, I worked in community mental health agencies. These jobs aroused an interest in community psychology, so I read more and was struck by a sense of 'ahh, I've finally found my niche...' I started to consider the role of sense of community in enhancing the mental health of the people I worked with, who as a consequence of mental illness, experienced profound bouts of isolation. Their lives consisted of workers, medication and appointments - it seemed they didn't 'just' have an illness, their world comprised reminders and indicators of it.

I tried to encourage people to attend psychosocial day programs, but I often encountered resistance. More men attended these groups than women, for whom there seemed to be a void in service provision. Moreover, I read about, and experienced firsthand, how many women are diagnosed with depressive and anxiety related disorders - illnesses exacerbated by isolation. So, where were all these women going? Was anyone supporting them in a community group context?

One day a client told me about GROW, a mutual help group that had embraced her and supported her with practical steps back to feeling well again. She also told me that more women attended than men. I wanted to learn more about this group, and I wondered why I, as a worker in the business of helping people discover

things that would help them get well again, didn't know about GROW until she told me about it.

I decided to do a thesis examining these questions. I approached Heather Gridley about supervising the study, knowing she was passionate about social justice issues and issues affecting women's lives. She helped me to consider my study within a feminist framework, and to explore the role that gender plays in the lives of the women I interviewed and in the social constructions of mental illness and treatment.

The study

Despite the fact that more women than men attend mutual help groups for persons with a history of mental illness, no research has been conducted that specifically examines women's experience within such groups. My study explored the experiences of women attending GROW (a mutual help group established as 'Recovery, Inc.' in Sydney in 1957). GROW spread worldwide as 'an organization created by, and run by former (and current) mental patients, many of whom have long histories of diagnosed serious mental illness accompanied by years of professional care' (Rappaport, 2000, p.9). GROW was established as a mutual-help group where friendships could be developed, and support, information, and solace could be found. Initially, GROW sought to be a place of recovery from mental illness; however, it later broadened its aims to include prevention of illness and mental health promotion (Keogh & Lacey, 1979; Young & Williams, 1989). GROW is an organization based on giving and receiving help, rather than assumptions that people with a history of mental illness are unable to help themselves or others (Smith, 1993). GROW is now an international movement, with groups established in the United States, New Zealand and Ireland. The Australian GROW 2004 Annual Report reveals that in 2004, some 59,994 people Australia-wide had direct contact with GROW, with 313 groups operating around the country.

A collaborative relationship with GROW Australia was established and maintained throughout the course of the research.

Collaborative research designs have been described as particularly conducive to enhancing validity and richness of findings in groups that have been misrepresented by past research, such as women, people with disabilities and the poor (Tandon, Azelton, Kelly & Strickland, 1998). Initial contact with the GROW National Executive, and subsequently the Victorian Co-coordinator, provided an opportunity for GROW as an organisation to voice their preferences regarding the focus of the study, and the way in which it was to be examined.

Following the approval process, meetings ensued with the GROW Victorian co-coordinator to discuss a number of issues, including my interest in GROW, the rationale for the study, and ethical issues that related to the study.

In the course of the subsequent meeting with ten GROW fieldworkers; revisions were made to the draft questions I presented. The GROW members at this meeting seemed genuinely interested in the study. I sensed a pervasive sense of pride in the GROW ethos and program, and in the opportunity to share the merits of the program within academic circles and the wider community.

Eleven women participated in semi-structured interviews. A focus group was also conducted with a separate group of GROW representatives. No selection criteria were applied

Findings suggest that the women experienced a high degree of sense of community and friendship in GROW groups. They also reported positive identity transformation, facilitated by the opportunities GROW provides for development.

to participants, apart from membership of GROW. Invitations to participate were made by GROW group leaders without me being present in an attempt to avoid any perceived pressure to

participate. Participants ranged in age from 28 to 65 years. All had received a psychiatric diagnosis in the course of treatment within the mental health system; however identification of their diagnosis was not required for participation in the study, nor is it a requirement of GROW membership

Interview questions included: 'How did you find out about GROW? What do you think women particularly gain from being a part of the GROW community? Could you talk a bit about how it feels to be a woman attending a GROW group? If you have a mental health

professional or support worker, what do you think his/her attitude is towards GROW?’

The analysis of the interview transcripts consisted of several stages of condensing data, as outlined by Smith and Dunworth (2003). The first stage in the thematic analysis consisted of reading through the transcripts numerous times, noting words, language or non-verbal information considered to be important. Following this stage, the second stage of analysis involved capturing the essence of what was being said by the participant. This stage involved the initial conceptualisation of themes that seemed to be emerging from the transcripts. A list of six master themes was then generated from the themes that emerged most frequently and with the most detail afforded to them across the eleven different interviews, capturing a large proportion of the material present in the interview transcripts. The six themes were: sense of community, friendship, positive identity transformation, the efficacy of the GROW program, the role of gender in group experience, and finally, professionals’ responses to GROW.

