THE

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From the President

Ana Mari Cauce
University of Washington

ACADEMIC ADMINISTRATION AND COMMUNITY PSYCHOLOGY: HOW I SPENT 2005-2006

I think of myself as an "accidental administrator." Academic administration was not something I ever really aspired to. In fact, I was dragged into my first stint as chair kicking and screaming. It began when the Dean of Arts and Sciences at the University of Washington, a fellow psychologist and poker buddy asked me to serve as Chair of American Ethnic Studies (AES), a department that, in spite of good faculty, was in all too visible distress. The job had negatively impacted the career of all those who held it before me, with the last 3 chairs "resigning" under duress. Not surprisingly, despite my strong sense of duty, I initially balked at his request.

It is nearly impossible to adequately convey what the first few weeks on the job were like. There was a lack of consensus as to the direction of the program, the faculty was polarized, making new hires virtually impossible, and there was a great deal of student unrest. While few students in AES knew me, as a representative of the administration, and someone who did not belong to any of the ethnicities represented in the program (I am Cuban, and AES consists of African American, Chicano, and Asian-American Studies), I was viewed as suspect from the get go.

Far from having a honeymoon period, every one of my moves was scrutinized. Students repeatedly requisitioned my e-mail, through public requests for information. My first day on the job, I walked to my office down a hall papered with a picture of me on the cover of the student newspaper with a gunsight on my head and the title "Under Fire" emblazoned across the top in giant lurid red letters. Some students even staged a sit-in, shutting down the administration building to protest of my appointment. I had never in my wildest dream imagined I would end up on this end of a student demonstration!

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The Children, Youth and Families 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.
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COMMUNITY ACTION
The Community Action interest group explores the roles and contributions of people working in applied community psychology settings.
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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.
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DISABILITIES
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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.
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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.
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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).

We are pleased to bring you the Summer 2006 edition of *The Community Psychologist*. While our column is usually a summary of what is included in the edition, in this our last column as TCP editors, we ask for your indulgence as we take a different tack. Before we do that, we do want to thank Mike Morris who pulled together our special issue on Ethics in Community Psychology. For many years Mike edited the Ethics section in the *American Journal of Evaluation* and he was more than willing to help us to start a dialogue on ethics in community work. We appreciate his willingness to do this and hope that the dialogue continues.

Putting together TCP each quarter takes a significant amount of work, input and patience from a wide diversity of individuals who, more often than not, go unrecognized in their work. We want to use this opportunity to recognize them. The SCRA Executive Committee (EC) includes many people who work diligently behind the scenes to keep our division going. We have been privileged to work with 3 SCRA presidents (Paul Toro, Cliff O'Donnell and Ana Mari Cauce) and 3 EC's who showed such a high level of support and encouragement to us when we began this endeavor and when we decided to make changes to the publication. We want to thank you for this and for all of the work that you do every day for SCRA.

Next we want to recognize our column editors. Although we can not name each of you, we want to thank you for all of the work you have done to write and solicit articles, edit your columns, and submit your materials by deadline (most of the time!). When we started as editors of TCP, column editors were expected to submit at least 2 columns per year, we changed that and asked each of the column editors to also edit a special issue for TCP. This change came about as we were interested in increasing the diversity of individuals who submitted materials to TCP and we believe that we were successful in reaching that goal. Being a column editor not only provides an opportunity to get to know others whose work may be in a similar area or with a similar population, but also to share with others in our field your work and your thoughts. We encourage those of you who have not yet taken on this opportunity to do so.

We have been privileged to work with 3 outstanding Associate Editors of TCP. Each of these individuals were with us at the Yale Consultation Center for their internship year in clinical and community psychology and chose to spend about 6 hours per week helping us to get TCP out. They were the individuals who communicated with the column editors and who kept both of us on track. Paul Flaspoler, Mona Amer and Audrey Bangi have each done a fantastic job with us and we very much appreciated the opportunity to work with them.

Continued on page 4

From the President, continued from page 1

But despite this rather inauspicious start, I've spent almost the entire subsequent decade in administration, directing the university-wide honors program, then chairing the Department of Psychology. Most recently, I've officially joined the "dark side," becoming a full member of central administration as Executive Vice Provost.

Why would a nice community psychologist do something like this?

My first year in the Provost's office overlapped almost entirely with my year as President of SCRA. Not surprisingly, as the school year ends (graduation was in mid-June) and I end my presidential term, I find myself thinking about just how similar both are. For example, during the dark beginning of my stint at AES, it was lessons learned from community psychology that got me through. Identifying the focus of intervention as the students, I concentrated on their well-being and tried to understand their perspective. By the end of the first quarter I had visited every AES class to talk to students and hand out a needs assessment survey that also tapped their satisfaction or dissatisfaction with various aspects of the program. The results of that survey, to which I received more than 300 responses, provided the framework for forging common goals across faculty and for uniting faculty and students. By year's end the students who had most questioned my appointment awarded me a certificate as "Rookie of the Year." Although it is just a computer generated certificate in a drug store frame, there is no award I am prouder of.

I did not quite realize it at the time, but I was hooked on administration for all the same reasons that I remain hooked on community psychology. To be successful at either one must learn how to bring disparate groups to the table, building programs or help them to change, and examine and understand how individuals are shaped by their context. Both require the ability to build consensus and to examine problems and issues from the perspectives of all the parties involved. In both endeavors I use data to guide my decision-making, and I've come to the realization that whether I'm working with homeless or ethnic minority youth, or with much more privileged faculty members, a large part of what I can do is try to inspire and support.

At its heart, a university is a community made up of diverse constituents. The goal of an administrator is no different than the goal of any community psychology – to serve the diverse and complicated needs of its members. I can think of no better "executive training" or "career development" than my readings in community psychology, and my work in the field with diverse groups of adolescents, their parents, teachers, and service providers

….. except perhaps my training as a clinical psychologist – but that's for a different column….

Thank you all for a wonderful year.

EDITORS COLUMN, continued from page 3

We can honestly say that you would not have had the opportunity to read TCP over the past 3 years if it had not been for the dedication, patience and gentle temperaments of our 2 Production Editors, Janis Celone and Mary Magnani. Jan and Mary each did the layout for 2 issues of TCP per year. This involves many, many steps and many, many drafts that would come back to them (from us) with requested changes that at times contradicted a previous requested change. They each took all of this in stride and produced a publication that looked great each and every issue. Thanks, we really could not have done this without both of you!

Finally, we want to thank you, our colleagues, for giving us the opportunity to pull together a publication that represents the work of our division. We have greatly enjoyed the experience and the opportunity to get to know so many of you. The level of commitment and volunteerism that is inherent in our division is outstanding and we are privileged to have had the opportunity to witness this first hand.

We now pass the torch to Elizabeth Thomas. Through our conversations with Elizabeth we know that she will do a fantastic job as TCP Editor and we look forward to watching this publication continue to grow and change over the coming years.

Joy and Nadia

COMMUNITY ACTION RESEARCH CENTER

edited by Chris Keys, Bob Newbrough, Brad Olson, and Yoland Suarez-Balcazar

The Community Action-Research Project Reflection on Community

by J R. Newbrough

For the last 30 years, I have held the view that Community Psychologists do not have a specific meaning for the word "Community." I first developed this belief in 1974 when I became editor of the Journal of Community Psychology. Authors would refer to community as the setting for the phenomena but there was very little interest in community effects on behavior and no interest in the impacts of individual efforts on the commu-nity. I was fresh from a planning grant funded by the Center for Epidemiological Studies, National Institute of Mental Health to design a national collaborative study of depressed mood in its community context (Newbrough & Christenfeld, 1975). I was forced to confront community in a broader way since the research team was interdisciplinary and we all had to participate in planning the study. This experience gave new meaning to Dewey's' observation that community is formed through conversation. Unhappily the study was not funded and was never carried out so I wasn't able to pursue the approach until the CA-RC Project materialized.

For the last 30 years, I have held the view that Community Psychologists do not have a specific meaning for the word "Community."

Since 1994, the Community Action-Research Center (CA-RC) Project has provided me with the opportunity to pursue one of our field's most elusive matters: How to think about "community," a core concept that we include in our name and in our work. In our literature, "community" is used to refer to a variety of social arrangements. That seems to me too global, and without enough specification to allow for different things called "community" to be properly compared. Rising to that challenge and based on the earlier work with Roger Christenfeld, I have approached "community" as a social ecological system that supports and sustains daily life. It can be precisely identified, it has boundaries, and it has characteristics that can be compared. The CA-RC Project provides access across time to several communities in different cultural settings through a comparison-contrast approach that takes change into account.

The CA-RC Project is an organization of universities and local communities that would build community capacity by integrating community know-how, practice, research, and theory through action research. By action research I mean a practice-evaluation-practice research cycle based on questions generated in the locality and resulting in enhanced community know-how (Newbrough, 1995).

The Problem of Community: The One and the Many

One of the goals of the CA-RC project is to develop a vocabulary for considering community and for specifying both its structure and function. A core problem for all of us working in community is the resolution of the paradox of the "one and the many." The first step is to define community. In common conversation, community is used to refer to many different entities of varying complexity: the immediate neighborhood, agencies that one works with, the local government, and municipal services. Whatever the specific referent, there is an implicit assumption of unity or "entityness." This applies to different levels of analysis—person, couple, family, group—when considering community. I typically use the municipality or town as community, for these terms refer to the complexity required to support most people's everyday life.

Once community is defined, I move to the problem of the One and the Many. This is usually expressed as a conflict between the interests of the individual versus the interests of the group. At this Point, I have two choices: (1) to use Newtonian science, and add (2) quantum science. Newtonian science is based on the basic assumption that the universe is composed of solid objects that operate according to mechanistic principles. This means that the job of science is to classify all objects into types and describe their similarities and differences. The process (we learned it in psychophysics) is one of comparing one instance to a standard and judging whether it is the same or different. This represents a conceptual dualism; one is either a Nashvillian or one is not. Dualism as the dominant mode of thought leads to conflict about what the criteria for membership should be and who

meets the criteria. Is someone who lives in Nashville but works in Franklin a Nashvillian? How about the reverse? How about someone who lived in Nashville previous to his or her current 20-year incarceration at Brushy Mountain State Prison?

Quantum physics, developed in the first half of the 20th Century, found that light could be both a wave and a particle. The particle finding supported Newtonian physics but the wave finding showed an entirely different set of characteristics. Instead of being separate bits of matter in orbit, light behaved as relationships of energy in an interconnected system. This required a second and inclusive approach. Einstein offered the term *space-time* indicating that light could be in two forms in two places at the same time.

I took this same reasoning to the paradox of the One and the Many. When I applied the concept of Unitas-Multiplex, and viewed it through the quantum physics lens, the paradox disappeared into similarity. Starting with Step One, the Community as *Unitas* (unity), I arbitrarily identified the community as municipality (Nashville) and this became the level of entry. As a second step, I approached community looking for internal (lower level) variables that would be germane to understanding the dynamic behavior of the municipality. Multiplex then applies to both within and without (above and below) variables. Starting at a lower level, we identified factors that influence the municipality as a whole. This allows for the study of the Internal Multiplex. Identification of variables above the unit provided measures of the context, some of which seem more influential on its functioning than others.

The community as unity can be studied as the community as multiplex. It depends on the choice of variables and locating them at the appropriate level of analysis. Community Psychology is overly focused at the individual behavior level of theorizing and needs to work more with the community as the unit of inquiry.

Multilevel modeling as a research method

As noted above, in 1972, I was Principal Investigator of a national and collaborating with Roger Christenfeld of Columbia University and two senior staff of the Center for Epidemiologic Studies, NIMH on a collaborative study of depressed mood in three settings (two cities and a county). The task was to compare weekly measures of mood levels to ongoing measures of variation in each community and across community settings. These measures of variation included weather, births, deaths, unemployment levels, police calls, fire calls, mental health admissions, emergency ward admissions, etc. We patterned our collection, management, and display of data on Jay Forrester's (1961) study of the dynamics of a manufacturing plant. He defined the system of supply and demand in and around the plant and then studied the fluctuations of all aspects of production. He collected data for a number of years, then portrayed the inter-variable relationships mathematically, connected them together and, voila, he had a model that could be used for prediction. The model could be checked and updated by continuing to collect data, addressing the criticism that models are synthetic and not based on reality. Forrester (1968) then moved to apply the model to the city. Even though the city represented a larger and more complex problem than the manufacturing system, Forrester's model lent itself easily to this application. As I studied both the manufacturing plant and city models, I could see that each represented a system whose elements were closely interconnected and were logically consistent. This illustrates the earlier point that the level of entry depends on the research question. Had we been interested in depressed mood in the workplace, the industrial model would have been appropriate to the study. The study of depressed mood in the daily lives of people requires a higher level, the municipality level. While I prefer to limit the use of "community" only to municipality, that restriction is not required. What would be required, however, would be the specification of the location, geographical boundaries, the size and characteristics of the population of residents.

As I mentioned at the beginning, the CA-RC offers us the chance to pursue solutions to the community paradox. My approach is to define the task as understanding the individual-community unity (the Many) as a system that enhances or degrades the experiences of everyday life and the effective functioning of the community (the One). That for me is the way we get at the answer to "what is community?"

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Newbrough, J. R., & Christenfeld, R. M. (1974). Community mental health epidemiology: Nashville. A feasibility study for a program to monitor depressed mood in the local community. Final Report, Grant MH20681, Center for Epidemiologic Studies, National Institute of Mental Health) Nashville: Center for Community Studies, The John F. Kennedy Center for Research on Education and Human Development, George Peabody College for Teachers.

Endnotes

John Robert (Bob) Newbrough is Professor Emeritus at Peabody College, Vanderbilt University, Nashville, Tennessee). He was Director, Center for Community Studies, John F. Kennedy Center for Research in Education and Human Development, and Coordinator, Community Psychology Area, George Peabody College for Teachers, Nashville, TN, 1966-1980. He was editor of the Journal of Community Psychology 1974-1980 and President, Division of Community Psychology 1979-1980. He received the Distinguished Contribution to Theory and Practice Award, Society of Community Research and Action (Division 27) 1994. He coordinated the TF on Community Action-Research Centers, 1994-2000 and since then has been a consultant.

Appreciation to

1. Jim Kelly for his leadership in bringing ecology into community psychology, for his ability to see community as vital to the mental health enterprise and for his mentorship of me.
2. Brad Olson for his inspiration for this article, for his recently joining the leadership team and his for commitment to the Woods Hole Vision.
3. Robert Dorris for sharing with me his fabulous wordsmithing skills and improving the readability immeasurably.
4. Roger Christenfeld in Poughkeepsie for his tenure as co-PI of the Epidemiology project. We were a dynamic duo; the project a loss leader.
5. Bob and Harold Holder for introducing us to Dynamic Modeling and producing a workable prototype model of 35 variables (after the 400+ one).
6. Howard Bregmen for using the smaller model for his doctoral dissertation and demonstrating that the approach was workable.
7. Roger Weissberg in his role as President of Division 27 for establishing the CA-RC task force in 1994.
8. The Task Force for their guidance and wisdom.
9. Yolanda and Chris for assuming leadership of the Project when I could no longer manage it and, with Brad, continuing the vision.

The Self-Help Network Center for Community Support and Research at Wichita State University

by Scott Wituk

Since 1984, the Self-Help Network Center for Community Support and Research at Wichita State University has provided assistance to Kansas self-help support groups, nonprofits, faith-based organizations, community coalitions, governmental entities, grassroots groups, and other community-based initiatives. Under the direction of Greg Meissen, the Self-Help Network (SHN) has become internationally recognized for its community-based capacity building efforts that combine practical community and organizational development practices with applied research and evaluation methods. The SHN is an example of Community Psychology's values and principles. In addition, the SHN's projects and initiatives are guided by socio-ecological models, which strengthen capacities through:

- Individual development through community and university-based courses and workshops on nonprofit and community leadership skills and concepts.
- Organizational capacity building through technical assistance to help organizations and groups achieve greater success in meeting their identified goals and outcomes.
- System transformation by bringing together individuals, groups, and organizations interested in issues that impact the state of Kansas.

More specifically, the SHN provides support in nonprofit management, coalition and team building, strategic planning, leadership, staff development, board growth and development, needs assessment and organizational capacity assessment, grant writing, and formative, process, outcome, and impact evaluation. Over the years, the SHN has been involved in a variety of local and statewide projects that highlight the values and principles of Community Psychology and are consistent with the socio-ecological levels.

Compassion Kansas

Compassion Kansas is a three-year initiative funded by the Administration for Children and Families (ACF) through the Compassion Capital Fund (CCF).

The purpose of Compassion Kansas is to build and enhance the capacity of Kansas faith-based organizations (FBOs) and community-based organizations (CBOs) to better serve Kansans in need. Through Compassion Kansas, the SHN assists FBOs and CBOs to increase their effectiveness and enhance their ability to provide social services through: (1) direct organizational capacity building assistance, (2) the Compassion Kansas capacity building workshop series for professional development, and (3) small sub-awards to FBOs and CBOs. These approaches aid organizations in developing stronger grant applications, diversifying funding sources, strategic planning, board development and management, collaboration, staff and volunteer management, outcome measurement, and other aspects related to developing and maintaining a healthy social service organization. The objectives of Compassion Kansas include:

- Enhancing and expanding the knowledge base of FBOs and CBOs;
- Providing technical assistance, professional training, and sub-awards to FBOs and CBOs;
- Encouraging and facilitating the replication of appropriate models and best practices with FBOs and CBOs;
- Assisting FBOs and CBOs in seeking additional funding sources to sustain their new successful practices; and
- Determining the extent to which Compassion Kansas achieves its intended outcomes.