Findings suggest that the women experienced a high degree of sense of community and friendship in GROW groups. They also reported positive identity transformation, facilitated by the opportunities GROW provides for development, and the ideology and practice of reciprocity inherent within the groups and the wider GROW organization:

It gives you a sense of who you are...you might have lost it in the outside world. You start to reevaluate who you are and rediscover parts of yourself that you didn't even know existed before which is fantastic - really exciting to do that. (GROW member, aged 40-50 yrs)

I found that I had opportunities provided to me to show leadership and strengthen some skills that I had kept and bring back some skills that I had lost, and learn new skills as well. (GROW member, aged 20-30 yrs)

Participants used gender socialisation to explain why women outnumber men at GROW. That is, they offered a gendered explanation using cultural stereotypes and norms that govern behaviour: “Women are a little more fragile. It’s a bit more acceptable for them to have a breakdown. It’s just the way it is - it’s not reality of course.” or “I think it’s a cultural thing ...they [men] are taught from an early age

‘good men don’t cry’.” (GROW Members, aged 30-40 yrs). In contrast to the gendered expectations experienced by the women in their daily lives, they explained that a major advantage of GROW membership for women is the way in which equality between the sexes is engendered within GROW groups.

I like that idea of being an equal with men because there is so much inequality between the sexes...in the GROW community; I don't feel like a woman next to a man, I feel like I'm next to an equal person. (GROW member, aged 40-50 yrs).

Finally, consistent with past research, most participants reported widespread ignorance of GROW on the part of professionals. Explanations for such ignorance included a lack of education about mutual help groups in professional training, and the perpetuation of derogatory myths about mutual help groups – that they are places where ‘the blind lead the blind’.

In relation to Bunch’s (1974) question: *Does the research have the potential to materially improve the lives of women and if so, which women and how many? Does it build an individual woman’s self-respect, strength and confidence?* I have prepared the following response.

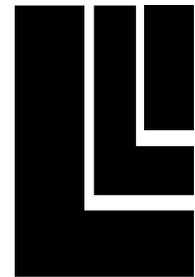
The research process itself had the potential to improve the lives of those who participated by building self-respect and confidence as a direct result of having their experiences documented, validated and shared. The women expressed a desire to help others through their involvement in the research. The research may thus introduce more women with mental illness who are isolated from social or community supports to GROW and to the role the GROW program and community can play in enhancing mental health. The study can also assist mental health workers by educating them about alternative approaches that work, especially for women.

This research applied gender as a lens through which to try to understand the experience of women who have been diagnosed with mental illness in contemporary society. I hope more women can enjoy positive experiences at GROW, or similar groups that engender such a strong and positive sense of community. I feel a responsibility to pass on the findings, as some participants agreed to be interviewed on the proviso that something practical be done with the results. I promised that it would not sit lifelessly on a university shelf, but that I would ensure it made its way into the community - breathing life and justice into the words the

women who participated in the study had shared with me.

References

- Bunch, C. (1974). The reform tool kit. *Quest: A Feminist Quarterly*, 1, 37-51.
- Keogh, C. & Lacey, A. (1979). Growth, decline and recovery in the name of GROW. In C. Sprague (Ed.), *GROW comes of age - a celebration and a vision* (pp. 78-79). Australia: GROW publications.
- Rappaport, J. (2000). Community narratives: Tales of terror and joy. *American Journal of Community Psychology*, 28 (1), 1-24.
- Smith, M. (1993). Community development and self help groups for people with serious mental illness. *Network*, 8 (2), 1-12.
- Smith, J., & Dunworth, F. (2003). Qualitative Methodology. In J. Valsiner, & K. Connolly, (Eds.), *Handbook of Developmental Psychology* (pp. 603-621). London: SAGE.
- Tandon, S., Azelton, L., Kelly, J., & Strickland, D. (1998). Constructing a tree for community leaders: Contexts and processes in collaborative inquiry. *American Journal of Community Psychology*, 26, 669-696.
- Trioli, V. (1996). *Generation F: Sex, power and the young feminist*. Melbourne: Minerva.
- Young, J., & Williams, C. (1989). Group process and social climate of GROW, a community mental health organization. *Australian and New Zealand Journal of Psychiatry*, 23, 117-123.



Congratulations!!

... to our Award Winners!

Here are the recipients of several of our 2005 SCRA awards:



2005 Distinguished Contribution Award to Practice of Community Psychology

Peter Dowrick

Peter Dowrick is President of Creating Futures Inc. in Kaneohe, Hawaii and Professor of Disability Studies and Professor of Graduate Studies in Psychology at the University of Hawaii. In the last 5 years, some 20,000 children and adults have participated in community-based programs for which he is the primary architect, and in many cases, a direct service provider. All programs provide learning and empowerment and are all located in marginalized communities. He describes his work as imbued with "feedforward" in that the individuals and groups are assisted in creating images of success in challenging circumstances. A true practice leader and pioneer, he is taking the principles of Community Psychology and translating them into action.

2005 Distinguished Contribution Award in Theory and Research

Abraham H. Wandersman

Abe Wandersman is Professor of Psychology at the University of South Carolina. A former President of SCRA (2002) he has spent years collaborating on the development of theory and research on citizen participation in neighborhood organizations and in coalitions. This work included the development of a sense of community scale and research on sense of community. He is also one of the founders of an approach to evaluation called empowerment evaluation. This approach has helped bring new ideas about how practitioners and volunteers can legitimately and beneficially be involved in evaluation. A prolific author of empirical articles, he is also one of the authors (with Dalton and Elias) of a leading text in community psychology. As a scholar who is intradisciplinary, multidisciplinary, and interdisciplinary, he has been active throughout his career in both developing theory in Community Psychology and conducting research to test it.



2005 Ethnic Minority Mentorship Award

Yolanda Suarez-Balcazar

Yolanda Suarez-Balcazar is an Associate Professor in the College of Applied Health Sciences at the University of Illinois at Chicago. She is also a Fellow of the American Psychological Association and Co-chair of the Community Action Research Centers (CARC). During the last 12 years she has mentored over 18 graduate students in the area of community research who come from a variety of ethnic minority backgrounds including African American, Hispanic, and Asian. Students have come from different programs including social/community psychology at Loyola University, Disability Studies and the department of Occupational Therapy at the University of Illinois at Chicago. Many of the students of color she has mentored have continued into community psychology and many have been active in SCRA, MPA and APA. She has also supported the professional development of many of her students in the form of research assistantships, co-authors in peer-reviewed articles and presentations at professional conferences.



2005 SCRA Award for Best Dissertation on a Topic Relevant to Community Psychology

"Power and 'official' vehicles for public participation in a local hazardous waste setting: A community case study"
by Marci R. Cully

University of Missouri-Kansas City
Dissertation chair: Joseph Hughey



2005 Emory L. Cowen Dissertation Award for the Promotion of Wellness

"The prevention of social aggression among girls"
by Elise Cappella

University of California at Berkeley,
Dissertation chair: Rhona Weinstein

Congratulations!!

... to our New SCRA Officers!

The election results are now in and here are the new members of SCRA's Executive Committee. Their terms begin in August of 2005.

President-Elect:
Carolyn Swift

Member-At-Large:
Anita Davis

APA Council Representative:
Brian Wilcox

Student Representative:
Michael Armstrong

Nominations for SCRA Offices

Its time again to nominate candidates for the SCRA offices of President-Elect, Treasurer, and Member-at-Large! Please send your nominations, by December 1, 2005, for the following two SCRA offices to Ana Mari Cauce, Department of Psychology, University of Washington, Box 351525, 98195, fax: 206 685-3157, email: cauce@u.washington.edu. This year we are again asking that you contact nominees to see if they are willing to run for office before you nominate them. These are wonderful opportunities to serve the division and to help develop an active and vibrant community of community psychologists.

SCRA Award Descriptions and Call for Nominations, 2005-2006

**Distinguished Contributions Awards
DEADLINE FOR NOMINATIONS:
December 15, 2006**

Award for Distinguished Contributions to Theory and Research in Community Psychology

Nomination Process and Deadline for Submission:

Please forward, preferably by e-mail, by December 15, 2005 a letter of nomination detailing the basis for the nomination, and a 3-

5 page biographical sketch of the nominee (which may be prepared by the nominee) to our new President-Elect Carolyn Swift (who chairs the selection committee): cbswift@ku.edu.

The Award for Distinguished Contributions to Theory and Research in Community Psychology is presented annually to an individual whose career of high quality and innovative research and scholarship has resulted in a significant contribution to the corpus of knowledge in community psychology.

Criteria for the award include:

- Demonstrated positive impact on the quality of community theory and research.
- Innovation in community theory and/or research; that is, scholarship of a path-breaking quality that introduces important new ideas and new findings. Such distinguished work often challenges prevailing conceptual frameworks, research approaches and/or empirical results.
- A major single contribution or series of significant contributions with an enduring influence on community scholarship over time.

Past recipients are:

2005	Abe Wandersmann
2004	Roger Weissberg
2003	Lonnie Snowden
2002	Ana Mari Cauce
2001	Rhona Weinstein
2000	Stephanie Riger
1999	Irwin Sandler
1998	Dickon Reppucci
1997	Leonard Jason
1996	Marybeth Shinn
1995	Ed Trickett
1994	John Newbrough
1993	William Ryan
1992	Irwin Altman
1991	Kenneth Heller
1990	Edward Seidman
1989	Edward Zigler
1988	Richard Price
1987	Murray Levine
1986	Julian Rappaport
1985	George Fairweather
1984	George Spivack & Myrna Shure
1983	Rudolf Moos
1982	Charles Spielberger
1981	George Albee
1980	Barbara & Bruce Dohrenwend
1979	Emory Cowen
1978	James Kelly
1977	Bernard Bloom
1976	Ira Iscoe
1975	John Glidewell
1974	Seymour Sarason

Award for Distinguished Contributions to Practice in Community Psychology

Nomination Process and Deadline for Submission:

Please forward, preferably by e-mail, by December 15, 2005 a letter of nomination detailing the basis for the nomination, and a 3-5 page biographical sketch of the nominee (which may be prepared by the nominee) to Carolyn Swift, our President-Elect (who chairs the selection committee): cbswift@ku.edu.

The Award for Distinguished Contributions to Practice in Community Psychology is presented annually to an individual whose career of high quality and innovative applications of psychological principles has significantly benefited the practice of community psychology. The person receiving this award will have demonstrated innovation and leadership in one or more of the following roles:

- a) community service provider or manager/administrator of service programs;
- b) trainer or manager of training programs for service providers;
- c) developer and/or implementer of public policy;
- d) developer and/or implementer of interventions in the media (including cyberspace) to promote community psychology goals and priorities; or
- e) other innovative roles.

The awardee may currently work in any setting (e.g., education, government, business or industry, community or human service programs).

Criteria for the award include:

Engaged at least 75% time, for a minimum of 10 years, in a non-academic setting in the practice of high quality and innovative applications of psychological principles that have significantly benefited the practice of community psychology;

- Demonstrated positive impact on the natural ecology of community life resulting from the application of psychological principles;
- Challenge to the status quo or prevailing conceptual models and applied methods; or
- Demonstrated personal success in exercising leadership based on applied practice.