As part of Compassion Kansas, the SHN provides qualifying FBOs and CBOs an organizational capacity assessment that identifies organizational strengths and challenges within the following capacity areas:

- Leadership capacity, including the ability to develop a vision and gather support around that vision
- Adaptive capacity, including the ability to change and react to the local environment
- Management capacity, including the ability to execute the tasks needed to function (e.g., book keeping, reports)
- Technical capacity, including the ability to provide services (e.g., appropriate staff training, appropriate resources)

The organizational assessment includes a 30-minute web-based survey completed by key administrators and board members. Based on the results, an organizational capacity report is provided that details the organizational strengths and areas needing attention. Community and faith-based organizations have the opportunity to complete the organizational assessment on an annual basis to help assess change over time within their organization. Not only do the organizational assessment and report provide immediate assistance to the FBOs and CBOs, they also serve as a method to determine the impact of the SHN's assistance.

Visioneering Wichita

In June 2004, Visioneering Wichita brought over 16,000 area residents together with government and community leaders to identify and address significant challenges faced in the Wichita Metropolitan Statistical Area (MSA). This process resulted in the adoption of a 20-year plan for the Wichita MSA in December of 2004.

During its first year of implementation, the Visioneering Wichita Steering Committee (led by the Wichita Metro Chamber of Commerce) selected key strategies derived from the community planning process to help advance the Wichita MSA in the areas of economic development, education, quality of life, and government. Over 465 individuals and organizations participated in Visioneering Wichita through at least one of the six strategic alliances during the first year of implementation. The SHN has facilitated the development of these six strategic alliances.

The Health Care Strategic Alliance focuses on increasing the accessibility and quality of health care while maintaining the cost by advancing four regional health care initiatives. These initiatives include: 1) Promoting disease prevention by encouraging healthy lifestyles; 2) Having comprehensive coordinated health care for all people; 3) Communicating and promoting existing health services; and 4) Ensuring the availability and adequate supply of qualified health care professionals. Community forums have been scheduled for each of these issues to more fully explore how best to address each.

The Mentoring Strategic Alliance works to ensure that the Wichita MSA is a mentor-focused community with programming in both school and community settings, which will provide a mentor to every child who needs one. In its first year, this strategic alliance created a central mentoring tracking system where community-based and school-based mentoring program providers report their mentoring data.

The Unified Legislative Agenda Strategic Alliance prepared and developed a unified legislative agenda for the Wichita MSA. As a direct result and for the first time, a unified legislative agenda has been developed for South Central Kansas. Issues on the unified legislative agenda include:

- State financial support to maintain and expand low cost commercial air service from Mid-Continent Airport;
- State support for 25% expansion in the capacity of nursing programs in existing post-secondary public education institutions in South Central Kansas;

- Continued state investments in aviation research at the National Institute for Aviation Research at Wichita State University; and
- Support for a new system and facility for technical education and training in the area through the Sedgwick County Technical Education and Training Authority.

The unified legislative agenda will become an annual process to inform legislators of key issues facing the Wichita MSA.

The Racial Diversity, Opportunity, and Harmony Strategic Alliance works to ensure that the Wichita MSA understands, celebrates, and embraces all cultures and racial diversity and makes it evident in all community efforts. A web-based survey measuring regional attitudes and perceptions of racial diversity, opportunity, and harmony was developed, administered, and the results shared as a direct result of the strategic alliance's efforts. This strategic alliance is developing specific strategies based on the results.

The Entrepreneurs and Small Business Strategic Alliance is focused on creating manufacturing and non-manufacturing jobs among small to medium-sized businesses. In order to achieve the strategic alliance benchmark, strategic alliance members have identified several priority action step areas, including supporting the development of an information clearinghouse accessible by entrepreneurs. The clearinghouse is currently being tested by strategic alliance members and plans to be fully operational by the end of 2006.

The Mid-Continent College Network Strategic Alliance aims to create an awareness of the area's opportunities for higher education by increasing the number of students attending regional colleges and providing education programs and research that meet regional job sector needs. Regional university and college presidents and representatives have participated in creating short-term and long-term benchmarks, including coordinating marketing efforts to promote education programs and increase the number of students attending post-secondary institutions in South Central Kansas.

Mental Health Consumer Empowerment Project

From its inception as a self-help group clearinghouse, the SHN has been involved with self-help mental health groups such as Recovery, Inc., Emotions Anonymous, the National Alliance for the Mentally Ill (NAMI), local dual diagnosis groups, and the Consumer Run Organizations (CROs) that existed in the 1980s.

In 1997, Kansas Social Rehabilitation Services (SRS) partnered with the SHN to provide capacity building workshops for state-funded CROs regarding the nonprofit management and leadership capacities (e.g., strategic planning, board development, grant writing). The SHN's role expanded in 1999 when SRS asked the SHN to provide more in-depth capacity building to Kansas CROs. Through this partnership, the SHN provides technical assistance with quarterly progress reports, business reporting and management, board development, and shared leadership. Technical assistance takes place in the form of in-person contacts as well as telephone and electronic communication.

The close relationship between the SHN, SRS, and Kansas CROs provides unique opportunities for research and service to influence and inform each other. Capacity building services provided to CROs inform the types of research questions of interest (e.g., the need to understand leader burnout and shared leadership development). At the same time, research provides practical information regarding the types and methods of capacity building. For example, a recent research technical report highlighted the growing use of telephone assistance throughout the project and that it was considered a useful complement to traditional face-to-face contact. Therefore, CROs were equipped with speakerphone systems. These phones allow the SHN staff to better assist CROs because more than one leader or board member can take part in conversations.

This partnership was recently recognized with three-year grant from the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant project, which will begin this year, will help identify effective practices of CROs so those practices can be shared more broadly. The SHN will conduct the research for the project including surveys, reports, and analysis to understand how participation in CROs relates to successful community integration.

Lessons Learned and Insights

Starting as a self-help group clearinghouse provided a strong foundation for growing into a Center for Community Support and Research as it allowed the Self-Help Network to develop partnerships with communities and local social service agencies. The Self-Help Network is recognized as a university center that provides high-quality, well-developed capacity building and evaluation assistance, while at the same time is recognized as providing practical, useful practices for community-based organizations. These factors contribute to the Self-Help Network being sought for a variety of local projects and initiatives, creating new partnerships across the state. While each partnership is unique, the Self-Help Network applies a sensible balance of research and action that helps strengthen individuals, organizations, and communities.

Community Health

by David Lounsbury and Shannon Gwin Mitchell

We are happy to report that our recent activities have attracted some new Community Health Intrest Group (CHIG) members. In March 2006 we distributed general information about the Community Health Interest Group at the Eastern Psychological Association conference in Baltimore, Maryland. The CHIG was also represented at the 1st International Community Psychology conference in San Juan, Puerto Rico, in June, where David presented on cancer survivorship and the development of community-based systems of cancer care.

This summer's CHIG activities include continued efforts to grow our membership and to further our dialogue and the development of our review article concerning "Community Health" and its connections to related health disciplines, such as medical anthropology, public health, and preventive medicine. As always, we encourage your participation with CHIG.

Cultural & Racial Affairs

edited by Pamela Martin

The Value of Experiential Knowledge

by Alison Baker, Andrea E. Lloyd & Jennifer S. Schneide
North Carolina State University

Biglan & Smolkowsi (2002) define the goals of community psychology as assisting "communities in improving the well-being of the members of the community as defined by the incidence and prevalence of problems in the population of the community, where the problems to be targeted have been identified by the community through a process that

involved input from a representative sample of community members" (p. 2).

However, the goal and concept of community psychology are easier to study than to apply. Piecing together the educational aspects of a program as broad as Community Psychology is no small feat; nevertheless, community psychology programs prepare future psychologists by focusing on viewing the community as a system that has a unique set of stakeholders, difficulties, goals, and interpersonal relationships. Though these programs strive to impart the complexities and dynamics of community work, the utility of the ideas that are so carefully integrated into a student's education is limited in terms of how useful it will be outside of the classroom. Even in a program focused on action or participatory research, it is quite possible that application and relationships are only taught in theory. However, the dynamics of race, socioeconomic status, and culture are matters a book never could convey adequately without interactions or observations. The student community psychologist would be out of her element once placed into a "real" environment.

It is the goal of the authors to encourage community psychology programs to incorporate more experiential education by involving graduate students in their academic institutions' surrounding communities. Not only does this encourage collaboration between the college or university and local communities, but it also provides valuable experience and knowledge to students that are virtually impossible and impractical to teach via lecture, discussion, and readings. As communities adapt to keep up with society's progress and the changing environment, students need to be prepared to meet the communities' changing needs. Accordingly, academia must constantly update the content and methodology of its lessons in order to adequately prepare students for becoming change agents in these communities.

However, the dynamics of race, socioeconomic status, and culture are matters a book never could convey adequately without interactions or observations.

Unfortunately, students sense a gap between the skills community psychology programs are imparting to them and the competencies society needs community psychologists to hold. Offering students experiences in communities with varied situations and dynamics will not only reinforce lessons and knowledge, but also provide students with the essential insight that communities have unique levels of cooperation, goals, and resistance. Practicing community psychology requires a working relationship with the community of interest; thus, it is academia's responsibility not to overlook the outside-of-classroom educational needs surrounding that essential component of being a community psychologist. Below, the authors, who are two graduate students from one community psychology program, share how their diverse experiences with communities substantiate the need for graduate school opportunities to work with groups striving for social change. The first author recounts her experiences with a community before having had the benefit of guided community interactions, while the second author describes a contrasting experience as a student researcher.

Unfortunately, students sense a gap between the skills community psychology programs are imparting to them and the competencies society needs community psychologists to hold.

The Reality of Community Work

Before beginning graduate school, I lived and worked in an Ecuadorian community. Together, the community and I were to create a partnership for designing an integrated community farm. Appropriately, the community had created the project goal in collaboration with my agency before my arrival. However, my subsequent integration into the community was particularly difficult. Though I am African-American and the community in which I worked is populated by African-Ecuadorians, the inherent differences began to glare soon after we began working together. As expected, there were discrepancies in culture and work ethic that mostly hinged on differences between individualistic and collectivist perspectives. I was accustomed to working towards goals without the input of others, while the community members had difficulty making a move without the consensus of everyone affected. Many times I was guilty for trying to push the community members into activities for the sake of advancing the project, while the community often admonished me to respect the natural elements (e.g., "we have to wait to build the rabbit house when the moon is full so that termites will not eat it"). Consequently, the community members and I spent the majority of our first year frustrated by my inexperience in working with communities. This inexperience mostly was manifested as my unwillingness to modify my approach for creating change instead of actually working *with* them to create the desired change. However, there also existed similarities among us that tend to span the African Diaspora, such as a faith in a higher power, a respect for elders and community etiquette, and personal frustrations with racism and struggles for community improvement. By constructively capitalizing on these commonalities, the community and I were able to build a relationship that positively affected the partnership processes. There was a greater exchange of ideas among us, and finally, I came to value community stakeholder perspectives; near the end of my appointed time with the community, we began to see the fruit of our efforts. Unfortunately, we were unable to complete all the goals of the project before I was due to return home. However, I now understand that the process that I and the community members were undergoing is what Keys, McMahon, Sanchez, London and Abdul-Adil (2002) call "coming to terms with one's identity"; we had achieved a greater awareness of our psychological and cultural connections to each other through the self-identification process.

However, I am convinced that if I had understood what we were experiencing and if I had had the benefits of combined classroom experience and theory application in a community with the guidance of my graduate department's faculty, my work with the Ecuadorian community would have been more efficient and our project goals would have been reached sooner. For example, if I had had the practical experience that I now have before I lived in Ecuador, I would have been better prepared to embrace the culture and perspectives of my neighbors. Though what I eventually learned to do - to hunt for commonalities and to use them to advance project goals - might be instinctive for some students, community psychology programs should help to confirm or refute the appropriateness of such ideas. These programs should also develop and provide for the application of methods of community integration that acknowledge the intricate and dynamic nature of community work. Otherwise, communities that are often already overwhelmed by various social problems will become frustrated and discouraged by novice community psychologists that have little or no experience with community.

Uniting Academia and Experience

The first time I walked into the community center in the heart of Southeast Raleigh, I began to realize what a unique experience was ahead of me. Our community program was a pilot study after-school collaboration with several other institutions and organizations, including local African-American outreach services and the county school board. My advisor had begun

this intervention with the main purpose being to implement inquiry-based science and math after-school program for minority students in grades K- 5. We worked with community organization leaders, county schoolteachers, parents, undergraduates from our university (who serve as mentors), and of course the children who were members of the local Southeast Raleigh community.

Although I had previous community experiences throughout my undergraduate studies, working as a mentor, a domestic violence children's group counselor, and with an outreach intervention that linked sports and inner-city children, this community experience was different. This after-school program was unique in that graduate students helped design aspects of the program and worked with various community members to implement the pilot intervention. In addition, we were being trained through our academic program with a framework that emphasized community empowerment, collaboration, cultural sensitivity, and ways to gain entrée into diverse communities. Many of the models and interventions I had studied in class made 'entering a community' sound somewhat straightforward, and although I did acquire knowledge about the difficulties involved, true experience brought about a whole new reality.

Through this community research experience, I have come to understand that although we are researchers, we develop into much more than this when we form partnerships with the community.

Through this community research experience, I have come to understand that although we are researchers, we develop into much more than this when we form partnerships with the community. When one has a consistent, positive presence in the community over a period of time, trust and respect are developed. One becomes an integral part of people's lives, rather than a group of people providing data and a researcher coming to collect that data and then leaving. The research I do with this community incorporates many of the guidelines for culturally anchored research, including developing a more egalitarian relationship with research participants (Keys et al., 2002). The design of this particular study fosters such a relationship and thus, has allowed me to share more personal and intimate information about myself with the community families. As a result, over time, not only have I gained acceptance from the community, but our interpersonal communication has given me a more culturally competent view of the community. Consequently, I have since started a class project with some of the mothers in the community. The mothers now refer to our group project, which solely uses qualitative methodology, as 'a family,' and the mothers have invited me to participate in cultural activities that are not associated with the project. Both of these instances are considered pivotal to me, not only as a person, but as a developing community psychologist in the process of defining her values and morals as a researcher.

Many times when sitting in the classroom students forget that we are going to be working with real people, who have experienced tragedy, loss, joy, and have hope for the future. As we continue our training, we read, discuss, analyze, attend academic conferences and lectures, and attempt to conceptualize what communities 'need' or what we can do to 'fix' them. Such an approach is "etic" and values the understanding of a group's culture through the researchers' perspectives (Creswell, 1998). I challenge this notion and instead find the "emic" approach, which values the understanding of that group's culture by the participants themselves (Creswell, 1998), to be vital to the success of my relationship with the community. Using such an approach in this research has allowed me to partake in the co-learning process with people who know their needs, goals, and strengths better than anyone else. I have experienced, first-hand, how theoretical frameworks for conducting culturally competent research become real tools for empowering research participants to value and focus on these strengths as they become co-partners in the change process.

Conclusion/Recommendations

Those of us who want to construct or evaluate programming that is to benefit the community must first have an understanding of all the different dynamics of the community. The formation of partnerships between local communities and researchers is an essential tool for promoting the development of a more comprehensive understanding of community members' perspectives. Academia, then, is responsible for providing this tool to student community psychologists so that they are well prepared for fostering community change after leaving the "ivory tower". Accordingly, we have suggested and alluded to the following three components that community-based programs should incorporate in order to increase students' skills in working with and understanding these communities:

- Present frameworks for determining the appropriateness of potential actions within communities
- Develop and apply methods of community integration that acknowledge the intricate nature of community work.
- Provide opportunities and advocate for experiential co-learning with community programming

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Footnote

Authors are listed in alphabetical order only.

DISABILITIES ACTION

edited by Fabricio Balcazar

I have been trying for some time to share with all of you some of the fascinating work that is being conducted by community psychologists in the area of disability research. This short summary of the Masters Thesis from Mark Engstrom is a great example of such work. We will continue to share with you these pieces in future editions. Enjoy

Goal Pursuit in Marginalized Populations: The Case of Hope in the Lives of Individuals with Violently-Acquired Spinal Cord Injuries

by Mark D. Engstrom
University of Illinois at Chicago

Introduction

The decade leading up to the new millennium witnessed an alarming increase in the amount of firearm-related violence in communities across the country (Groce, 1998). As homicide rates increased as a result of this violence, so too have the number of nonfatal casualties, including violence-acquired spinal cord injuries (VASCI) (Dijkers, 1999). Those injured by this

violence are predominantly young urban males who are members of ethnic minority groups, particularly African Americans and Latinos (Dijkers, 1999). These individuals are typically from communities of low socioeconomic status, demonstrate less educational success, and are more likely to be unemployed (Dijkers, 1999; Groce, 1998). Researchers, rehabilitation personnel, and community services are only beginning to understand the unique experiences and challenges faced by this population (e.g., Hernandez, Hayes, Balcazar, & Keys, 2001).

The experience of acquiring a disability can catalyze considerable phenomenological shifts concerning one's place in the world, and how individuals project themselves into the future. The hope construct represents a useful lens through which to examine such upheaval. Researchers have implicated the presence of hope as a critical element that catalyzes action to attain goals (e.g., Snyder, 2000; Stotland, 1969). In the case of individuals with VASCI, hope can serve as an effective construct with which to assess how the implications of disabling injury are synthesized into the broader life contexts of an already marginalized population, and how this synthesis impacts consequent goal pursuit.

The experience of acquiring a disability can catalyze considerable phenomenological shifts concerning one's place in the world, and how individuals project themselves into the future.

This paper presents selected key findings from a qualitative study of 20 individuals with VASCI. Participants were African American and Latino males with VASCI who were recruited from a rehabilitation hospital in a large Midwestern city. These individuals participated in a larger project implementing and evaluating a peer mentoring program. A grounded theory approach was employed for this study (Strauss & Corbin, 1998). The study included interrater reliability analyses, member checking, and an advisory board to refine and enhance the resulting coding structure (Lincoln & Guba, 1985). A theory of hope that is grounded in the conveyed experiences of participants was developed based upon participants' responses. Findings concerning the relationship between hope and goals are highlighted here.