Past recipients are:

2005	Peter Dowrick
2004	David Julian
2003	Jose Toro-Alfonso
2002	Debi Starnes

2001	Ed Madara
2000	Will Edgerton
1999	Thomas Gullotta
1998	Vivian Barnett-Brown
1997	Steve Fawcett
1996	Joe Galano
1995	Bill Berkowitz
1994	Gloria Levin
1993	Maurice Elias
1992	David Chavis
1991	Beverly Long
1990	John Morgan
1989	Frank Reissman
1988	Betty Tableman
1987	Donald Klein
1986	Anthony Broskowski
1985	Thomas Wolff
1984	Carolyn Swift
1983	Saul Cooper

**SCRA Dissertation Awards
DEADLINE FOR NOMINATIONS:
December 15, 2005**

Best Dissertation on a Topic Relevant to Community Psychology

The purpose of the Society for Community Research and Action annual dissertation award is to identify the best doctoral dissertation on a topic relevant to the field of community psychology completed between September 1, 2003 and August 31, 2005—any dissertation completed within these dates may be submitted. The completion date for the dissertation refers to the date of acceptance of the dissertation by the granting university's designate officer (e.g., the graduate officer), not the graduation date. Last year's nominees (excluding the winner) may resubmit dissertations if the dates are still within the specified timeframe.

Criteria for the award

Relevance of the study to community psychology, with particular emphasis on important and emerging trends in the field; scholarly excellence; innovation and implications for theory, research and action; and methodological appropriateness.

Emory L. Cowen Dissertation Award for the Promotion of Wellness

This award will honor the best dissertation of the year in the area of promotion of wellness. Wellness is defined consistent with the conceptualization developed by Emory Cowen, to include the promotion of positive well-being and the prevention of dysfunction. Dissertations are considered eligible that deal with a range of topics relevant to the promotion of wellness, including: a) promoting positive attachments between infant and parent, b) development of

age appropriate cognitive and interpersonal competencies, c) developing settings such as families and schools that favor wellness outcomes, d) having the empowering sense of being in control of one's fate, and e) coping effectively with stress.

Criteria for the award:

Dissertations of high scholarly excellence that contribute to knowledge about theoretical issues or interventions are eligible for this award.

For Both Dissertation Awards:

The winners of both dissertation awards will each receive a prize of \$100, a one-year complimentary membership in SCRA, and up to \$300 in reimbursement for travel expenses in order to receive the award at the APA meeting in 2006.

Materials required:

Individuals may nominate themselves or be nominated by a member of SCRA. A cover letter and four copies of a detailed dissertation abstract should be submitted to the Chair of the Dissertation Awards Committee. The nomination cover letter should include the name, graduate school affiliation and thesis advisor, current address, phone number, and (if available) e-mail address and fax number of the nominee. The abstract should present a statement of the problem, methods, findings, and conclusions. Abstracts typically range from 4-8 pages and may *not* exceed ten double-spaced pages, *including* tables and figures. Identifying information should be omitted from the abstract.

Evaluation process:

All abstracts will be reviewed by the dissertation award committee. Finalists will be selected and asked to submit three copies of their full dissertation (finalists whose dissertations exceed 150 pages may be asked to send selected chapters). The committee will then review the full dissertations and select the winners.

Nomination Process and Deadline for Submission:

Submit a cover letter and four copies of the dissertation abstract by December 10, 2005, to: Ana Mari Cauce, University of Washington, Department of Psychology, Box 351525, Seattle, WA 98195. Phone: 206-368-7909, Fax: 206-685-3157, e-mail: cauce@u.washington.edu. Submissions by e-mail would be especially appreciated. Materials will be sent to the new Chair of the Dissertation Award Committee TBD.

**Ethnic Minority Mentorship Award
DEADLINE FOR NOMINATIONS:
December 10, 2004**

The purpose of SCRA's annual Ethnic Minority Mentorship Award is to recognize an SCRA member who has made exemplary contributions to the mentorship of ethnic minority persons. Mentorship may be provided in various forms. It may entail serving as the academic advisor of ethnic minority graduate or undergraduate students; developing strategies to increase the acceptance and retention of ethnic minority students; involvement in efforts to recruit and retain ethnic minority faculty members; or providing opportunities for ethnic minority persons to become involved in positions of leadership within community-oriented research or intervention projects.

Criteria for the award include:

Specific criteria for the award include two or more of the following: (1) consistent, high quality mentorship and contributions to the professional development of one or more ethnic minority students and/or recent graduates involved in community research and action; (2) contribution to fostering a climate in their setting that is supportive of issues relevant to racial/ethnic diversity and conducive to the growth of ethnic minority students and/or beginning level graduates; (3) a history of involvement in efforts to increase the representation of ethnic minority persons either in their own institutions, research programs, or within SCRA; (4) consistent contributions to the structure and process of training in psychology related to cultural diversity, particularly in community programs.