Key Findings

Consistent with the contemporary conceptualization of hope in the psychological literature (e.g., Snyder, 2000), hope for participants involved such cognitive processes as planning and goal generation. Walter (actual names have been replaced) provided a useful analogy:

> *"[B]eing hopeful is just havin' a tunnel or seein' what you want. [A]s long as [you hope for something], it's gonna also be a goal of yours. Well, it should be, if you hope for it."*

The goal generating property of hope may assist in promoting adjustment to disability after injury. Elliot, Uswatte, Lewis, and Palmatier (2000) found that goal orientation among individuals with traumatic-onset spinal cord injuries was associated with emotional adjustment following injury.

Results also supported previous research and theorizing concerning the utility of acting in the process of hoping (e.g., Stotland, 1969). As Juwan put it,

> *"I can have all the hope in the world, but if I'm not doing nothing, then what am I hoping for? If I'm doing nothing, then what am I hoping for? I gotta work with the hope."*

It is noteworthy that participants either included action in their conceptualizations of hope or considered action as the currency through which hope is valued. The coupling of preinjury marginalization factors with the experience of violent injury might result in participants possessing a truncated sense of the future, and apathy concerning behavioral activation. Results suggest that the relationship between hope and action is nevertheless robust with this population. The link may persist for these individuals due to the salience of action in achieving some degree of independence after injury: Hopes to learn to transfer to one's wheelchair, participate in physical therapy, go back to school, and find a job, for example, all inevitably require action in an effort to attain them.

Injury-related physical factors played a prevalent role in influencing participants' hope. Limitations in functioning, secondary conditions (e.g., pressure sores, urinary tract infections), and feeling impeded as a result of injury all contributed to qualifying participants' hope. Paolo provided an example:

> *"…taking the medication to control your bladder. You're taking the medication and you're still draining. Makes it a lot harder. A lot harder. "*

Similarly, increases in functioning (e.g., improvements in mobility, regaining functioning) had a potent influence upon hope. As Jorge noted,

> *"[I] thought I wasn't going to be able to do nothin', you know? At first, I was lying in the bed, and I couldn't move my legs… it really felt like if I couldn't do nothing. But then I started going to therapy. Soon, I was jumping in and out of bed, jumping in the shower, lifting weights, making pizzas, all that stuff…"*

Kerr (1977) reported that individuals who experience disability often perceive it as creating a barrier that cuts them off from things that are deemed worthwhile in life. Limitations in functioning thus may be a constant reminder to participants of obstructions to goal pursuit. Conversely, the finding that increases in functioning resulted in increases in hope is consistent with previous conceptualizations of hope: Borrowing from Kurt Lewin, Stotland (1969) noted that there is a *positive goal gradient* for hope, such that motivation increases the closer that one gets to a goal. Results of the current study suggest that individuals with VASCI are highly sensitized to the presence or absence of physical gains as harbingers of broader goal attainment. These evaluations were powerfully linked to their experiences with hope. Given the importance of goal pursuit to hope, personal satisfaction, happiness, and adjust-ment to disability in the psychological literature (e.g., Elliot et al., 2000), it is perhaps not surprising that physical factors would play such a prominent role in both encouraging and discouraging participants.

Most participants reported that hope spread from one domain to another, supporting Menninger's (1959) aphorism that "hope fires hope" (p. 486). This was reflected by the natural linkages between hope and the legacy of the success or failure of previous hoping. Juan provided a useful analogy…

> *"[I]f I had a good job, a positive job, helping people. That brings… more hope. [I]t's like a little chain reaction, you know?"*

Although most participants noted that this chain reaction resulted in increased hoping in other areas, several also reported that there was a downside to this property of hope. Several participants noted that hoping sometimes raised expectations, and that there was a danger of stifling other hopes if certain hopes remained unfulfilled. As Carlos noted,

> *"[T]here were times that I had hoped for something, and it never happened. [A]nd I was like, "I ain't never gonna hope for nothing ever again," you know? "I'm not gonna hope for nothing ever again. 'Cause, you know, it don't be working."*

The powerful connections between hopes and the spreading activation of one hope to another have implications for interventions with individuals from this population, as well as those for individuals from other marginalized

groups. Previous research has suggested that the favorable outcomes of prior hoping enhance future efforts; conversely, a history of unfulfilled hopes may lead to greater vulnerability to hope threats in the future (e.g., Stotland, 1969). Given the challenging histories of the participants in the current study, it is perhaps not surprising that many wrestle with vulnerability to an expedited sense of foreclosure on current hopes. The presence of this vulnerability suggests that post-injury rehabilitation efforts should focus upon enhancing individuals' ability to identify relevant and achiev-able goals, and on fostering viable methods with which to attain them. Oppor-tunities to explore efficacy-building activities should be focused on by intervention efforts; equally important, however, are interventions that promote problem-solving approaches, such that individuals can recognize multiple viable routes to goals. This latter perspective may be critical, as individuals' determination to realize hopes may be stymied when social, contextual, and environmental factors limit the methods available to attain them.

> The powerful connections between hopes and the spreading activation of one hope to another have implications for interventions with individuals from this population, as well as those for individuals from other marginalized groups.

The current findings offer interrelated implications for future theory, research, and practice. Results support the notion that hope exists as an iterative process that crests and falls based upon the experience of the individual within his or her psychosocial environment. As such, hope may be powerfully context dependent. Like others with acquired disability, African American and Hispanic males with VASCI experience a host of phenomena in navigating the implications of their injuries. As individuals with multiple marginalizing characteristics, many elements of these phenomena are nevertheless unique or pronounced. The use of broad-level strengths-based constructs - such as hope - serves to inform the experience of acquiring disability among marginalized populations, and to better understand the impetus of these individuals to pursue goals post-injury. In turn, both of these related purposes could inform interventions designed to bolster the inherent strengths and competencies of populations of interest to overcome obstructions in goal pursuit.

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LESBIAN/GAY/BISEXUAL/ TRANSGENDER

Lesbian/Gay/Bisexual/Transgender Interest Group Update

by Alicia Lucksted

The Lesbian, Gay, Bi and Transgender Interest group is undergoing some positive changes. This column is to let you know about them and how they've come about.

Keeping any Interest Groups active is not easy. Members are geographically dispersed with little in-person contact except at Biennials – making group cohesiveness elusive. Also, we are all – that phrase that is starting to sound cliché from its very ubiquity – very busy. Yet, we want to gather, even virtually, around common interests: our interest group currently has 69 members on its listserv.

I have been the chair of the LGBT Interest Group for the past 4 years – a tenure that happened more by default than design. Although we discussed the need for leadership transition sporadically in the past, this past year I insisted that it was time for a new Chair. I felt myself doing a poorer job than in the past… growing stale.

Periodic discussions on our group's listserv created a ready consensus to adopt a 3 part (outgoing, current, incoming chairs) system, but no one able to volunteer for the Current Chair role. I wondered if I should bluntly resign so as to sharpen the group's awareness that we were at a decision point – find new leadership or fold the group. Knowing all the work that went into founding this group, and that members consistently said they want it to continue, I decided otherwise.

Several members offered to think together about how we could solve this leadership problem and perhaps re-invigorate the group at the same time – first Diana Jones, and Cathy Chovan. We extended an invitation to everyone and Peter Ji and Colleen Loomis joined our ad hoc task force.

We decided to personally call all the members we could reach, to ask what they value from the Interest Group, what they'd like to see it focus on, and their ideas about the need for new leadership. Interestingly, when Diana cross checked the SCRA directory with our membership list to get phone numbers, only about 1/3 of the people were in there.

Meeting by occasional conference call, and communicating by email with each other and the entire interest group, the three of us, and then the five of us, decided on questions and plans, and then called members. Later we sent personal emails to those we did not have phone numbers for, inviting them to send us their phone number or to respond via email. To date we have spoken with about 22 of the LGBT Interest Group members.

Everyone we reached responded positively to the personal contact. In true community psych fashion, the process itself was an intervention that forged additional threads of connection among us. Talking individually with others also motivated the five of us with ideas for where the interest group could go in the future and what would be valuable to members.

To date we see three themes in our conversations with members:

1. Wanting more information exchange over the listserv – about each other's work and about resources outside SCRA.

2. Wanting to figure out ways to work together with others, other SCRA

interest groups, other LGBT groups outside SCRA, other psychology groups, etc., on common interests.

3. Using a listserv as our primary way to communicate has its difficulties. Some people are unsure how to take part, or feel it is hard to know who else is on the list, who one is "talking to."

There is also interest for continuing this column, meeting as usual at the biennials, and for re-visiting the idea of creating an award from our group.

How do these themes compare with other SCRA interest groups?

As the outgoing chair, I want to thank all the members for their involvement and input. And I want to thank the ad hoc task force for stepping forward and acting on their great ideas.

It has been productive to dig into these questions and talk individually with other members. And, in the process, we ended up solving our leadership dilemma: Through working together discussing future directions for the interest group, members of the ad hoc task force came to decide that they would share the "current chair" position for the coming year, and another had volunteered to be "incoming chair," for one year terms with a possible one year renewal.

As of July 1 2006, please welcome the SCRA LGBT Interest Group new coordinators!

LGBT Interest Group Co-chairs
Cathy Chovan
cc_taylor61@yahoo.com
Peter Ji
pjiman1@hotmail.com

Incoming Chair (will become the Chair July 2007)
Colleen Loomis cloomis@wlu.ca

Outgoing Chair
Alicia Lucksted
aluckste@psych.umaryland.edu

If you are interested in joining the LGBT Interest group, we would love to hear from you! Our membership welcomes straight/heterosexual allies as well as people who identify as Lesbian, Gay, Bi, and/or Transgender. We welcome people who are doing any kind of LGBT related community work, research, teaching, intervention, or have interests in these areas. If you are already a member and have ideas, concerns, wishes for the interest group, please contact any of us listed.

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's life. The column's purpose is to offer insights into community psychology as it is lived by its diverse practitioners.

Featuring: Richard Roberts, Ph.D.

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Richard Roberts has always been rooted in a community, of one kind or the other, including when he was the second oldest of six children. The Roberts family lived in Baltimore and was always sur-rounded by friends and a supportive (Baptist) church community. "Community involvement was an ethic that was communicated to the children," including his father's presidency of the local Parent-Teacher Association. While in college at Columbia University in New York City, he tutored children from a Black church and founded a tutoring program there. His college expenses were paid by a Navy ROTC scholarship, requiring four years of military service post-graduation. Most interesting is that his senior year, when he was gearing up to enter the Navy as an officer, was marked by the height of protests against the Vietnam War at his university. Eloquent leaders such as Mark Rudd raised media attention. He obtained his bachelor's degree in Government in 1968, preparing for a post-Navy career as a diplomat. As we'll see, that didn't happen.

Accompanied by his wife, Linda (his high school sweetheart from Baltimore who earned a nursing degree from the University of Maryland), Richard moved among Navy posts. Over the course of his four-year term with the Navy, he became increasingly radicalized. "I wasn't used to the Navy's hierarchical structure and 'doing what you're told,' independent of what you thought. I did well, but only at considerable personal cost to myself." He was second in command of a ship around the time of the U.S. bombing of Cambodia, stationed in Pearl Harbor (Hawaii). He determined to refuse to enter a war zone if he were sent and was making plans to ask for conscientious objector status despite having received orders, both actions risked court martial. "This was a hugely traumatic event for me, I was in great personal turmoil," he said. As luck would have it, one night he called home from the Philippines at the very moment that his wife was having dinner with the officer scheduled to relieve him. He recalls: "I told him to come as quickly as possible!" Being relieved of duty allowed him to avoid active engagement in a war with which he did not agree.

When he was discharged from the Navy in 1972, Richard remained in Hawaii to study social work at the University of Hawaii at Manoa. While social work was not his final goal, it was a way to begin a graduate program immediately. (He finished the MSW in one year.) "Social work opened my eyes to community and to other ways of thinking. Social work is more rooted in community than is mainstream psychology," he says. However, Richard always viewed a PhD in clinical psychology as "the prize." Upon earning his MSW, he entered the University of Hawaii's Ph.D. program where he totally immersed himself in the field of clinical psychology. "The Department was a hotbed of behaviorism, behavior modification, and applied behavioral analysis. I planned a career as a clinical psychologist within an academic setting."

At the University of Hawaii, he was profoundly influenced by several professors: Len Ullman, Ian Evans, Cliff O'Donnell, and especially Roland Tharp and the community of learners Tharp nurtured. One theme of Richard's life is, himself, creating communities of learners. In a recent tribute to Tharp, he wrote: "…my perceptions, understanding, and will to action were not a function of isolated develop-ment but rather that of interdependent framing of issues, ideas, and ways of being that were created in the cauldron of mean-ingful activity with others."

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He and Tharp were highly influenced by Vygotsky and the application of his theory to clinical problems. He had the opportunity to apply these ideas by his participation in the Kamehameha Early Education Project (KEEP), specifically studying the relationship between private speech and early reading skills at an elementary school. Imprinted on him was "the need to take scientific tools to the community to affect outcomes for children and families."

When he left Hawaii for his clinical internship (1977-1978), he says that "Rutgers Medical School was another good fit for me. It was heterogeneous and offered me consider-able freedom to pursue my own interests."

He moved to North Carolina in 1978, for his first post-Ph.D. job. But, after a few years there in an academic position at the University of North Carolina at Greensboro, he became intellectually restive in the joint clinical-behavioral program. He initially pursued "esoteric work" stemming from his doctoral thesis, but he began to move from behaviorism to a different kind of epistemology. "I wanted to have a broader impact on people than the one-to-one scope of a clinician. I was a very good clinician, but it was the wrong stage for me." He began to believe that "context is all; this has become the driving force of my career," he states. In the process, clinical psychology had lost much of its allure for him.

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In 1983, Roland Tharp lured him back to Hawaii, to direct a research and demonstration project (parallel to the KEEP program on which he conducted his dissertation research) with native Hawaiian children (prenatal to 5) and their families. Known as PREP (Prekindergarden Education Program), it made him a firm believer in the community as the context of intervention. The team's first intervention was targeted at the pre-natal stage, making home visits to expectant mothers. Richard conducted the first systematic research on home visits in Hawaii. The team – representing a diversity of professions — then sequenced to preschool children. They operated a traveling preschool program, using mobile vans. Planned to serve optimally 20 children, the program began to consistently attract 50 children. They were victims of their own success.

Through this work, he became increasingly sensitized to the intricacies of conducting research with native Hawaiian families. He soon realized that he had much to learn about the power of collaboration as a research methodology and as an agent for change. Richard vividly recalls one particular conversation which took place during his first month in the position. Meeting with students' families in a very poor community, 30 miles from Honolulu, one of the fathers upbraided him because he wasn't part of the community. Instead, he was, according to Richard, "a white guy of privilege. To him, I represented every missionary that ever stepped foot in Hawaii. After that, I was very careful in presenting myself to local staff as the leader of the research team. From then on, our Hawaiian staff represented the program to the community. I had to redefine my job because, although I'm a people person, I found that my presence was counterproductive." Richard treasures this confrontation as an invaluable lesson that has stayed with him since.

Eventually, around 1989, the funding for Richard's research ended, due to the Institute's wealthy donors no longer having an interest in funding research. He could have stayed in Hawaii, had he accepted a traditional position, specifically in clinical psychology. "But I loved research in the community." Instead, he accepted a position at Utah State University, in Logan, Utah, originally thinking this would be an interim job, maybe for three years. At Utah, he became Co-Director of the University's Early Intervention Research Institute, with tenure in the Department of Psychology, eventually being promoted (1995) to Full Professor. He subsequently became the sole Director of the Institute.

It was in Utah that community psychology principles and practices were fully realized in his work – in part because Federal developments have increasingly encouraged community-centered approaches. This was significant for Richard because, starting in 1986 and continuing to the present day, his research has been supported by the Maternal and Child Health Bureau (MCHB), part of HRSA and, thus, the U.S. Public Health Service. When Dr. C. Everett Koop was Surgeon General of the United States, he issued a manifesto on children's health which called for community-centered approaches. His first MCHB grant was funded at an annual level of $700,000 for four years, to create family-based education centers in Hawaii, and it was followed by a $2 million MCHB grant to establish child development centers there. Guided by his own instincts and the incentive of funding, Richard's understanding of communities and community partnerships grew. "I began to 'get' it. I found it so much more intellectually and personally satisfying. I had found my niche."

The Institute's major contribution to MCHB has been the introduction of participatory action research (PAR), and in a rare instance of a grantee impacting an agency's policy, MCHB now requires that the PAR approach be integrated into grant applications submitted to it. The Institute also has been funded by MCHB to develop and implement performance measures for systems of care, encourage greater access for rural communities, and develop models for training leaders to implement systems of care for children with special health care needs. They recently were awarded a 4-year cooperative agreement to initiate a National Center for Inclusive Community-Integrated Services. Because of its small size, MCHB must rely on outsiders to meet its goals. Richard consults with them constantly. "They've trusted our research, and we've helped guide them to activities where they would not have necessarily gone. They've been very good to me, and I believe I've been very good for them."

Noting that he gets bored repeating activities, he entered another arena about a decade ago, having helped start the Rocky Mountain Public Health Consortium. "Although what I do is very public health oriented, I don't have a MPH degree. I bring community psychology to public health." Until two years ago, there was no School of Public Health in the Four Corners region of the U.S. To fill the resultant gap in training, the consortium has offered, for the past eight years, a summer institute, allowing students to earn a certificate and the first 12 credits toward an MPH. Another planned activity is to develop a community psychology program within Utah State's psychology program. He states: "My staff are so good that they no longer need me as much, so I'm looking for other challenges."

One new challenge is the development, in close collaboration with families, of a universal application system that allows parents to fill out one online application, and the data are then entered into all other applications for services being sought for their children. So far, three States have bought the product, and Richard is planning to create a company that would facilitate further product development. "The hardest part is to get agencies to sit down at a table and not fight." Experience from the development of similar products is that agencies refuse to relinquish their own questions, so the product becomes unwieldy once all agencies' questions are included. Richard's hardware is capable of integrating all the questions, retaining ease of use for families.

A member of SCRA for about fifteen years, Richard volunteered last year for an organizational role in SCRA, by chairing a special interest group. He revived (and also renamed) SCRA's special interest group for Children, Youth and Family. He acknowledges

that the people he is "most excited about" are SCRA members, mentioning Tom Wolff, Abe Wandersman and Cliff O'Donnell as community psychologists whose work has influenced his own. His major reference group, however, is the world of those working on children's special health care needs, and he tries to bring that group to community psychology and vice versa.

Linda is now a nurse practitioner. She and Richard have two sons: Philip, now age 23, was adopted from Chile and is a college student in Chicago. Neil, aged 18 and adopted in Hawaii, lives at home. They raised their sons to be "responsible for themselves and to care about family and their place in the world." Maintaining relationships with his mother and siblings and their families has a high priority for Richard. His father died 25 years ago, but his mother is living at 87. When his siblings' children were younger, the whole brood would vacation together, renting a large beach house somewhere on the East Coast. Except for his older sister (a PhD clinical psychologist retired in Florida), all his siblings live within 100 miles of Baltimore. Fortunately, he has the opportunity to visit them frequently, in his many trips to Washington, DC. "Washington is Mecca as far as grants go."

Richard admits ("stupid, stupid, stupid!") to having passed up all his sabbaticals. Worn down and exhausted, he recently took off three months "to re-evaluate where I was and what I was doing." He cut back his work to about one quarter effort, only chairing a committee to run a national conference on early intervention research innovations. Other than his own salary, all the staff at the Institute are on soft money. With time off for reflection, he determined not to "feel as guilty not doing everything anymore. For a long time, I felt a very strong responsibility to make sure that everyone was funded. My model now is: 'Want a job? Write a grant!' It's taken a lot of pressure off of me." On the other hand, the Institute is a source of great pride for him, not only because the staff includes professionals who are also from the population being served but also because staff retention is unusually high. He says, "The Institute is a community, not just a workplace. I work hard on this."

Despite a head-spinning list of professional and family responsibilities, Richard ekes out time for sports, skiing in the winter and long-distance biking in the summer. He has had to give up being a triathlete, however, having insufficient time to train. While in Hawaii, he competed in the "Tin Man" race – "something a human being can do, unlike the Iron Man competition which is a monster."

According to Richard, "relying on a community is an important theme in my life. Somebody observed that everywhere we've lived, we've always been a minority." Utah has offered a particular challenge because it is overwhelmingly Mormon, and he is an outsider, being a religious minority as part of the local Presbyterian community of faith. Members of the Latter Day Saints (LDS) constitute fully 90% of his community. When a community doesn't exist to serve a need, it is always possible to create one. To that end, Richard and Linda helped start Twelfth Night Party, beginning with about a dozen non-LDS couples, each of whom invited ten other friends. "People die for an invitation to this party, because they are so thirsty for being with people who are like them — other renegades. We hire a band to play 60s music, and we rock and roll." Thus, just like when he was one of six siblings, communities continue to be a source of strength for him, both professionally and personally.

Prevention and Promotion

edited by Monica Adams & Derek Griffith

Psychosocial Factors and Birth Outcomes in Black Women

by Denise C. Carty

The racial gap in infant mortality (deaths to infants less than 1 year of age) has been a major public health challenge for decades. Despite an overall decline in US infant mortality, the disparity between Black and white infant deaths has been two-fold or greater for the past quarter-century. From 1980-2000 the US Black-white infant mortality ratio increased 25% from 2.0 to 2.5—largely related to the two- to three-fold increase in low birth weight and very low birth weight among Black infants (CDC, 2002). More recent national statistics show an infant mortality rate of 13.8 for Blacks and 5.8 for whites per 1,000 live births—thus holding persistent infant mortality disparities by race (MacDorman, Martin, Mathews, Hoyert, & Ventura, 2005).

Despite the significant clinical, programmatic, research, and policy attention given to infant mortality, there is a dearth of empirical research to explain *underlying* causes for the racial variance in infant mortality, and, therefore, the exact causes for racial differences in infant deaths remain unknown. Interventions have routinely focused on behavioral and medical risk factors to explain the disparities, despite findings that the Black-white gap persists after controlling for individual maternal and infant risk factors (Goldenberg et al., 1996). Socioeconomic status does not fully explain the disparities. For example, college-educated Black women are shown to have higher rates of infant mortality than their white counterparts (Schoendorf, Hogue, Klein-man, & Rowley, 1992). Overall, there is limited understanding of this complex problem and, concomitantly, a paucity of effective interventions to redress racial disparities in low birth weight and infant mortality.

Because racial differences in infant mortality cannot be explained by traditional medical, behavioral, or socioeconomic factors alone, it is important for researchers and community health professionals to develop a more *contextual* understanding of psychosocial factors that uniquely impact African American women and infants. Racism is one such factor that has been implicated in poor perinatal health for Black women. Racism can be *personally-mediated* as when persons are dehumanized or treated differentially because of their race; *internalized* when persons accept stereotypes of their racial inferiority; or *institutionalized* due to restricted access to material resources and opportunities for empowerment throughout society (Jones, 2000).

Although perceived racism is associated with adverse birth outcomes, Black women's empowering *responses* to racism may be viewed as protective factors that moderate the negative effects of racism and reduce perinatal risks. It is important to acknowledge the cultural heterogeneity among Black women in the US and examine whether beliefs and behaviors associated with national origin influence coping mechanisms against racial experiences that may impact birth outcomes. By understanding variances in racism-related coping and resilience across different cultures, community psychologists can reveal insights into protective factors that mitigate negative racial experiences associated with risks of low birth weight and infant mortality.

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Psychosocial Factors and Birth Outcomes

Studies have found a positive association between stress and poor pregnancy and birth outcomes, although the strengths of the associations vary and the direct link to infant mortality is undetermined (Dole, Savitz, Hertz-Picciotto, Siega-Riz, McMahon, & Buekens, 2003; Lobel, 1994). However, only a few empirical studies focus on Black women or specifically identify racism as a stressor (Collins, David, Handler, Wall, & Andes, 2004; Mustillo, Krieger, Gunderson, Sidney, McCreath, & Kiefe, 2004; Rosenberg, Palmer, Wise, Horton, & Corwin, 2002). Racism may be linked to birth outcomes through moderating influences of ethnicity and stress/coping responses. By examining differential responses to racism-related stress, one can elicit important insights regarding coping and resilience in diverse Black women of childbearing age.

Ethnicity can also be an important moderator of race-related stress and birth outcomes among Black women in the US. Immigrant Black women generally have more favorable birth outcomes than native African American women (Acevedo-Garcia, Soobader, & Berkman, 2005; Forna, Jamieson, Sanders, & Lindsay, 2003). However, only a handful of studies distinguish among different nationalities when "Black" or "African American" subjects are analyzed. The aggregation of Black women as a monolithic group is rarely stated as a limitation in studies that record birth outcomes by race. However, health risks and behavioral characteristics among Black women of different nativities may be varied enough to warrant disaggregated analyses. More research is needed to understand social stressors and protective factors that may explain differential birth outcomes by immigrant status.

Another gap in the literature on stress and birth outcomes lies in exploring racial identity as a moderator of racial stress. Racial stress may generate qualitatively different coping responses based on racial identity. Sellers and colleagues (1998) describe racial identity along three dimensions: racial centrality, racial ideology, and racial regard.[1] These different dimensions moderate both perceptions and the psychological consequences of racial discrimination. Sellers and Shelton (2003) found that a nationalist racial identity protected against the negative impact of racist events by reducing both event-specific and global levels of psychological distress. Similarly, a strong racial identity has been associated with less psychological distress (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003). Coping is acknowledged as an important construct to better understand the mechanism by which racial identity produces differing effects on health outcomes. Positive coping may improve emotional well-being and reduce the risk of preterm birth and low birth weight associated with stress caused by perceived racism.

Solving the racial enigma of infant mortality disparities may lie in understanding how Black women positively respond and adapt to racial stressors during the perinatal period and over the lifecourse. Because the risk factor approach dominates most investigations, protective factors employed by individuals and communities to moderate the risks of negative birth outcomes are rarely explored. Facilitating resilient coping responses may potentially reduce women's susceptibility to the health-harming effects of racist exposures during pregnancy and over the lifecourse. Several studies address the role of social support during pregnancy (Hodnett & Fredericks, 2000) but few address racism as a primary stressor. Research and interventions to redress adverse birth outcomes could be enhanced by identifying protective factors against racially-mediated stress—particularly the moderating effects of racial identity, culture, and resilience.

There is a significant need in community psychology to investigate protective factors and pathways that moderate exposures of Black women in the US to racism as a stressor. Psychosocial instruments can facilitate research and interventions along these lines by doing a more comprehensive job of eliciting domains of self-esteem, resilience, and empowerment in pregnant and childbearing Black women. Constructs of racial identity and coping, hypothesized as important protective factors against racism-related stress, are rarely captured in perceived racism scales. Questionnaires are encouraged that would highlight the notions of racial identity and resilience and determine if these factors modify appraisals and responses to racism. Jackson, Hogue, and Phillips (2005) have developed a 71-item contextualized stress scale targeted to black women of childbearing age, but it has not been utilized in pregnancy-related studies to date.

Implications for Community Health Research

Greater examination of perceived racism and other psychosocial factors is especially relevant for community psychologists in light of three important streams of research. *First* is the lifecourse approach, which holds that one should look beyond the prenatal period to establish risk, and there can be intergenerational effects of social and economic disadvantage in women's lives (Lu & Halfon, 2003). The lifecourse perspective entails doing studies and interventions with cross cultural and intergenerational groups of women. By revealing variances within and across diverse groups of Black women, researchers can identify both risk and protective factors—some of which may be unique and some shared. Addressing heterogeneity is an under-investigated area of research in psychosocial factors and birth outcomes in Black women.

The *second* is the weathering hypothesis, which states that pregnancy in younger African American women is an adaptive and protective response to premature aging in Black populations (Geronimus, 1992). Black teens have healthier birth outcomes relative to adult Black women because high rates of morbidity accelerate the aging process in Black populations. Examining the effects of acculturation on birth outcomes in immigrant women may either support or disprove the weathering hypothesis among foreign-born Black women and their successive generations.

Third, models of population health are increasingly pointing to racism not merely as a psychosocial stressor, but as a fundamental cause of health disparities linked to multiple outcomes through multiple pathways (Link & Phelan, 2005). Racism is manifested not only through interpersonal interactions, but also via racial residential segregation (Williams & Collins, 2001) and environmental injustice (Gee & Payne-Sturges, 2004). Other structural factors that can impact women's and infant health include increased risk of exposure to community violence (Messner, Kaufman, Dole, Savitz, & Laraia, 2006); limited availability of grocers that supply iron-, calcium-, and folate-rich foods recommended for healthy pregnancies (PolicyLink, 2005); housing stock with safety violations (e.g., lead exposure, fire hazards; unsafe infant sleeping conditions) that increase harm to infants; and poor neighborhood access to comprehensive community-based healthcare or quality high-risk medical facilities. Structural limitations can also foster segregated healthcare and service environments (Griffith, Childs, Eng, & Jeffries, in press). For example, service environments dominated by providers who are not representative of the clients and neighborhoods served create professional and cultural inequality, which can increase women's exposure to racial discrimination and stress. All of these structural factors can contribute to poor women's and infant health.

> [I]nterventions to improve maternal and infant health can shift the paradigm to protective factors that promote health instead of looking exclusively at risk factors.

Community-level studies are needed that add more sophisticated conceptualizations of culture and resilience to existing models of Black infant mortality. Moreover, interventions to improve

maternal and infant health can shift the paradigm to protective factors that promote health instead of looking exclusively at risk factors. Researchers and practitioners should also acknowledge that psychosocial stress manifested in individuals and communities may be attributed to structural factors. By determining psychosocial factors that contribute to resilience across different cultures and generations of Black women, community psychologists can foster a proactive and novel approach to lessening Black infant mortality in the United States.

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Endnote

[1]*Racial centrality* refers to the significance or degree to which identification with being black is central to ones conceptualization of self. *Racial ideology* describes one's philosophical orientation to race—as nationalist, oppressed, assimilationist, or humanist. *Racial regard* refers to personally-held beliefs or ideas about public perceptions or judgments ascribed to one's race.

REGIONAL

edited by Gary W. Harper
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The past several months have been a very busy time for several regions! The following updates detail both past and upcoming regional events that demonstrate the commitment and dedication of our U.S. and International Regional Coordinators (RC's). It is through their hard work and the generosity of numerous regional volunteers that SCRA is able to form local connections among students, faculty, practitioners, and community organizations. Great job RC's!

Since our last set of updates, I have received a great response to my calls for International Regional Coordinators and for Student Regional Coordinators (SRC's). We now have new International Regional Coordinators for three regions:

- Canada: Colleen Loomis from Wilfrid Laurier University in Ontario (cLoomis@WLU.ca)
- Asia: Toshi Sasao from International Christian University in Japan (sasao@icu.ac.jp)

- Australia/New Zealand/South Pacific: Katie Thomas from Curtin University of Technology in Australia (Katie.Thomas@curtin.edu.au)

In addition, we have a number of new undergraduate and graduate Student Regional Coordinators (SRC's) in various U.S. and International Regions.

- Asia: Junko Ouchi (yanaginoha@hotmail.com)
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- Canada: Stephen Petersen (stephen.psych@gmail.com)
- U.S. Midwest: Peter Drake (pdrake@wesleyan.edu)
- U.S. Midwest: Todd Shagott (tpshagott@wichita.edu)
- U.S. Northwest: Patrick Jean-Pierre (pjeanpie2000@yahoo.com)
- U.S. Southeast: Lindsey McGowen (lindseycm@hotmail.com)
- U.S. Southeast: Angela Cooke (cookeangela@hotmail.com)

We are working on recruiting SRC's for other regions as well, so if you are interested in becoming a Student Regional Coordinator please contact me (+1 773 325 2056). We are working to further develop the roles and responsibilities of the SRC's, and in our next set of updates we will be formally introducing all of our SRC's to SCRA members.

In closing I would like to thank all of the Regional Coordinators who are ending their terms. It has been a great pleasure to work with you and SCRA is a better organization because of your contributions. Thanks!

Northeast Region

Northeast Regional Coordinators

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The Northeast region enjoyed a very exciting year. Our pinnacle event was the SCRA program held at the Eastern Psychological Association (EPA) Conference, which took place at the Wyndham Inner Harbor Hotel in Baltimore, Maryland on Friday, March 17, 2006. A keynote address was given by Andrea Solarz entitled, "What's a Community Psychologist Doing in a Place like This?" Dr. Solarz, a past president of SCRA, has an extensive career focused on public policy work at the state and national levels; she has worked in Congress, for think tanks, for a national professional association, and now as a consultant. Her address highlighted these different experiences, as well as the ways in which her training in community psychology has enhanced her ability to work in such varied settings.

Figure 1 (l-r): *Northeast Regional Coordinators, Tiffany Townsend and Cindy Crusto; Keynote speaker, Andrea Solarz; Northeast Regional Coordinator Shannon Gwin Mitchell*

In addition to the keynote address, the program included three symposia and a paper session. The symposia were entitled, "Youth Organizing and Public School Reform: Impacts, Challenges & Successes," presented by Seema Shah, Sara McAlister, Kelly Whitaker and Nina Johnson from the Institute for Education & Social Policy at New York University, and "The Experience of Conducting Participatory Research: Lessons Learned in the Process of Evaluating a Faith-based Therapeutic Community Program," presented by Lisa Jordon-Green from University of Maryland Baltimore County along with her colleagues, Jieun Lee, Jade Wolfman, Tiffanie Sim, Pastor Gary Byers, and Authur Dickens. The final symposium, entitled "Exploring Ethnicity: Experiences, Processes, and Outcomes," was presented by Mariano Sto. Domingo, and his colleagues Jacqueline King, George Leary, & Tara Singh Smith, also from the University of Maryland Baltimore County.

Figure 2 (l-r): Mariano R. Sto. Domingo, George Leary, Tara Singh Smith, & Jacqueline King

Figure 3: Pastor Gary Byers, Director of Spiritual Life at the Helping Up Mission

Shawn Utsey along with Josh Hook, Pia Stanard, and Remy Jones Thompson from Virginia Commonwealth University, and Lynette Jacobs-Priebe of Vanderbilt University participated in the Paper session entitled, "Contextual Considerations in Community Psychology." The session featured issues related to cultural factors in predicting quality of life in African Americans, and the role of feminist values in Community Psychology.

Figure 4 (l-r): Remy Jones Thompson, Shawn O. Utsey, Josh Hook, and Pia Stanard

Our Poster Session included work conducted with ethnic minorities, adolescents, individuals experiencing economic hardship and poverty, and larger communities. Specific topics include: practices that mediate neighborhood change and displacement, engagement in a home visitation program, the relationship between acculturation and juvenile delinquency, and partner reactions to adolescent pregnancy.

Figure 5: Lynette Jacobs-Priebe

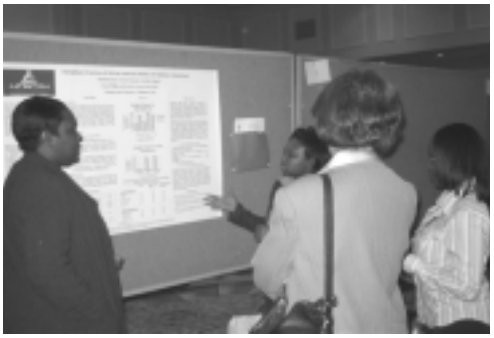


***Figure 6**: Doneisha Barno of Morgan State University presenting a poster on disciplinary practices of African American mothers with children in Head Start*

Overall, it was an exciting and successful program that represented the varied and significant work that Community Psychologists have been conducting within our region. We would like to thank all of the presenters and participants who helped to make this year's SCRA program a success. We would also like to extend a special thank you to our keynote speaker Dr. Andrea Solarz. In the Fall, look for our call for submissions as we plan for SCRA's 2007 program at EPA that will be held in Philadelphia, PA in March 2007!