Nomination Process and Deadline for Submission:

Both self-nominations and nominations by students or colleagues will be accepted. Those submitting nominations should send: 1) A nomination letter (no more than 3 pages long) summarizing the contributions of the nominee to the mentorship of ethnic minority persons; 2) Name and contact information (address, telephone, email) of at least one additional reference (two if a self-nomination) who can speak to the contributions the nominee has made to the mentorship of ethnic minority persons (see above criteria)—at least one reference must be from an ethnic minority person who was mentored; and, 3) A curriculum vita of the nominee. Collaborative work with ethnic minority mentees, as well as other activities or publications relevant to the criteria indicated above, should be highlighted.

The Award Subcommittee of the SCRA Committee for Racial and Cultural Affairs will

review all nominations submitted by the deadline. Statements from additional references will then be requested, and the committee will make a final review of all materials. The award will be presented at the 2006 American Psychological Association Convention in Washington, DC.

Past recipients are:

2005	Yolanda Suarez-Balcazar
2004	Mark Roosa
2003	William Davidson II
2002	Shelley Harrell
2001	Ed Seidman
2000	Gary Harper
1999	Isaiah Crawford
1998	Maurice Elias; Ricardo Munoz
1997	Beth Shinn
1996	Melvin Wilson
1995	Irma Serrano-Garcia
1994	Oscar Barbarin
1993	Hector Meyers
1992	Forest Tyler
1991	Leonard Jason; Stanley Sue

Please submit nominations by December 15, 2004, to Ana Mari Cauce, Box 351525, University of Washington, Department of Psychology, Seattle, WA 98195. fax: 206 685-9660, e-mail: cauce@u.washington.edu. Submissions will be passed along to the chair of the Ethnic Minority Committee.

**NOW IS THE TIME TO NOMINATE
SCRA FELLOWS!!**

**DEADLINE FOR NOMINATIONS:
December 10, 2005**

What is a SCRA Fellow?

SCRA seeks to recognize a variety of exceptional contributions that significantly advance the field of community research and action including, but not limited to, theory development, research, evaluation, teaching, intervention, policy development and implementation, advocacy, consultation, program development, administration and service. A SCRA Fellow is someone who provides evidence of "unusual and outstanding contributions or performance in community research and action." Fellows show evidence of (a) sustained productivity in community research and action over a period of a minimum of five years; (b) distinctive contributions to knowledge and/or practice in community psychology that are recognized by others as excellent; and (c) impact beyond the immediate setting in which the Fellow works.

How does one become a SCRA Fellow?

SCRA has a 6-member Committee of Fellows whose mission is to identify and recognize excellence in community research and action among Society Members. This Committee encourages and reviews applications submitted by Society Members who either (a) would like to be considered for Fellow status, or (b) have been identified by others as deserving Fellow status. The Chair of the Committee on Fellows is the SCRA Past-President (currently, Paul Toro).

Applications for Initial Fellow status must include the following materials: (1) a 2-page Uniform Fellow Application (available from Paul Toro) completed by the nominee; (2) 3 to 6 endorsement letters written by current Fellows, (3) supporting materials, including a vita with refereed publications marked with an "R," and (4) a nominee's self-statement setting forth her/his accomplishments that warrant nomination to Fellow Status. These materials are reviewed by the Fellows Committee and forwarded to SCRA's Executive Committee for approval. All individuals approved at this level are considered to be Fellows of SCRA. If an approved nominee is also an APA member, the Committee forwards the materials with a letter of support to APA's Membership Committee for consideration for APA Fellowship status.

SCRA members who are Fellows of other APA divisions should also apply for SCRA Fellow status if they have made outstanding contributions to community research and action. Fellows of other APA divisions should send to the Chair of the Fellows Committee a statement detailing their contributions to community research and action, 3-6 letters of support, and a vita.

What is the time line for the Fellow application process?

To assure the fullest possible consideration, complete nominations should be submitted to Paul Toro by December 15, 2004. SCRA Fellows will be voted on during the mid-winter meeting of the SCRA Executive Committee. Application packets for APA Fellows, with letters of support from the SCRA Fellows Committee, are then due at the APA Membership Department by mid-February.

Questions about becoming a Fellow?

Questions about the 2004-2005 Fellowship nomination process or requests for materials should be directed to the SCRA Fellows Committee Chair: Cliff O'Donnell, University of Hawai'i, Department of Psychology, 2430 Campus Road, Honolulu, HI 96822 or cliffo@hawaii.edu

ANNOUNCEMENTS



Call For Papers On "Engaging Students in Community Learning"

Jim Dalton & Maurice Elias

We will edit a special section of *The Community Psychologist* on "Engaging Students in Community Learning" for the Spring 2006 issue. This section will concern innovative teaching in graduate or undergraduate courses on community psychology or related courses. We are specifically interested in teaching that promotes students' active involvement in learning through class exercises, projects, simulations of community and social issues, experiential learning about cultural and human diversity, community service learning, student engagement in community and social action or advocacy, awareness among clinically-focused students of the value of a community perspective, or any innovative teaching technique that engages students in active learning about community and social issues. If you are interested in submitting a paper on this issue, please send a brief (500 words or less) summary of what your paper would concern to Jim Dalton at jdalton@bloomu.edu or Maurice Elias at hpusy@aol.com. The original deadline for these summaries was September 1, 2005, but if we have space we can take late submissions, so if your students have done interesting community learning projects, contact us soon! Final papers will be due in January, 2006.

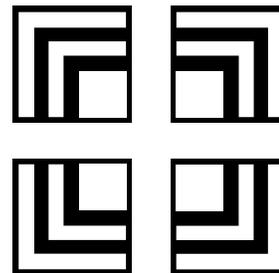


Penn State University Symposium on Family Issues

"Early Disparities in School Readiness: How do Families Contribute to Successful and Unsuccessful Transitions into School?" will be the focus of Penn State University's 12th annual Symposium on Family Issues, to be held October 13-14, 2005. The 2005 symposium is innovative, not only for its emphasis on family contributions to school readiness, but also for integration of psychological, sociological and policy perspectives. The intent of the symposium is to better understand disparities in children's acquisition of the many inter-related competencies (e.g., executive function, language skills, and social skills) that culminate in school readiness, paying particular attention to the roles families play in exacerbating or minimizing those disparities. Sixteen scholars from major universities and institutions will explore the topic from different disciplines and encourage discussion from attendees. Lead speakers will include George Farkas (Penn State), Susan Landry (U. of Texas Health Science Center), Annette Lareau (Temple), and Susan Campbell (U. of Pittsburgh). Information and registration at <http://www.pop.psu.edu/events/symposium> or contact Carolyn Scott (814)863-6806, css7@psu.edu.



Mona is the sole recipient of the APA Minority Fellowship Program's Postdoctoral Fellowship in Mental Health and Substance Abuse Services! Mona will spend her fellowship doing research and clinical service at the Program on Recovery and Community Health at Yale University. The focus of her work will be in the area of eliminating ethnic/racial disparities in mental health through culturally-competent recovery oriented care.





First International Conference on Community Psychology: Shared Agendas in Diversity June 8-10, 2006 ♦ San Juan, Puerto Rico

Call for Papers

We invite you to submit papers for presentation at the *First International Conference on Community Psychology: Shared Agendas in Diversity*. These guidelines should facilitate the presentation of your proposals as well as the articulation of an excellent Scientific Program.

Objectives

- Congregate a group of community psychologists and others engaged in community work from different continents.
- Facilitate an exchange of diverse frameworks in community psychology and compare their strengths and weaknesses.
- Analyze the status of community psychology and community work in terms of its theory and its practice.
- Create a worldwide network of community psychologists and people engaged in community work.
- Facilitate exchanges between community and professional/academic groups.
- Facilitate exchanges between different disciplines that engage in community work.
- Publish the conference proceedings.

Program Themes

1. History of community psychology: Motivating factors and developmental trends.
2. Paradigms, concepts and frameworks in community psychology
 - a. Current theoretical frameworks (eg. *Empowerment*; Prevention).
 - b. New conceptual/theoretical proposals
 - c. Contemporary debates in community psychology.
3. The practice of community psychology throughout the world
 - a. Development of community psychology in the world
 - b. Training programs in community psychology in the world
 - c. Community psychology as a participant within communities
4. Interdisciplinary contributions to community psychology: Theory and practice.

- a. Theoretical/practical convergence and discrepancies of community psychology and other disciplines
5. Contributions of community psychology to a global world
 - a. Contemporary controversies about global and international
 6. Research from a community psychology perspective: Contributions and innovations
 - a. Innovative methods
 - b. Redefining community psychology's object of study: How to approach it
 - c. Perspectives of research participants within community psychology
 - d. Ethical controversies in research

Guidelines to submit proposals

1. Abstracts must be submitted using our web page at www.cipcad2006.org. If you do not have access to the Internet you can submit your proposal by fax at (787) 758-3056.
2. All abstracts must be received on or before Tuesday, November 15, 2005 at midnight Puerto Rico time (Atlantic Time). **We will not accept proposals submitted after that date and time.** We urge you to submit your proposal on time so that we can be sure it meets the requirements requested by the Scientific Committee.
3. We will accept a maximum of three (3) first authored or co-authored papers. To increase the possibility that papers of the same theme or stemming from the same data are accepted, they should be submitted as an International Symposium or Panel.
4. Official languages of the conference are Spanish and English.
5. You may submit your abstract in either language. All proposals should include the following information:
 - **Title:** Should not exceed 15 words. Capitalize only the first word and the first word after the colon if there is a subtitle.
 - **Authors:** Include the names of all authors as you would like them to appear in the conference program and proceedings.

- ***Institutional Affiliation:*** Include the institutional affiliation under each author's name (name and place where authors engage in their practice such as academic institutions, government office, community-based organization, or private company).
 - ***Contact information:*** Write your complete mailing address, e-mail, and phone and fax numbers.
 - ***Format:*** Chose the kind of proposal you wish to submit from one of the following: Oral presentation, International Symposium, Thematic panel, Poster, Round Table, Workshop, Innovative session, Visual/Artistic Presentation.
 - ***Content Categories:*** In addition to the format of your proposal, select the content categories which apply to your work. We will accept proposals that focus on: Theoretical/practical reflections, Community practice experiences or Research. The abstract must conform to the requirements for the content category you select. Workshops will have special instructions regarding content.
 - ***Abstract:*** Type your abstract in Word, "Times New Roman", Font size 12. Word limit is 300 except for workshops, International Symposia and Thematic Panels (Details are provided in the next section).
 - ***Theme:*** Choose only one conference theme which you feel best suits your abstract.
 - ***Equipment/Materials:*** Describe the audiovisual equipment and other materials you would like to use in your presentation. Once your proposal is accepted we will inform you of the availability of the equipment and materials you requested.
6. All proposals should meet these requirements to be evaluated. If they do not meet these requirements they will not be considered. If you have any questions do not hesitate to contact us through our web page.