This program was organized by the 2005-2006 Northeast Regional Coordinators: Cindy Crusto (Yale University School of Medicine; cindy.crusto@yale.edu), Tiffany G. Townsend (Penn State University; tgt1@psu.edu), and Shannon Gwin Mitchell (Johns Hopkins University, Bloomberg School of Public Health; sgwinmitchell@hotmail.com). Cindy Crusto has completed her three-year term as a Northeast Regional Coordinator. We would like to acknowledge her service and extend our heart felt thanks for her commitment and dedication in this role.

Midwest Region

Midwest Regional Coordinators

Bernadette Sánchez bsanchez@depaul.edu
Susan Torres-Harding stores@depaul.edu
Steven Pokorny sporkorny@depaul.edu
Debra M. Hernandez Jozefowicz-Simbeni debj-s@wayne.edu

This is the first year that Student Travel Awards were given to outstanding poster presentations at the SCRA Poster Session held at the Midwestern Psychological Association (MPA) in Chicago. Student posters were evaluated on three criteria: 1) relevance to the field of Community Psychology, 2) methodology and analysis, and 3) implications for the field or population studied. Judges were Dr. Bernadette Sánchez, Assistant Professor at DePaul University, and Monica Adams, first year doctoral student in the Community Psychology program at DePaul University. We are pleased to announce that 1st Place was awarded to Molly Pachan from Loyola University for her poster entitled "No Family Left Behind: Positive Youth Development Programs for Families." Molly will receive a certificate of merit and a check for $75.00, complements of the SCRA Executive Committee. Two students from the University of Illinois at Chicago were tied for the 2nd Place Student Travel Award. Congratulations to Rike Frangos for her poster entitled "School Smarts? Qualitative Study of Refugee Students' Hidden Academic Skills"; and to Dennis Episcopo for his poster entitled "Street Smarts? Qualitative Study of Non-Academic Skills of Refugee Children." Rike and Dennis will each receive a certificate of merit and a check for $50.00 complements of the SCRA Executive Committee. We appreciate the efforts of the judges and the generosity of the Executive Committee. We hope that this will establish a tradition of recognizing and rewarding high quality student contributions to the conference.

In addition, a Midwest Regional Community Research and Action Training Summit was held at the MPA conference. Representatives included program directors; faculty from public, private and non-traditional college settings; graduate and undergraduate students; and early-career psychologists. The Summit laid the groundwork for networks of Community Psychologists who are interested in further developing their programs and learning from each other. Some of the topics discussed included: cultivating undergraduate interest in the field, reaching out to diverse audiences who may not identify as traditional Community Psychologists, program requirements at different institutions, and articulation of the values and strengths of the field to the media. Thank you to all who attended. Hopefully we can continue our discussions and keep coordinated student training a priority in the effort to develop active, intelligent, and grounded colleagues for the future.

Finally, the traditional MPA SCRA post-conference dinner was held at the Italian Village Restaurant in downtown Chicago. Overall, it was a big success with over 35 people in attendance. Attendees not only had an opportunity to dine together, but also were able to discuss community research and action training issues, discuss the progress of the field, network with faculty and students, and celebrate another year of success. Hopefully, the connections made this year will persist after the conference, and the cross-setting interactions and discussions will continue. We look forward to continuing this tradition of camaraderie. See you next year.

Bernadette Sánchez has completed her three-year term as a Midwest Regional Coordinator. We would like to acknowledge her service to the Midwest region and thank her for her commitment and dedication.

West Region

West Regional Coordinators:

Ken Miller
ken.miller@pomona.edu

Elizabeth Thomas
ethomas@uwb.edu

Emily J. Ozer
eozer@berkeley.edu

The 1st Pacific Northwest Community Psychology Conference is designed to bring together and facilitate the work of scholars, teachers, students, and practitioners engaged in community research and action throughout the region. The emphasis for the meeting will be on developing, sharing, and supporting community-based work in all stages of development, from work in progress to completed projects. The conference will be held on October 13th 2006 at Portland State University in Portland, Oregon. Please join in this historic event!

For registration information, contact Eric Mankowski, Portland State University, P.O. Box 751, Portland, OR 97207-0751, email: mankowskie@pdx.edu. For information about presenting at the conference, contact Elizabeth Thomas, Interdisciplinary Arts and Sciences, University of Washington, Bothell, Box 358530, 18115 Campus Way N.E., Bothell, WA 98011-8246, email: ethomas@uwb.edu.

Southeast Region

Southeast Regional Coordinators:

Joseph Berryhill
jberryhill@unca.edu

Sherry L. Hamby
sherry.hamby@unc.edu

Elaine Clanton Harpine
elaineh@usca.edu

The 2006 Southeast Eco Conference will be held September 8th through 10th at Vanderbilt University in Nashville, Tennessee. The theme is Social Justice. The deadline for abstracts is July 1st. Please email abstracts and questions to: southeasteco2006@gmail.com.

Please go to http://www.peabody.vanderbilt.edu/SEECO2006.html for more details about the 2006 Southeast Eco Conference.

Canadian Region

Canadian Regional Coordinator

Colleen Loomis
cloomis@wlu.ca

Canadian Student Regional Coordinators

Stephen Petersen
Stephen-petersen@hotmail.com

Rachel Fayter
laurierpsychgirl@yahoo.ca

The Canadian region is active again with a new International Regional Coordinator, Colleen Loomis. As many of you know, Colleen is from the U.S. and is an Assistant Professor at Wilfrid Laurier University in Ontario, Canada. She has been learning about Canadian Community Psychology and is facilitating a joint initiative between the American Psychological Association, Division 27 (SCRA) and the Canadian Psychological Association, Section 3 (SCP, Section on Community Psychology—the Canadian equivalent to SCRA). The president of SCP, Cameron Norman, is actively engaged in this joint initiative. Also, there are two new Student Regional Coordinators, Rachel Fayter and Stephen Petersen, a doctoral student and an undergraduate student, respectively. Rachel is completing her master's thesis and will be entering Laurier's doctoral Community Psychology program in the Fall. Stephen is doing a Community Psychology action research project as his undergraduate honour's thesis, after having completed three undergraduate courses in Community Psychology.

The Canadian Regional Coordinators have met once and have re-structured the regions to reflect geographical regions. See the before and after regions below:

Canada (before 2006)

{ Alberta
British Columbia
Manitoba

{ Ontario
New Brunswick
Newfoundland

{ NW Territories
Nova Scotia
Prince Edward Island

{ Quebec
Saskatchewan
Yukon

Canada (as of April 2006)
(10 provinces, 3 territories)

Western Provinces
British Columbia
Alberta

Prairies
Saskatchewan
Manitoba

Central
Quebec
Ontario

Northern Territories
Yukon
Nunavut
NW Territories

Maritimes
Newfoundland
Prince Edward Island
Nova Scotia
New Brunswick

Québec and Ontario have universities with graduate programs in Community Psychology. In other provinces there are some universities with Community Psychology courses or with professors and students conducting Community Psychology-aligned research. The first step in this plan was taken by Stephen Petersen, Cameron Norman, and Colleen Loomis who created a joint-initiative between SCRA International Region and SCP. Below are the vision and goals of this initiative.

Vision

Our mission is to foster Community Psychology through a joint CPA-APA initiative that provides national and international Canadian representation across 13 regions (10 provinces and 3 territories). Faculty, graduate, and undergraduate students from each region will work together to design and implement local plans to further develop community psychology theory, research, and practice through knowledge dissemination and university educational programs.

Goals

- Recruit faculty, graduate students, and undergraduate students to be Canadian Community Psychology Representatives
- Develop an action plan to increase awareness of Canadian Community Psychology
- Provide networking opportunities to share research and teaching resources

This multigenerational, networking approach ensures that today's efforts will be continued in the future. This initiative was presented as a poster at a recent conference, which is detailed below.

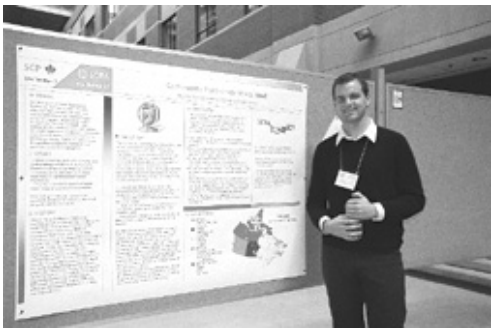


Figure 1. Stephen Petersen presents a poster, which details the new CPA-APA Canadian Community Psychology Initiative.

In other news in the region, the 3rd Québec-Ontario Conference in Community Psychology called "Building Bridges: Promoting the Future of Community Psychology in Canada was hosted by Wilfrid Laurier University May 12-14, 2006. This biennial conference is held in the "off year" of the SCRA biennial conference. The host location for this bilingual conference rotates among the universities that have a CP graduate program.

This year the conference organizing committee was Liesette Brunson, Rachel Fayter, Francine Lavoie, Geoff Nelson, Mark Pancer, & John Sylvestre. Locally, at Laurier Rachel, Geoff, and Mark were the individuals who organized the entire conference. They recruited many students and some faculty to volunteer with food prep, selling t-shirts, clean-up, etc. The Laurier CP graduate students did a lot of volunteer work that made the conference program, events, and meals run smoothly.

This conference was by invitation only. There were 58 participants, mostly students from four

Figure 2 (l-r): Mark Prancer, Rachel Fayter, and Geoff Nelson

universities (Université du Québec à Montréal, Université Laval, University of Ottawa, Wilfrid Laurier University). Many faculty members of the Community Psychology programs and a few individuals from University of Windsor and two organizations (Centre for Research and Education in Human Services and Orchard Park Institute) also attended the conference. Attendees were intergenerational. There were a few undergraduate honour's thesis students, master's students, and doctoral students as well as some individuals who will be entering a Community Psychology graduate program in the Fall. There were current faculty members and a recently retired faculty, Ed Bennett.

Figure 3. Ed Bennett was honoured for his contributions to Community Psychology.

During the conference Ed Bennett was honoured at one of the evening meals for his contributions to Community Psychology, from his work at the Yale Psychoeducational Clinic in the 1960's, to his role in establishing Community Psychology as a master's program at Laurier in 1976 (which added a doctoral program in 2003), to his founding in 1982 of the *Canadian Journal of Community Mental Health* (Canada's Community Psychology journal), to influencing national policy in the 1980's by writing government reports, to his community economic development projects with a local Amish community in the 1990's and 2000's.

Although the Québec-Ontario Conference in Community Psychology was not an official SCRA Canadian Region event, the conference was definitely a major event for Community Psychology in Canada.

School Intervention

by Susana Helm & Jane Shepard

School Intervention Interest Group Update

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

The co-chairs are responsible for the SIIG TCP column, the SIIG list-serve, updating the website hosted by UCLA School Mental Health Project, and organizing activities at (inter)national meetings, among others.

The co-chairs serve two-year staggered terms, with a new position becoming available this month. Interested SCRA members can submit nominations to Jane Shepard (jshepard@theconsultationcenter.org) or Susana Helm (shelm@hawaii.edu).

Self-Help/ Mutual Support

edited by Bret Kloos

Mutual Aid Self-Help Group Developments

by Ed Madara
ed@selfhelpgroups.org
NJ & American Self-Help Group Clearinghouses

One of the most important capabilities of community self-help groups is that ordinary people can develop such groups in their local communities when none exist, and subsequently their group usually serves as an extraordinary resource to many in that area for several years. I still find it amazing that to start a group, a person doesn't need a grant, an agency, or even an office - just the inspiration and a few other people who share their experience and hope. What significantly helps in providing such inspiration is a person's knowledge of an existing national organization or a model group, which can provide them with basic information so they don't have to "re-invent the wheel." That is why we provide our keyword-searchable database of over 1,100 national, online, and model groups at our American Self-Help Clearinghouse website (www.selfhelpgroups.org) - so people can be empowered and inspired when they learn that such groups are indeed available for them to join or to start.

One of the new growing national groups is the *Holistic Moms Network* (www.holistic moms.org). Back in 2002, we had helped one New Jersey mother to start a first "Holistic Moms" group for mothers who went beyond Lamaze childbirth to meet and share their related interests in alternative health, mindful parenting, and natural healing. That group has now evolved into an international organization with 77 local groups in 21 states and Canada. HMN joins the ranks of existing national mothers' groups that include Moms Clubs, Mothers & More, Mothers Centers, MOPS (Mothers of Pre-Schoolers), and Mocha Moms for stay at home mothers of color.

United Parents Against Lead (www.upal.org) is a national organization run by and for parents of lead poisoned children. It was started by Mrs. Zakia Shabazz who first developed a local group in Virginia after she learned her son had been poisoned by lead. Through local and national advocacy efforts, they seek to end the continuing threat of environmental lead poisoning, and will help parents in starting new local groups.

The *National People of Color Consumer/ Survivor Network* is a newly developing mutual support network run by and for mental health consumers, to help educate its members and provide resources & information and technical assistance on peer-directed services, cultural competency, trauma services, self-help group development, and other related information on mental health. They have no website yet, but their e-mail contact is nationalcsxcolor@aol.com

Among the newer online mutual help groups, there's the *North American Society for Childhood Onset Schizophrenia* (www.nascos.org) for families of children with childhood-onset schizophrenia (onset before age 13), which was started by several New Jersey parents. They offer a discussion forum, an email list, and geographical locator in order to help members find others in their area. Their group is also open to families and caregivers of older patients, whose onset was during childhood. The *Child & Adolescent Bipolar Foundation* (www.bpkids.org), a Web-based parent-led organization for families raising children diagnosed with pediatric bipolar disorder, has a message board and various e-mail lists, and provides a searchable online directory of local support groups not affiliated with the Foundation.

One new online group that is taking fuller advantage of Web technology is the *"Taking Flight" Fear of Flying Support* group (www.takingflight.us), which was created by and for fearful airline fliers for their own recovery.

In addition to message boards, they offer take-off and land flight videos that members can sensitize themselves to, airline pilots available for Q&A, and even a downloadable handout that members can give an airline representative when they are ready to brave their flight.

Finally, we would like to share a story that reflects a natural ripple effect related to self-help group development. After 9/11/01, we had arranged a number of conferences for grieving New Jersey families where they heard and met with a variety of self-help group representatives that included: a *Compassionate Friends* mother who lost her son to the terrorist attack at Rome Airport; the mother who founded the *Beirut Connection* for families of the Marines killed in the barracks bombing there; along with representatives of *Victims of Pan Am 103*, the *Oklahoma City Family Support Group*, *COPS – Concerns Of Police Survivors*, and the *ACCESS* support network for families of those killed in plane crashes (for a copy of conference presentations, contact me). These group contacts and presentations were helpful to 9/11 group developments. We had even heard from one woman in London, Jelena Watkins, who had lost her brother in 9/11. She had seen announcements online regarding our NJ conferences and, since there was no group in the UK, asked if she could attend one. She did attend and returned to the UK to set up a *Sept. 11 UK Family Support Group*, which has had over 300 members.

Then, last summer, four days after the first London bus/subway bombing, we received another e-mail from Jelena. She was involved in helping victims and families of the London terrorist tragedy, and wrote*: "Personally, I found it very healing to be here for the victims of the bombing. I'm involved in setting up the Family Centre for the victims and am on the Management Committee, together with the representatives from the Government, the Police, Red Cross etc. I was a bit nervous going to the meetings of the Committee as I had to take the Tube but I made it there anyway. Many thanks for your support."*

It's fortunate that officials in London called upon Jelena and her group to play a role in response efforts there. I regret that it's unlikely that American disaster response organizations will involve self-help groups in their plans. We need to convince policy makers and disaster response agencies here of the helpful and needed role that these survivor self-help groups can and do serve.

Student Issues

by Carrie E. Hanlin and Mike Armstrong

Incoming Student Representative Election!

The nominations are in — it is time to elect the new incoming *SCRA student representative*. By the time of this printing, we should be in the midst of counting votes. The winner will be introduced over SCRA listservs, website, and at the annual APA conference. Student representatives serve on the Executive Committee and provide student voice to decisions made within SCRA. In addition, serving as student rep is also a fun and rewarding learning experience. Student representatives serve 2-year, overlapping terms (starting at the APA convention in August). During the second week of June, all student members of SCRA will have been sent an electronic election ballot and instructions on how to cast their vote online. If you are a student member and did not receive a link to your ballot via email, please notify Mike at marmstrong4@student.gsu.edu to make sure your vote is counted.

APA Conference, 2006 – New Orleans

Deadline for Travel Awards extended!

We are happy to announce that we will once again be awarding travel awards worth $150.00 each to three students to off-set expenses related to attending and presenting at this year's APA Annual Meeting in New Orleans, LA, August 10-13, 2006. You can request an electronic copy of the application from Carrie by emailing her at carrie.e.hanlin@vanderbilt.edu. The new deadline for applications is **July 1st, 2006** to be considered for a travel award. To apply, please complete the application and submit it to Carrie by email or via postal mail.

First International Community Psychology Conference, 2006 – Puerto Rico

We're very excited about the First International Conference for Community Psychology. The theme of the 2006 conference is *Shared Agendas for Diversity.* It will have taken place June 8-10, 2006, at the University of Puerto Rico, San Juan Puerto Rico. We're looking forward to hearing from our student members about their experiences at this groundbreaking conference!

SCRA Graduate Student Research Grant

We are still accepting proposals for the 2006 SCRA Graduate Student Research Grant! The grant is specifically devoted to supporting pre-dissertation or thesis research in under-funded areas of community research and action. *Based on feedback from previous years, the application process has been streamlined and revised to be more inclusive of a variety of community research and action work. In addition, we are proud to announce the addition of a second award, thus doubling the odds of our applicants!* Applications for the award will be due by **July 1st, 2006**. If you are interested in applying, please contact Carrie at carrie.e.hanlin@vanderbilt.edu.

Call for Student Research Grant Reviewers

Deadline for Grant Reviewers extended!