Proposal Formats

Oral presentation: This is an individual oral presentation. They will be grouped in panels according to the conference themes allowing time for discussion. Each panel will include a maximum of four (4) persons and will last 1½ hours. Each presenter will have 15 minutes for his/her presentation. Remaining minutes will be used, for introductions, questions and discussion. The abstract should not exceed 300 words.

International Symposium: This format requires presentations from **different continents/countries**. It should include presentations of original and diverse focus relative to a project of issue from an international perspective. Symposia require a coordinator. The coordinator should identify presenters from at least three (3) continents or countries. S/he will submit an abstract describing the symposium and individual abstracts for each presentation. Each abstract will be evaluated on its own merits. Each symposium will have 3-5 presenters and a maximum duration of 1½ hours. There should be at least 30 minutes for questions and discussion. The global abstract should not exceed 100 words while individual presentations should not exceed 300 words.

Thematic Panel: This format will allow for various presentation of original work related to the same project or theme **from one country**. This format requires a coordinator. S/he will submit an abstract describing the panel and individual abstracts for each presentation. Each abstract will be evaluated on its own merits. Each symposium will have 3-5 presenters and a maximum duration of 1½ hours. There should be at least 30 minutes for questions and discussion. The global abstract should not exceed 100 words while individual presentations should not exceed 300 words.

Poster: This is a visual presentation in a poster. Posters will be organized strategically to allow for a greater number of participants at the conference. During poster sessions, authors will be present to discuss their work informally with the public. Abstracts should not exceed 300 words.

Round tables: This format will allow for the **informal** discussion of a topic or issue. Presenters will actively interact while exchanging ideas about their work with participants. The preparation of a set of questions to guide the discussion is recommended. Round tables will last one hour. Abstracts should not exceed 300 words.

Workshops: This will be an experience focusing on skill development or strengthening for those engaged in community practice. Workshops may link research and intervention efforts that participants can implement when they return from the conference. Workshops will last two hours. Abstracts should not exceed 500 words.

Visual/Artistic Presentation: This is a presentation which utilizes one or more of the following: photos, videos, documentaries, paintings etc. Depending on the media used the duration of the session can be one or two hours. Regardless of the duration a minimum of 20 minutes should be set aside for questions and discussion. Abstracts should not exceed 300 words.

Innovative sessions: This is an opportunity for presenters to develop innovative ways in which to facilitate exchange and interaction between participants. The innovative format will be central to its evaluation. Innovative sessions will last one hour. Abstracts should not exceed 300 words.

Formats and Content

Oral presentations, international symposia, thematic panels, posters, round tables, innovative sessions and visual/artistic presentation can focus on one of the following content categories: a) Theoretical/practical reflections, b) Community practice experiences or, c) Research. Workshops have special instructions regarding content below this section.

Option A: Theoretical/practical reflection

Title; Authors; Description of the issue or experience: Identify and describe the experience you will discuss and its background; *Objectives:* Describe your objectives with the presentation; *Reflection:* Summarize the major points or arguments of your presentation.

Conclusion: Discuss the implication of your reflection for current and future developments in community psychology theory and practice.

Option B: Community practice experiences

Title; Authors; Subject or theme: Describe the subject or theme you will present. Include the objectives and central issues.; *Program, service or intervention:* Describe the program, service or intervention as applicable; *Results:* Summarize results of the program, service or intervention; *Lessons learned:* Summarize the implications and lessons learned.

Option C: Research

Title; Authors; Subject/Objective: Describe you subject or theme, objectives, hypothesis and/or research questions; *Method:* Describe the method (participants, instruments, procedure, and analysis); *Results:* Summarize your findings; *Discussion:* Present your conclusions and discuss their implications.

Instructions for workshops

Workshops will follow the following guidelines:

Title; Authors; Skills to develop: Identify and describe the skills that your workshop will help develop or strengthen; *Objectives:* Present learning objectives for workshop participants; *Project:* Describe the teaching strategies you will use (e.g. small groups, role playing);

Program: Describe the sequence and flow of the scheduled activities.

Equipment and materials

Choose the equipment and materials you would like to use in your presentation: e.g. *overhead projector, multimedia projector, computer, television, video/DVD, blackboard, newsprint, magic markers, other*. We will do our best to obtain what you request but cannot guarantee it. After your proposal is accepted we will let you know what equipment and materials are available.

Conference Site

Site: The Conference will take place at the University of Puerto Rico, Río Piedras Campus. This is the oldest and largest campus of the university characterized by its natural beauty.

Duration: The Conference will start Thursday, June 8th and conclude Saturday, June 10th, 2006.

Lodging: Participants will be able to choose among various hotels, guest houses and student dorms in the San Juan metropolitan area or on campus. Most hotels are within a 15 minute drive or train ride from the University. More detailed information about lodging will be available on our web site.

Inscription: All participants must register and pay according to their country of origin:

- o Participants from North America, Europe, Australia and Japan: \$250.00 US
- o Participants from other countries: \$200.00 US
- o Students: \$125.00 US

Scientific Committee

Reminder:

Revise your proposal so that you have met all requirements. **All abstracts must be received on or before Tuesday, November 15, 2005 at midnight Puerto Rico time (Atlantic Time)**. We will not accept proposals submitted after that date and time.

Send your proposal after August 1st, 2005 through our web page at www.cipc2006.org or by fax to (787) 758-3056.