We also still need individuals to review Graduate Student Research Grant applications. This is a great opportunity for students to learn about the review process, as well as get another line on the all-important C.V. We are looking for two students to review and rate applications. *Students who submit a grant application are not eligible to serve as reviewers*. The amount of work will depend on both the number of applications received, as well as the number of interested reviewers. The deadline for submission is now **July 1st 2006**. If you would like to apply or have any questions, please contact Mike Armstrong, marmstrong4@student.gsu.edu.

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 psych 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.

Summary of Deadlines for Student Opportunities

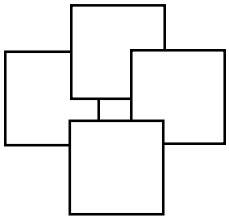
2006 Grant/Opportunity Deadlines
APA Travel Award – ***deadline extended to July 1st***
SCRA Graduate Student Research Grants - ***deadline July 1st***
Student Reviewers for Student Research Grant - ***deadline July 1st***
TCP Fall Issue student writing submissions - ***deadline August 1st***

Log on to the SCRA Student Discussion Board!
The SCRA Student Area is a new forum for finding important information and connecting with other students. We've just begun to create this space, and need guidance from our student membership. Please log on to the forum and join the discussion – tell us what you want to see for students: http://www.scra27.org/membersonly.html. This is also a great place to post common problems, questions, announcements, and celebrations of student milestones!

Sign on to the SCRA Student Listserv!

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.



Ethics in Community Psychology

edited by Michael Morris,University of New Haven
mmorris@newhaven.edu

Introduction

The diverse contexts of community psychology make our field a very rich one. They can also present us with ethical challenges that, in many cases, require much more than a "by the numbers" application of APA's Ethical Principles and Code of Conduct. This is a major theme that emerges from the articles appearing in this special section on ethics. Consider the variety of settings focused on by the authors: a community drop-in center (Heller), a school system (Maras et al.), a youth mentoring program (Spencer et al.), a mental hospital (Drymalski & Fuller), the "street" – literally! (Ginzler), the arena of human rights advocacy (Bothne), and a four-ring circus comprised of politicians, police, the media, and a motorcycle club (Veno & van den Eynde). An impressive array, to say the least.

Despite these disparate contexts, at the core of these papers is a familiar question: What can we do to maximize the likelihood that our actions are in the best interest of those we are attempting to help and collaborate with? For example, how can we ensure that we don't end up using others simply as a means to achieve our own ends (Bothne)? How can we provide colleagues with guidance that is sensitive both to them and to the needs of the program's clients (Drymalski & Fuller)?

Of all the thought-provoking articles in this section, the one by Veno and van den Eynde will probably raise the most eyebrows. They describe the challenges encountered in consulting with an Outlaw Motorcycle Club in Australia. Their account raises the fundamental question: Who is entitled to our help? If "outlaws" have rights and legitimate interests that deserve protection, who is responsible for advocating for them? Just defense attorneys? Or do community psychologists have a role to play as well? To what extent are these value-based choices more appropriately conceptualized as *philosophical* issues rather than *ethical* ones, and what are the connections between the two?

If the following articles motivate us to reflect on these and other ethical questions in our field, they will have served their purpose. My thanks to all of the contributors.

Value Choices and Ethical Dilemmas in Working with Poor and Homeless People

Kenneth Heller
Indiana University
heller@indiana.edu

Over the past several years I have been working as a volunteer counselor at a drop-in Center that provides support services for poor and homeless individuals in the community. Some of these individuals are mentally ill and others have alcohol and drug abuse problems. A few have been in treatment elsewhere, but currently are not coming to this Center for treatment. They come because the Center provides two free meals a day and help with housing and employment.

Ethical dilemma #1: Identifying myself as a psychologist

I am among several volunteer "jobs counselors" whose task is to help center guests find employment, construct resumes, and prepare for job interviews. I also sit in the day room of the Center and engage guests in friendly conversation. Because of my training as a psychologist, I am particularly attuned to persons with mental health or substance abuse problems, and try to monitor their health status over the weeks that I might see them. I offer counsel-ing to those who seem to be experiencing difficulties managing their daily lives, and on occasion have alerted the staff to those who are not doing well or who are decompensating.

The staff at the Center know that I am a psychologist, but I do not volunteer that information to Center guests unless specifically asked. I am reluctant to do so because a number of street persons with mental health problems report negative experiences with the mental health establishment. They report instances of involuntary hospitalization, treatments with negative side effects, not being given help in managing their daily lives, and dehumanizing interactions. Some mentally ill street people understand that others see them as mentally ill or "crazy" but they do not necessarily see their

"symptoms" in a negative light. For example, there are persons with whom I have spoken who would describe what most of us would call "symptoms" as "special gifts" or "insights" that allow them to navigate a dangerous world. For example, delusions that others are plotting against you may not be realistic, and may lead to isolation, but they also are functional in that they protect against contact with others who might indeed take unfair advantage. In working at the Center, I am concerned that if I highlight my professional affiliation many persons who I might otherwise be able to reach could become frightened of me and withdraw.

Am I violating the Ethics Code (American Psychological Association, 2002) which requires informed consent for either assessment or therapy? There might not be much of an ethical dilemma if I am just listening to and validating concerns, or providing friendly advice about how to stay out of trouble - activities similar to interactions that occur among friends. But there also are times when I recognize that a person could benefit from further treatment including psychotropic medication. At that point, I am using my professional judgment in assessing psycho-pathology and in guiding an individual to accept treatment at the local Mental Health Center. Thus far, referrals of this sort when they have occurred have all been voluntary, accepted by the individuals involved as being in their self interest, perhaps in part because our contacts over time have engendered a sense of trust. But I also recognize that there might come a time when I have to initiate an involuntary commitment. Would it be ethical for me to do so, if the Center guest did not know that I was a mental health professional at the time we began talking?

Smith (2005) argues that structuring one's work as a defined contact between a "client" and a mental health "professional" may be comforting to a practitioner, but can be a class barrier in poor and working-class communi-ties. When indivi-duals seek advice they do so with people they know and trust, and professionals like "psychologists" tend not to be part of the normal life experience in these communi-ties.

But I also recognize that there might come a time when I have to initiate an involuntary commitment. Would it be ethical for me to do so, if the Center guest did not know that I was a mental health professional at the time we began talking?

Smith found that when she set out an appointment book for clients to sign, it remained empty for months. But when she participated in center activities alongside users of the facility, her schedule filled up as others got to know and trust her. I have certainly found that to be the case; I am most likely to be sought out when I do not emphasize a professional - client encounter.

Ethical dilemma #2: With whom does one work: those most in need or those who can benefit the most?

Most social service agencies that rely on public grant monies for their operation are being increasingly pressured to collect outcome data to show effectiveness of service. From my view, this is a positive step and agency personnel can be trained to document their services. But I do have qualms in some cases about how such data might ultimately be used. Consider the Center where I work that provides outreach services to people who are poor, homeless, and/or unemployed. What outcome data should they collect? Counting the number of meals served is relatively easy; documenting successful rehabilitation is much more difficult. Most clients of this agency are poorly educated, low-skilled individuals. Still others are mentally ill, or have severe substance abuse problems. Some actively resist offers of help. This is a difficult population to work with and show successful outcomes. Better results *could* be obtained by working with more intact and skilled clients, but is that what this agency should do? Should they focus their rehabilitative efforts on those with a greater number of personal and social assets?

This issue has been debated by the counselors at the Center. Some have decided to exclusively focus on the motivated - those who show signs of a strong desire to help themselves. They justify their decision on the value to the public of helping those who are most likely to become productive citizens and contribute to society in the future. Indeed, some members of community funding committees also state this objective as a wise way of using public tax dollars. On the other hand, some of the counselors have decided to target those most in need, those with the fewest per-sonal assets, even though they are less certain that they can help these individuals. They justify their decision based on a value of social equity - helping all people get an equal chance in life. They also argue for the preventive benefits to society of lowering the human, social, and economic costs of dealing with a chronically dependent and poorly educated underclass. They note that *not* providing support and rehabilitative services to the most needy does entail a cost to society, since the homeless and unskilled are likely to eventually wind up in jails, mental hospitals, or other custodial institutions which ultimately also require taxpayer support. I endorse this latter view, and because I am an unpaid volunteer I have the freedom to choose my own work priorities. But what is the ethical choice for paid employees whose salaries come from public tax dollars?

Most social service agencies that rely on public grant monies for their operation are being increasingly pressured to collect outcome data to show effectiveness of service. From my view, this is a positive step and agency personnel can be trained to document their services. But I do have qualms in some cases about how such data might ultimately be used.

Discussion: Values and ethics in community work

We tend to think of formal ethics codes as a set of easy-to-follow rules, but what is often missing from the discussion is the recognition that ethical behavior requires human judgment and value choices (Heller, 1989; O'Neil, 1989). In community psychology in particular, ethical decisions require seeing the multiple, competing choices in an intervention plan, and then choosing a humane alternative from among them. The problem is complicated because a number of different intervention alternatives can be justified on moral grounds.

In the first example involving the decision as to whether I should tell guests at the homeless shelter that I am a psychologist, two ethical principals are in conflict. On the one hand, psychologists are told to "act only after obtaining informed consent." On the other hand, we are admonished to "above all do no harm." So, is full informed consent advisable if the information ultimately is not in the best interests of the participants?

Answering this question requires acknowledging that contact with a psychologist

might have both benefits and costs. The benefit might be an improved and productive life and an alleviation of symptoms. But costs might be, for example, unwanted hospitalization or unpleasant side effects associated with medication. And should not the individual have a say in deciding among personal benefits and costs? So far, I have been able to structure interactions so that they have been completely voluntary, and have not involved involuntary commitment. But I wonder whether that will always be the case.

The second example, deciding whether to help the most needy or those most capable of benefiting from counseling, also presents stark value choices because the code of ethics is silent about *priorities* for service. The APA ethics code suggests that fairness and justice require that all persons are entitled to "access to and benefit from the contributions and ... services being conducted by psychologists (2002, p. 1062). This would suggest that all persons, regardless of their personal and social deficits, are entitled to service. On the other hand, accountability, particularly for agencies accepting public money, requires showing positive results.

It would be ideal if members of society could get a chance to articulate and debate the value choices behind resource allocation decisions, but this rarely happens and I wonder what it would take for the public to adopt a long-term view about the societal benefits to all of helping the least able groups.

My work at the Center also convinces me even more about the importance of *prevention*, including sound educational programs to help youngsters stay in school and parent training programs for at-risk families (Price et.al., 1988). Interacting with people who are society's cast-offs shows the importance of prevention programs and the human and social costs of society's neglect.

Conclusion

In reading ethics codes, one is often left with the impression that regardless of the difficulties encountered, work problems usually can be resolved in an ethical manner. But we should not expect ethics codes to answer all of our dilemmas because they were never intended to remove value decisions from professional encounters (Snow, Grady, & Goyette-Ewing, 2000). Ethical dilemmas in community intervention often do not have "correct" solutions, because they are intertwined with a process that requires ongoing value decisions. This is not to suggest that ethics codes are useless and should be abandoned. Ethics codes can provide general guidelines, but the best way of becoming informed about ethical dilemmas is to review concrete case examples (Balogh, 2002). I hope my remarks will encourage others to share similar stories of ethical dilemmas.

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Beneficence and Nonmaleficence: Addressing Ethical Dilemmas in School-Based Mental Health

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School-based mental health (SBMH) programs have developed rapidly over the past decade, effectively moving psychology out of the office and into more natural settings. The President's New Freedom Commission on Mental Health (2003) and others (Prodente, Sander, & Weist, 2002; Weist, 1997) identify schools as promising settings for the delivery of mental health services to children and adolescents. In fact, research suggests that SBMH may be one way to address the alarming gap in access to mental health services for children in this country (Weist, 1997).

The interdisciplinary and collaborative nature of the field makes SBMH an exciting and worthwhile endeavor. SBMH allows mental health providers, health providers, educators, and support staff to work together, providing unique areas of expertise in developing a positive school climate and supporting the social, emotional, and behavioral development of students. While the non-traditional setting and multidisciplinary nature of this work have significant appeal, the swift growth of this area has created ethical challenges unique to SBMH (Malhouf, 2004; Prodente et al., 2003). Specifically, ethical practices around obtaining informed consent, confidentiality, and privacy in the context of SBMH present particular dilemmas.

Psychologists are governed by the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002). The document includes five general principles to "guide and inspire psychologists toward the very highest ethical ideals of the profession" as well as ethical standards that provide more specific guidelines for ethical behavior. These principles stem from a foundation of respect for the rights and privacy of the client and emphasize the dignity of families. The importance of *informed consent, confidentiality* and *privacy* are clearly reflected in three of the General Principles. Furthermore, several of the Ethical Standards also have direct application to obtaining informed consent and protecting confidentiality and privacy.

Obtaining a client's "consent to treat" is a basic way to respect the rights and dignity of individuals. When minors present for psychological services, parents are provided with relevant information about the child's condition, confidentiality, and what will be involved in treatment or assessment. The notion that the individual or a representative of the individual must give consent before assessment or intervention is explicitly reflected in Ethical Standards 3.10 and 3.11.

Obtaining a client's "consent to treat" is a basic way to respect the rights and dignity of individuals.

Guidelines relating to privacy and confidentiality are clearly stated in the Ethical Standards. Respecting confidentiality and privacy of clients is another way to demonstrate the ideals presented in the General Principles. Psychologists do not discuss or share information about a client's condition, prognosis, or treatment with anyone without

Ethical Principles and Standards (APA, 2002)
related to informed consent, confidentiality, and privacy

- Principle A: Beneficence and Nonmaleficence: "Psychologists strive to benefit those with whom they work and take care to do no harm."
- Principle B: Fidelity & Responsibility: "Psychologists establish relationships of trust… Psychologists uphold professional standards of conduct, clarify professional roles and obligations…"
- Principle E: Respect for People's Rights and Dignity: "Psychologists respect the dignity and worth of all people and rights of individuals to privacy, confidentiality and self-determination."
- Ethical Standard 3.10: Psychologists must obtain informed consent from an individual or a legal representative of that individual when providing assessment, therapy, counseling or consulting services.
- Ethical Standard 3.11: When delivering services through an organization, psychologists must provide information beforehand to clients about the nature of the services, the relationship the psychologist has with each person and the organization, probable uses of the information obtained, who will have access to the information, and the limits of confidentiality.
- Ethical Standard 4: Privacy and Confidentiality:
  - "Psychologists have a primary obligation and take reasonable precautions to protect confidential information." (4.01)
  - Psychologists also discuss the limits of confidentiality with their clients and legal guardians of clients (4.02) and minimize intrusions on privacy by discussing "confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters." (4.04)
  - Psychologists must have appropriate consent from the client or legal guardian to disclose confidential information to others. (4.05)

explicit permission of the client. When working with children or adolescents, a parent or guardian must give such permission. Furthermore, even with written permission from a client or parent for a psychologist to communicate with another professional, psychologists exercise sensitive clinical judgment in determining what information is necessary to communicate to others. This notion is reflected in Standard 4.04, Minimizing Intrusions of Privacy. For example, a psychologist conducting an evaluation of a child might have permission from the parent to communicate the results of the evaluation to the child's school. However, if the psychologist learned that the child's mother had a history of substance abuse, the personal information about the mother would not necessarily be communicated to school professionals.

Case Examples

Obtaining informed consent for treatment and respecting confidentiality are central to the provision of mental health services by psychologists and are emphasized emphatically in psychology training programs. When working in a traditional mental health setting such as a private practice, community clinic, or hospital, these practices are implicit. However, practice in community settings such as schools has created ethical challenges in obtaining informed consent, confidentiality, and privacy. While some activities such as individual and group therapy are relatively straightforward in that they require parental consent for child participation, psychologists engaged in SBMH find themselves in complicated situations (Evans, 1999). The following case examples are provided by clinical psychology trainees working in a center for SBMH as part of their training in a doctoral clinical psychology program at a Midwestern university. An important goal of this center is to build collaborative relationships with schools and community agencies to promote the positive mental health and school success of children and adolescents. The trainees offer a variety of services to the schools, including more traditional clinical services such as individual, group, and family therapy, as well as expanded SBMH services (e.g., consultations, needs and resource assessments, school-wide initiatives). The following case examples are drawn from the experiences of the trainees.

Case #1
A six-year-old boy was referred to the psychology trainee in an elementary school by his teacher for defiant and oppositional behavior in the classroom. The teacher requested that the trainee observe the student and offer recommendations to the teacher for classroom management. The trainee attempted to contact the parent through telephone calls and letters sent home — all without reply. While the trainee attempted to contact the parent, the student's disruptive behavior escalated and the teacher became more frustrated. As a result, the relationship between the teacher and the trainee became strained by the latter's perceived lack of concern for the teacher's needs. In the teacher's experience, other mental health professionals within the school, such as the school guidance counselor and the school psychologist, had offered these observation and consultation services without informed consent from the parent. Frustrated by the trainee's delayed response, the teacher approaches those professionals for assistance and no longer seeks the trainee for help or support.

Questions
When working within a school, should a clinical psychology trainee be required to obtain informed consent for all observation and teacher consultation services? How might strict informed consent policies affect the relationship between the trainee and the teacher or the trainee and the school? If the parent cannot be contacted, what is in the best interest of the student? Would some families be upset if their child was being observed and discussed in staff meetings without the family's knowledge?

Case #2
A 14-year-old boy was referred to the psychology trainee in a SBMH program at a middle school to address concerns regarding academic failure, poor attendance, disruptive behaviors, and family issues. The trainee gained written parental consent for treatment and worked with this student for seven months. After terminating with this client at the end of the school year, the trainee learned that while she was providing therapy for this student, the student also attended weekly in-school group therapy provided by a community agency and was evaluated by the school psychologist. Upon further inquiry, the trainee ascertains that *none* of the individuals involved with this case had any knowledge of the other services the student was receiving. Efforts to address this issue by creating a system that would allow access to the trainee's case roster by school personnel (e.g., school psychologist, administrators, and guidance counselor) were thwarted by concerns over client confidentiality.

Questions
Given that the APA Code of Conduct stresses the importance of interdisciplinary collaboration while the President's New Freedom Commission on Mental Health emphasizes the need to reduce the stigma of

mental health issues, should we rethink conservative practices that have traditionally discouraged broad sharing of information? Are mental health professionals promoting the stigma associated with mental health treatment by insisting on strict confidentiality?

Case #3
A psychology trainee working in a public high school spent time assisting adolescents in student-led initiatives (e.g., a gay-straight alliance) and other extracurricular activities (e.g., athletics, school-sponsored clubs). Participation in these organizations allowed the trainee to build relationships with other members of the school's faculty and to support the promotion of positive student behavior. Although the intent of the interactions in these settings was not of a clinical nature, students routinely made disclosures that encouraged the trainee to respond in therapeutic ways. The parents of the student participants may or may not have known that the graduate student was a psychology trainee.

Questions
What are the differences between a student group advisor and a therapist? Given that many other professionals within the school encounter the same conversations with students on a regular basis and are not expected to obtain informed consent, should an individual be required to obtain informed consent simply because of his/her status as a psychology trainee?

Recommendations

These case examples illustrate the nature of challenges faced by psychologists moving into schools to deliver expanded SBMH services. There is often tension between a foundational desire to act in the best interest of the family and/or child and the traditional practices of the profession. That is, the APA Code was created to protect the rights and privacy of individuals, a common value appreciated by all professionals working in schools. Tension is created, however, when these standards seem to *prevent* psychologists from acting in the best interest of a child or family; when duties to gain consent and protect confidentiality supersede the desire to provide equal access to services and collaborate with other mental health professionals or school personnel. The dilemmas faced by psychology trainees working in schools, illustrated by these case examples, have provided ample opportunities to negotiate uncharted waters in the ethical practice of SBMH. Frequent missteps and celebrated successes in this exploration inform the following five recommendations.

Tension is created, however, when these standards seem to *prevent* psychologists from acting in the best interest of a child or family; when duties to gain consent and protect confidentiality supersede the desire to provide equal access to services and collaborate with other mental health professionals or school personnel.

1) Foster a dialogue about the issues:
An important step in addressing these and other ethical dilemmas in SBMH is fostering an interdisciplinary dialogue. One challenge in SBMH is the merging of multiple ethical codes from different disciplines. While most professionals engaged in school-based services agree on broad generalizations about ethics, tension arises from differences in specific language and practices (Prodente et al., 2003). Open and honest communication about common struggles and pragmatic conversations about what does work are a vital step in moving ethical practices forward.

This dialogue must include school administrators, principals, educators, guidance staff, psychologists, and families. The engagement of families from the community in this dialogue is essential. Community psychologists have a wealth of information regarding the balance between respecting the rights of individuals and serving a community. Ideally, this diverse group of stakeholders could discuss the tension that exists between and within different disciplines engaged in school-based work regarding informed consent, confidentiality, and working in the best interest of children and families. In addition to local discussion, there are a number of far-reaching forums in which these conversations can occur (e.g., professional conferences, training programs). Academic journals focused on addressing diverse ethical dilemmas can also significantly contribute to this dialogue.

2) Develop explicit policies
Dialogue can produce policies that clearly outline how informed consent, confidentiality and privacy will be addressed while promoting interdisciplinary collaboration and serving the best interest of students. The role of the SBMH practitioner should be plainly articulated and expectations regarding informed consent and confidentiality should be explicated in a formal contract. The nature of the contract should convey the value of respecting families while acknowledging that quality service for students and families commonly necessitates flexibility around particular practices. Specific guidelines may vary in different SBMH programs and no set of guidelines will provide a straightforward answer for every situation. The APA Ethical Principles and Code of Conduct includes a similar disclaimer in its own introduction, suggesting that its listing of ethical standards is in no way "exhaustive."

School-wide policies and procedures that inform how the on-site therapist interfaces with school personnel should reflect the terms of the formalized contract. School personnel should be aware of the agreed-upon guidelines and understand how the guidelines impact referrals and the therapist's ability to provide services. For example, a school may conclude that increased communication between the therapist and other school personnel is advantageous when discussing client issues of immediate pertinence (e.g., a discipline referral). In this case, a clear understanding of the purpose of an established policy related to confidentiality (e.g., to coordinate care in the client's best interest while protecting client privacy) can benefit both the therapist and the school community.

3) Communicate with families
Beyond educating school personnel on SBMH policies, communities and families should be provided with information about the presence of a SBMH program and the nature of its involvement in the school. This information communicates respect for the rights and dignity of individuals and families, a core value that underlies all ethical guidelines. Parents should be aware of the different activities of the school-based therapist (e.g., consultations with teachers, school-wide prevention programming, classroom interventions, social skills groups, individual therapy) and how their child may be impacted. Families should be encouraged to review the policies pertaining to informed consent, privacy, and confidentiality. In addition, parents should know if, when, and how they will be notified about specific programming affecting their child. Transparent regulations regarding informed consent and confidentiality guidelines benefit the school, the school-based therapist, and families.

4) Implement policies with sound clinical judgment.
The implementation of policies developed to respect the rights and dignity of children and families requires flexibility and thoughtful clinical judgment. The case examples offered above illustrate that this ideal practice can be

complicated. The APA ethical guidelines recommend that in these types of scenarios, psychologists rely on their best "clinical judgment" in resolving ethical conflicts. Ongoing consultation with colleagues and professionals from other disciplines facilitates thoughtful resolution of challenging situations. Additionally, training programs for the future SBMH workforce must include training in the navigation of ethical challenges to build competencies in this area (Power, Manz, & Jeff, 2003). Training programs may borrow from the tenets of community psychology to inform work in systems larger than those with which psychologists are traditionally familiar (e.g., families) and to inform theories of change for individual behavior within those systems.

5) Evaluate policies and outcomes

Finally, professionals engaged in SBMH must participate in a continuous feedback system including evaluation and data-driven shifts in practice. There is a surge of interest in the evaluation of this burgeoning enterprise, with researchers, schools, funding sources, and practitioners calling for a continuous quality improvement approach in SBMH programs (Nabors, Lehmkuhl, & Weist, 2003). Interested stakeholders should look to innovative tools and processes for evaluating various aspects of these programs, drawing from the lessons learned by practitioners in community psychology, school psychology, and others through decades of experience. Research addressing the impact of informed consent and confidentiality procedures on the school environment are virtually nonexistent. Important information related to the effect of these practices on parent engagement or school connectedness, for example, could significantly affect the trajectory of SBMH services in the future.

Conclusion

Ethical practices around informed consent, confidentiality, and privacy present unique dilemmas for psychologists who have voyaged out of the office into less traditional environments. Although rooted in a foundation of respect for the rights and privacy of the client and the dignity of families, these standards sometimes seem to *prevent* psychologists from acting in the best interest of a child or family. The recommendations identified above were created to offer guidance for psychologists negotiating the tension between quality service provision and traditional approaches to good ethical practice in schools.

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Informal Resolution of Ethical Violations: A Graduate Student Perspective

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Section 1.04 of the American Psychological Association's Ethics Code, "Informal Resolution of Ethical Violations," states, "When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved."

The above provision, aside from its rather vague premise, can raise thorny issues for psychologists who have relationships with one another on multiple levels. For example, two psychologists may be co-workers, boss and subordinate, or even friends. Given these dynamics, an "informal" effort to resolve an ethical violation may, in fact, seem just as un-navigable as a more "formal" resolution process. And the same complexity can apply when the colleagues are graduate students. Fellow students can be supervisor and supervisee, advisor and advisee, or simply classmates working together on a project.

Unfortunately, Section 1.04 provides little guidance on how to negotiate these delicate interpersonal dynamics when attempting to resolve an ethical violation informally. It offers no suggestions for how to approach a fellow student in a sensitive yet professional manner that allows the problem to be addressed effectively while simultaneously preserving the positive relationship that may have developed between the two students. The rupture of such a relationship can have considerable consequences for students who may have to take classes together, conduct research together, or simply support one another during their stressful training program.

In this paper we present an illustrative case study addressing the challenge of informal resolution from a graduate student perspective. By describing a specific problem, the steps that were taken to address the problem, our reactions to the resolution process, and the lessons learned, we attempt to provide some useful "take home" lessons for psychologists dealing with the complicated and highly sensitive interpersonal dynamics involved in the informal resolution process. We believe our case study offers a unique perspective because it demonstrates how the APA Ethics Code can be interpreted and applied by graduate students to graduate student issues.

Project History

The events we describe took place in a chemical dependency unit at a local mental hospital. About three years ago a Counseling Psychology faculty member at a mid-sized, Midwestern University proposed implementing an intake

assessment project at the hospital. This proposed process was well-suited to community-psychology-based research and treatment, given the biopsychosocial approach the faculty member employed when selecting the instruments to be included. Indeed, the flagship instrument for the procedure is the Addiction Severity Index, a tool which provides information on the client's level of functioning in seven domains of his or her life (medical, family, social, employment, legal, alcohol/drug, and psychiatric). This instrument, along with several others, helps to provide a comprehensive picture of the wide-ranging repercussions that chemical dependency can have on a client's life. This has obvious implications for treatment planning, and the biopsychosocial data collected (over 200 subjects thus far) hold great potential for community psychology applications.

The project involves the testing of all new clients who enter the chemical dependency program within 48-72 hours of admission. The University faculty member who introduced the program and serves as the Principal Investigator for the study identified two advanced doctoral students to be employed through the hospital as coordinators of the study. These two students were hired as "psychometrists" and supervised by both the University faculty member and the director of the chemical dependency program at the hospital. The psychometrists solicit interest from graduate students at the University who are working toward their Master's degree in Counseling or Doctoral degree in Counseling Psychology. After undergoing training, these volunteers conduct most of the intake and discharge testing of clients at the treatment center. The psychometrists are responsible for monitoring/overseeing the project, which includes maintaining regular contact with the hospital's chemical dependency counselors to ensure quality control of the reports submitted by the volunteers. In the event that an issue with one of the volunteers arises, the psychometrists are supposed to contact the counselors and/or the manager of the chemical dependency program. It is also their responsibility to share such information with their faculty advisor at the University.

A Case of Notification

(Please note: In the following account, the initial F stands for Shauna Fuller, a graduate student and psychometrist at the hospital, while D stands for Walter Drymalski, a graduate student and volunteer assessor at the hospital.)

F was contacted by a counselor who raised a concern involving one of the volunteer testers (D). According to the counselor, after D tested a client who scored in the "moderate" range for suicidal ideation, he failed to follow the suicide protocol, which entails contacting one of the counselors and having the counselor speak with the client before the client leaves the hospital grounds. The counselor reported that she was able to telephone the client later that day and verbally contracted for his safety. F and the counselor decided that F would contact the University faculty member to share this information. F assured the counselor that D would also be contacted by F and perhaps by the faculty member.

F contacted the faculty advisor to relay the story and focus on where the breakdown of communication appeared to take place. The faculty member's first concern was the client's safety, and then he asked F how the situation had been addressed. F shared the conversation that had occurred at the hospital with the counselor and indicated her preference to contact D directly to discuss the situation. The faculty member requested that F also send an email to all testers reminding them of the suicide protocol and the steps that must be taken in the event a client presents with suicidal ideation.

F was contacted by a counselor who raised a concern involving one of the volunteer testers (D). According to the counselor, after D tested a client who scored in the "moderate" range for suicidal ideation, he failed to follow the suicide protocol, which entails contacting one of the counselors and having the counselor speak with the client before the client leaves the hospital grounds.

F called D later that afternoon and informed him of the violation that had occurred. F also informed D that the site supervisors and their (F and D's) academic advisor had already been apprised of the situation, and were aware that F was contacting D to address the matter. F proposed that D review the suicide prevention protocol, document that he had reviewed the protocol in the daily log kept at the site, speak to the lead group counselor, and send an email to his academic advisor, describing the actions he had taken. F also proposed that D ask both the group counselor and D's academic advisor if there were any other remedial steps they wished him to take. D promptly followed F's advice, and within 2 days, the meetings had occurred, the appropriate correspondence and documentation had been completed, and the issue was resolved.

Authors' Reactions to the Process

D: When I first received your call regarding the incident, I was mortified by my mistake. I knew immediately that it was something serious because your tone was unusually somber, and I think you started the conversation by saying, "Now, D, I don't want you to freak out, but..."!

F: I have to back up and start with when I first contacted by the counselor. As soon as she mentioned that an ethical issue with a student volunteer had arisen, I became nervous (as I knew I would have to become involved in whatever "intervention" was decided upon). While talking with the counselor and the University faculty member I was trying to think of a way to connect with you as I knew you would take this issue seriously and I didn't want you to unnecessarily beat yourself up. When I first called you I remember asking you not to get upset (which of course backfired) and I kept trying to assure you that although a policy violation had occurred, the client was safe. I didn't want to spend too much time on the incident as you clearly recognized what went wrong, you were apologetic (as I expected), and you took full responsibility for the incident. I also knew (as a friend) that if you spent too much time focusing on the event you would unnecessarily beat yourself up for a mistake that could have happened to anyone.

D: Well, I did ruminate about the incident inordinately. However, what I remember most clearly from the opening moments of the conversation was how supportive you were, while at the same time clearly conveying that I had violated a site policy. I recall that you took great care to emphasize that the client was safe and that the purpose of your phone call was to alert me to my error and strategize about how to prevent such mistakes in the future. As I reflect on the incident, I realize that one of the reasons I found your approach to be so effective was the emphasis you placed on remediation and prevention, rather than on the emotionally charged incident itself. I think this enabled us to deal with the situation in a logical and rational manner, rather than arousing my anxiety to unproductive levels.

F: Actually, I was unsure about the best way to approach you – I did not want to compromise our friendship and yet it felt awkward being involved with this incident as a fellow student.

Regardless, I wanted to make sure that the two of us would connect as I am aware that being contacted by a faculty member can be intimidating and I didn't want that type of interaction to be your first one when told about the incident.

D: Yes, I really appreciated that you asked our faculty advisor to allow you to contact me yourself. I knew that you had done that because you were not only a classmate and colleague, but a friend as well – someone who knew my personality and could anticipate how I would react. (Though I know you would show the same considerations to any student you supervised.)

F: I appreciated that you received the information so gracefully and never became defensive. I was quite impressed that you supported the fact that I needed to convey the information to our faculty member and even expressed your appreciation for my contacting you. You could have easily felt as though I was "tattling" on you by needing to share the information with others.

D: Well, you advocated on my behalf to our advisor because you were my friend, and as your friend, I knew that you were beholden to both our advisor and the assessment site – that there was more at stake here than simply our friendship. I knew that your role as a supervisor of other students can be rather awkward for you at times - particularly when you share a friendship with some of them. But, you know, I think this serves to underscore what I consider to be one of the most important points of this entire dialogue: despite the potential interpersonal complications it presented, our friendship actually served as a strength that helped to facilitate, rather than hinder, our attempts to resolve informally the ethical dilemma in question – it really was a collaborative effort.

F: Agreed! The personal connection we shared actually helped us to prepare for and address the incident. Knowing your personality, and the fact that you take ethical issues seriously, provided me with valuable data that I was able to use in formulating my approach. The fact that we were able to engage collaboratively, rather than retreating or becoming defensive, played an integral part in the resolution.

F: On a final note, I was quite pleased that our faculty advisor allowed us to discuss/address the situation ourselves. In retrospect it makes me realize that he most likely wanted us to work through this professionally without him needing to intervene. Since issues such as these are certain to arise, why not give students practice in addressing them? (I'm sure that if it had not been resolved as positively as it was he would have stepped in.)

D: Absolutely. The fact that our advisor trusted us enough to handle the situation on our own certainly gave me greater confidence in my remedial efforts. I ran into him a few days after I had talked to the lead group counselor and sent out emails to the appropriate parties. He was very understanding and satisfied with the way we handled the situation. In fact, I remember him saying, "As far as I am concerned, the matter is resolved." I really appreciated the confidence he demonstrated in us.

Lessons Learned

The most important lesson we learned was that, ironically, while friendship between two students can add to the interpersonal complexities when an ethical violation must be resolved on an informal basis, this very relationship could facilitate the resolution process. Students can use the knowledge they have of each other's personalities and professional commitments, as well as the affection they share, to address and resolve violations in a manner that is tactful and sensitive to each student's situation. In this case, the dual roles the students shared of supervisor/supervisee and friend actually proved to be propitious for the resolution.

A second lesson was that a conversational focus on remediation and prevention was an effective approach because it fostered a forward-thinking, problem-solving attitude. While the events that produced the violation were not neglected, they were not emphasized. As a result, negative and unproductive rumination was kept at a minimum. Such rumination would have done little to address the violation, and may, in fact, have impaired D's ability to take a proactive, problem-solving stance towards his mistake. Moreover, to return to the first lesson, it was F's knowledge that D would take the matter seriously that enabled F to take such an approach.

The last lesson we took away from this incident was that graduate students are capable of handling the various roles often associated with university-based community research. Moreover, this episode provided us with valuable training for our post-graduate careers, where we will undoubtedly encounter other ethical challenges. This learning would not have been possible without the presence of a faculty advisor who, while providing appropriate support and guidance, gave us the latitude we needed to address the matter ourselves, and the confidence that we could do so effectively.

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Out of the Comfort Zone and into the OMC

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Skin Heads, Mafia, Ku Klux Klan – the authors know their Community Psychology colleagues prefer not to work with such groups. Refugees, the women's movement, GROW, and the like tend to be more 'simpatico' with our Community Psychology sensibilities. This has been our way at least since Rappaport's initial conceptualisations of Community Psychology (1977, 1981), where he stressed the importance of values in guiding our theory and practice. We were to be the ones in Psychology who admitted our biases and acted from the heart while applying our professional skills. And so it was with the two of us until we were approached by a chapter of a major international Outlaw Motorcycle Club (OMC). The OMC's motivation for contacting us was to assist its members and their families in surviving attempts by governments to legislate OMCs out of existence.