Contact us at:

*First International Conference on
Community Psychology:*

Shared Agendas in Diversity

Attn: Carlos Vazquez Rivera, PhD

Scientific Committee

Jardín Botánico Sur

Flamboyán 1187

San Juan, PR 00926-1117

Society for Community Research & Action

The Division of Community Psychology (27) of the American Psychological Association

The Society for Community Research and Action (SCRA), Division 27 of the American Psychological Association, is an international organization devoted to advancing theory, research, and social action. Its members are committed to promoting health and empowerment and to preventing problems in communities, groups, and individuals. Four broad principles guide SCRA:

1. Community research and action requires explicit attention to and respect for diversity among peoples and settings.
2. Human competencies and problems are best understood by viewing people within their social, cultural, economic, geographic, and historical contexts.
3. Community research and action is an active collaboration among researchers, practitioners, and community members that uses multiple methodologies.
4. Change strategies are needed at multiple levels in order to foster settings that promote competence and well being.

The SCRA serves many different disciplines that focus on community research and action. Our members have found that, regardless of the professional work they do, the knowledge and professional relationships they gain in SCRA are invaluable and invigorating. Membership provides new ideas and strategies for research and action that benefit people and improve institutions and communities.

Who Should Join

- ◆ Applied & Action Researchers
- ◆ Social and Community Activists
- ◆ Program Developers and Evaluators
- ◆ Psychologists
- ◆ Public Health Professionals
- ◆ Public Policy Makers
- ◆ Consultants
- ◆ Students from a variety of disciplines

SCRA Goals

- ◆ To promote the use of social and behavioral science to enhance the well-being of people and their communities and to prevent harmful outcomes;
- ◆ To promote theory development and research that increase our understanding of human behavior in context;
- ◆ To encourage the exchange of knowledge and skills in community research and action among those in academic and applied settings;
- ◆ To engage in action, research, and practice committed to liberating oppressed peoples and respecting of all cultures;
- ◆ To promote the development of careers in community research and action in both academic and applied settings.

Interests of SCRA Members Include

Empowerment & Community Development
Training & Competency Building
Prevention & Health Promotion
Self-Help & Mutual Support
Consultation & Evaluation
Community Mental Health
Culture, Race, & Gender
Human Diversity
Social Policy

SCRA Membership Benefits & Opportunities

- ◆ A subscription to the *American Journal of Community Psychology* (a \$105 value);
- ◆ A subscription to *The Community Psychologist*, our outstanding newsletter;
- ◆ 25% Discount on books from Kluwer Academic/Plenum Publishers;
- ◆ Special subscription rates for the *Journal of Educational and Psychological Consultation*;
- ◆ Involvement in formal and informal meetings at regional and national conferences;
- ◆ Participation in Interest Groups, Task Forces, and Committees;
- ◆ The SCRA listserv for more active and continuous interaction about resources and issues in community research and action; and
- ◆ Numerous activities to support members in their work, including student mentoring initiatives and advice for new authors writing on race or culture.

About THE *Community Psychologist*...

The Community Psychologist is published four times a year to provide information to members of the Society for Community Research and Action (SCRA). A fifth "Membership Directory" issue is published approximately every three years. Opinions expressed in *The Community Psychologist* are those of the individual authors and do not necessarily reflect official positions taken by the Society. Materials that appear in *The Community Psychologist* may be reproduced for educational and training purposes. Citation of the source is appreciated.

To submit copy to THE *Community Psychologist*:

Articles, columns, features, letters to the Editor, and announcements should be submitted, if possible, as Word attachments in an e-mail message to: nadia.ward@yale.edu or joy.kaufman@yale.edu. The Editors encourage authors to include digital photos or graphics (at least 300 dpi) along with their submissions. Materials can also be submitted as a Word document on an IBM-compatible computer disk (or as hard copy) by conventional mail to Joy Kaufman and Nadia Ward, TCP Editors at The Consultation Center, Yale University School of Medicine, 389 Whitney Avenue, New Haven, CT 06511. You may reach the editors by phone at (203) 789-7645 or fax at (203) 562-6355. Next DEADLINES: Fall 2005–AUGUST 31, 2005; Winter 2006–NOVEMBER 30, 2005; Spring 2006–FEBRUARY 28, 2006; Summer 2006–MAY 31, 2006.

Subscription Information:

The Community Psychologist and the *American Journal of Community Psychology* are mailed to all SCRA members. Students and affiliates may join SCRA and receive these publications by sending \$20.00 for students and \$45.00 for affiliates and members to Janet Singer, 1800 Canyon Park Circle, Bldg. 4, Suite 403, Edmond, OK 73013; e-mail: scra@telepath.com. (Dues are per calendar year.) The Membership Application is on the inside back cover.

Change of Address:

Send address changes to Janet Singer, 1800 Canyon Park Circle, Bldg. 4, suite 403, Edmond, OK 73013; e-mail: scra@telepath.com. APA members should also send changes to the APA Central Office, Data Processing Manager for revision of the APA mailing lists, 750 First St., N.E., Washington, D.C. 20002-4422.

Society for Community Research and Action
THE *Community Psychologist*
1800 Canyon Park Circle, Bldg. 4, Suite 403
Edmond, OK 73013

Non-Profit
US Postage Paid
Permit 453
Oklahoma City

THE *Community Psychologist*