The OMC's motivation for contacting us was to assist its members and their families in surviving attempts by governments to legislate OMCs out of existence.

Professionally, we are traditional "left wing" academics and Community Psychology practitioners. Personally, Veno is a Quaker with a strong commitment to building peace through justice and van den Eynde is a staunch feminist. OMCs are sexist, racist, violent, coercive, closed, and highly authoritarian according to our stereotype of them (Hopper & Moore, 1990). OMCs were **not** organisations with which we could identify, endorse, or support with our hearts or minds. We immediately made our decision – No.

Undaunted by our refusals, the OMC President

Outlaw Motorcycle Club

repeatedly telephoned us – 38 times over a three-month period. The President requested that we simply read the material they had collected and hear their side of the story from their members. All the excuses we provided for not getting involved (e.g., no time, not an area of interest) were skilfully and patiently ignored by the President. In the end, we agreed to read the material, which is briefly summarised below.

A Perspective on the Emergence of the Biker Menace

The Racketeer Influenced and Criminal Organisation Act (RICO) passed the U.S. Congress and Senate in 1968. Interestingly, the first organisation to be prosecuted under RICO was the New York Chapter of the Hell's Angels Motorcycle Club in 1969. OMCs were a perfect target for the inaugural RICO prosecution due to their code of silence, and they were without mainstream links and networks. The "biker menace" was born.
The biker menace extended internationally, transmitted by media and through soldiers of allied countries during wartime. The governments of these countries soon adopted similar tactics to RICO, for example, Canada's Bill C-24 (O'Neill, 2002).

With the fall of the Soviet Union a new focus was required for the politics-of-fear agenda (Furedi, 1998). OMCs were clearly such a target. However, after 9/11, terrorists took centre stage for the U.S. and its allies. From a government and police point of view, terrorists were primarily a military matter and a civilian equivalent was necessary for more localized fear politics (Furedi, 1998). The concept of the biker menace flourished in this context.

Consequently, governments and their associated bureaucracies branded OMCs as international criminal organisations involved in transnational distributing and manufacturing of drugs (Serwer, 1992); prostitution, racketeering, extortion, and other violence (Quinn & Koch, 2003); and recruiting, corrupting and infiltrating law enforcement agencies (Ko, 2002). However, substantive evidence from criminal investigative sources reveals that not all OMCs are involved with criminal activities, and even the most notorious OMCs have chapters free of criminality (Beare, 2000; Project Krystal, 1999).

OMCs maintain that criminality is irrelevant - they are about motorcycling as a way of life (Watson, 1980). For Community Psychologists, OMCs qualify both as alternative organisations (Reinharz, 1984) and as empowering community settings (Maton & Salem, 1995). Theoretically, OMCs have been described as a subculture (Montgomery, 1976), a tribe (Hopper, 1983), and as a minority group (Quinn & Koch, 2003).

It was in this volatile context that we agreed to form a coalition with the OMC and work towards ending the escalating tension and violence between the state, its police, and the OMC.

By 2001 the menace had reached Australia, where two state governments were considering legislation to bulldoze OMC clubhouses along with other draconian legislation (Kelton, 2003). Tensions between OMCs, police, and government escalated when the OMC requesting our services was involved in a notorious incident, which led to tragic events on their Annual Run (a ride that the whole club must take, usually lasting a week or so). In a small rural town tensions exploded, when OMC members fought with the state police's Special Weapons and Tactics Force. The result was the Commander of the Force and three other police were seriously injured (broken jaw, broken ankles, etc.). It is alleged that during the following days of the run, numerous reprisals were carried out by police, including one biker having his and his passenger's backs broken when a police car bumped into his rear fender, knocking over his motorcycle. In addition, two OMC members were arrested at roadblocks and seriously beaten (allegedly by police). The OMC members who witnessed the arrests gathered around the police station armed with clubs and baseball bats. Police released the two prisoners immediately upon processing them for minor traffic infringements (broken tail lights, etc.).

Forming the coalition

After much deliberation we agreed to meet with the OMC. At this point we had not agreed to accept them as partners or clients.

The conflict worsened as the government passed legislation to dismantle motorcycle club premises (Crouch & Clarke, 2003) and introduced new laws to "weed bikie gangs out of legitimate business" which led the newspapers to report that the government had "declared war" on the OMCs (Kelton, 2003). In Parliament, OMCs were branded as "murderers, rapists, drug pushers and organised gangsters, responsible for shoot outs and bombings" (Hansard, 2003), and police identified OMCs as the biggest criminal threat to Australia after terrorism (Barrett, 2004).

The urgency for a Community Psychology intervention was heightened when OMC members were overheard planning retaliation. The retaliation would involve random shootings of police in small isolated towns across the state (Field Notes, 2003). This rumor was not taken lightly as, in another Australian state, an ex-police member had been murdered by at least one member of another chapter of the same OMC ("Biker Freed," 2003). It was in this volatile context that we agreed to form a coalition with the OMC and work towards ending the escalating tension and violence between the state, its police, and the OMC.

Our interventions were framed within the theoretical contexts of Psychology of Oppression and Liberation Psychology. The OMC clearly fit the definition of an oppressed group as defined by Prilleltensky (2003). However, most of the "antidotes-to-oppression" strategies suggested by our colleagues — consciousness raising (Sonn & Fischer, 2003), psychopolitical education programs, and assertiveness development (Prilleltensky, 2003), for example — seemed

Table 1 Goal 1: Prevent the escalation of tensions and violence between the State and OMCs	
Prevent retaliation by OMCs upon police	Empowerment of OMC leadership
Prevent physical violence and intimidation of OMCs and their families by the state	Legal response Forge alliances with OMCs, independent politicians Forge media links between OMCs and key journalists
(Re)integrate OMCs as accepted citizens	Media campaign Open OMC club to the media Charity work with nightclubs and OMCs
Develop practices for OMCs to survive state legislation	Formation of political lobbying group Form alliances with other civil liberties groups
Establish discourse and mediation between OMCs and the state	Forge liaison structures for OMCs and the state Use comparative policing data to argue for policy change

inappropriate when working with OMCs. In light of this, we set out to identify broader actions that might be taken.

In consultation with the OMC, we developed a detailed conflict resolution intervention anchored in social ecology (Pruitt & Olczak, 1995; Yordan, 1998). Following this model, three major goals were operationalised which sought both individual and system change while embracing values of empowerment and non-violence. Table 1 provides an overview of the first goal of the intervention[1]: preventing the escalation of tensions and violence between the state and the OMCs. Goal 2 involved establishing best practice in policing OMCs, and Goal 3 focused on evaluation mechanisms.

The interventions on behalf of the first goal were a combination of intensive media work; forging bridges and alliances with politicians, journalists, and other civil libertarian groups; and providing support for alternative actions (i.e., legal action rather than violent retaliation).

A major component of the interventions was the first author, in conjunction with the President of the OMC, working to influence media coverage. As in any moral panic, public concern was being manipulated by sensationalized reports in the newspapers and television (Burns & Crawford, 1999; Goode & Ben-Yehuda 1994). This media battle played a critical role - it elevated the President of the OMC into celebrity status, and allowed a contrary point of view to be aired.

Our work did lessen tension and violence between the state and the OMC. However, our attempt to bring about culture change in the OMC (i.e., breaking the code of silence) was not sustainable, and was unacceptable to rank-and-file members at the national level. A modified intervention, more acceptable to OMC culture, was implemented with mixed results, in terms of resulting in a reduction in the oppression of OMCs by the state and the media.

Lessons Learned

Cost/Benefit Analysis

"Do the potential benefits of the research warrant the risks of the research?" This is a central and critical question in the ethics of research. OMC members are living in the shadow of "straight" society. They believe a powerful elite rules mainstream society and public officials are elected by "The Sheep" (average citizens who uncritically accept the media spin of government propaganda). OMC members are anarchists.

For OMCs, violence is a means to solve problems and, as such, they use violence to settle disagreements, and as a punishment. "Honor" and "staunchness" are highly regarded values and must be displayed. Consequently, in the political and social arena of the OMC world, people get hurt, seriously injured, and some die. In our experience, all of the above happened. In the context of this template of values and action, the consequences of intervention and research become highly volatile. A member of an OMC can easily be beaten by his peers for a statement made to researchers that is overheard by fellow members, or reported casually by researchers. Worse again, inter-club wars can result from a seemingly simple comment.

In the OMC social context, ethical issues become magnified. Each statement must be considered carefully against its consequences for both the member making the comment and the OMC as a collective. Each statement made to OMC members or the media is carefully scrutinized by members of the OMC for risk to **their** lifestyle and values… not ours.

In the final analysis, we know that the risk was high when compared to most settings. You need to get used to it if you want to engage in social action in these types of circumstances. Yes, there will be casualties. Yes, there will be problems and conflict. This is the nature of Action Research in such environments. On the other hand, the benefits were also great. Peace was restored to the community, fear was reduced for many in the OMC community, and reduced marginalization of OMC families was apparent. It is high-risk, but high-benefit as well.

Ending a successful intervention

Leadership of the OMC was involved in the planning of the overall strategy. Indeed, approval was gained from every chapter of the OMC throughout Australia. With this consensus in place, detailed plans were developed with clear goals, objectives, interventions, measurement tools, and evaluation methods. In retrospect, we now recognize the need to also include a negotiated set of agreed-upon indicators which signal when the intervention is completed. This lack of clarity developed into a clash between our middle-class values and OMC values.

This became apparent when we informed the OMC President that the goals had been achieved. The President wished to continue the association. He had plans for further political action, and was upset at our suggested termination. Three months later, the Sergeant at Arms of the OMC approached us and asked if we thought there was still any value in pursuing the conflict resolution strategy. We responded "No." This caused serious problems between the President and the Club. The President left the Club. Within a year, police reported him as 'a missing person'. In terms of ethics, we should have used a formal meeting to communicate directly to, and discuss with, *all* members of the OMC our views about scaling down the intervention. Instead, we just consulted with the OMC President, which was what our established protocol called for.

Research as an instrument of personal change

Introducing conflict resolution interventions into the OMC environment affected the culture of OMCs, public opinion of OMCs, and generated change in individual participants. Change, however, could also be detected within us.

Veno crossed into the OMC world. Veno's role, as an ethnographer, was to immerse himself in the culture – that is, to "walk a mile in their shoes." This was essential to determine the actual motivations of the sub-culture. Was the OMC just playing us for legitimacy? Was there consensus within the Club for specific actions?

One of us had to discover the truth of these matters. Van den Eynde's role was to keep distant, provide an anchor for Veno, and to track the interventions.

As a Quaker, waking up one day to realize that he had a shotgun under his bed "for protection" made him contemplate that ethnography had limitations.

Ethnography has consequences. Veno learned to respect the values of the OMC, particularly their strength, honesty, and clarity of values. Further, he learned a set of new skills, such as how to diffuse serious conflict through humor. He gained self-confidence in managing difficulties with government and bureaucrats and in standing aside and thinking on his feet without being intimidated by positional authority. He learned to talk and think like an OMC member. As a Quaker, waking up one day to realize that he had a shotgun under his bed "for protection" made him contemplate that ethnography had limitations. Van den Eynde found a surprising respect for extreme masculinities, and learned to accept violence as a reality in this culture. We both experienced levels of fear, fright, and threats.

We maintain that changing ourselves ***is*** an ethical issue. Families and friends bear the brunt of the change. While this issue is never raised by an Ethics Committee, it is clear that one should carefully consider the costs and benefits of "self-change" that might result from such research. This should be the ethical contract made with oneself before jumping into the water… no matter how many telephone requests are made!

Endnote

[1]Full details of the conflict resolution interventions will be reported elsewhere.

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Ethical Considerations in the Study of Youth and Young Adults on the Streets

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In this case study I focus on research with youth and young adults who are homeless as well as youth who have run away from their homes. The study of street youth culture is a critical endeavor that focuses much needed attention on these individuals, who are often hidden from the sight of the general public. Whether facing troubled relations with their families, or coping with the absence of family relationships, these individuals have lives that are incredibly varied due to the myriad experiences or internal issues that brought them to the street. Given their diversity, their stories would likely be missed by mainstream studies that worked within the confines of high schools or community

programs focused on highly specified populations. In almost every case there are special facets to each participant that raise the ethical bar and demand that we demonstrate a high level of forethought and intensive planning for the sake of these youth and young adults, as well as for the sake of our hard-earned respect and standing within the community. Consequently, this is some of the most scrutinized research within the field of community psychology.

I will describe the experiences and lessons I have gathered from numerous studies at the University of Washington involving street youth. I refer most often to my experiences within the nonclinical aspects of this research and within my current project on co-morbid substance use and suicidality (Ginzler, 2003; see Meade & Slesnick, 2002 for a discussion of treatment studies with street youth).

Street Youth

Contrary to the runaway image, nearly two-thirds of street youth are forced from their homes, either by their families or by authorities who neglect them after being poorly placed in a porous foster care system (Cauce et al., 2000). Reportedly, one-half to three-fourths experience physical and/or sexual abuse while living at home (Cauce, et al., 2000; Dembo, Williams, la Voie, & Berry, 1989; Tyler, Hoyt, Whitbeck, & Cauce, 2001; Whitbeck & Hoyt, 1999). When given the chance, they often choose the fire over the frying pan by living on the streets rather than at home where they actually feel less safe (Ginzler & Cauce, 2000).

Regardless of whether their intrapersonal troubles start before or after they leave home, it is apparent that these youth experience a disproportionate number of mental health problems (Cauce et al., 2000). Few studies (Cauce et al., 2000; McCaskill, Toro, & Wolfe, 1998) have used thorough diagnostic measures. Our findings revealed an overall diagnostic morbidity of two-thirds for mental health problems. The predominant conditions were disruptive disorders, which were diagnosed for over half of the participants. Nearly one-third experienced Attention-Deficit Disorder, and high rates also existed for Bipolar Disorder (21%), Post-Traumatic Stress Disorder (12%), and Schizophrenia (10%).

Street youth are also considered to be at high-risk for substance use disorders (Baer, Ginzler, & Peterson, 2003; Ginzler, Cochran, Domenech-Rodriguez, Cauce, & Whitbeck, 2003; Paradise & Cauce, 2003; Whitbeck & Hoyt, 1999), and our work further suggests that those who do use substances are more likely to become poly-substance users both across measurement periods and within episodes (Baer et al., 2003; Ginzler et al., 2003). Clearly this litany of personal challenges for street youth and young adults presents a set of challenges for us as researchers as well.

Ethical Principles in Practice

Throughout the paper I will refer to three overarching principles of the Belmont Report. As charged by Congress, the members of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979) identified the basic guiding ethics for human research. First, *respect for persons* dictates that autonomy should be respected and those who have diminished autonomy should be protected. Second, *beneficence* suggests that as well as protecting participants from harm, researchers should make efforts to benefit the well-being of participants when possible. Finally, the principle of *justice* serves to strike a balance between the distribution of the benefits of research and its burdens.

The overarching theme of our ethical dilemmas rests within the principle of justice, given that we work with such a vulnerable and understudied population.

The overarching theme of our ethical dilemmas rests within the principle of justice, given that we work with such a vulnerable and understudied population. At times a strict, literal adherence to ethical guidelines may unreasonably deny a population the benefits that research might offer them in the end. When we examine the circumstances that these youth and young adults have adapted to, it seems fair to allow them to bear the burden of research in the hope of reaping immediate or delayed rewards for themselves or others who find themselves in similar circumstances. And make no mistake, they recognize and value the latter, altruistic end. All three of the Belmont Report principles relate to the four specific challenges encountered in our street youth research.

Remuneration

Paying participants shows respect for the person and offers beneficence, given the low level of direct benefit an epidemiological study offers. However, there is concern that, given the potentially dangerous use of substances, we are fanning the fires by offering cash incentives for participation. There are a number of researchers employing remuneration methods such as vouchers for local businesses or debit cards that have limited cash accounts, which can be replenished after each interview by the originator. However, it is clear that the majority of street youth are not substance abusers, and similar studies of substance-using youth in high schools are not scrutinized in the same way when offering potential abusers cash incentives for their cooperation. Defining an entire population by its lowest common denominator, or treating youth who are indigent as less capable than those in the mainstream, does not serve justice.

Likewise, paying street youth with non-cash incentives increases the likelihood that those incentives will become black market materials or simply a weak barrier to youth getting the cash to spend as they see fit. Some youth resourcefully make purchases at a chain store with their coupon vouchers, as they could with a debit card, and then return the goods minutes later at a sister store to recoup the cash.

Because we respect the youth's autonomy we provide cash incentives as they might get paid for an odd job or chore at a local agency. Although I suspect, based upon our own speculation as well as reports from service providers, that any cash (including remuneration) can be used to purchase drugs on occasion, we do not pay exorbitant amounts (maximum of $20 currently, or $30 in previous projects) and have no official reports of a youth overdosing due to drugs they purchased with remuneration. We work closely with all of the local street youth agencies to monitor our impact on the community and to date we are eagerly welcomed by all agencies to conduct our research. The community perceives our impact on the local street youth and young adults as positive, either through direct interaction with them or due to our interactions with the agencies that use our information to develop themselves as evidence-based programs.

Transparency in Recruitment

Researchers do not typically disclose eligibility criteria during recruitment because it is inconvenient to develop methods that will manage the potential pitfalls of such a practice. However, street youth are understandably suspicious and untrusting of adults and authorities. We have found that our reputation in the community has benefited from our transparency, which repudiates any hidden agendas, and it is possible that methods developed to protect against abuses of our openness actually benefit our data beyond their intent.

With Institutional Review Board (IRB) guidance we have recently developed a two-stage screening process. Preliminarily, we ask a few anonymous and ambiguous pre-screen questions and if the youth does not respond appropriately we politely inform him or her, "the study does not fit you." If the youth requests an explanation we offer to complete a full screen that requires we record additional information, after which we explain the precise points that make the individual a poor fit. We are able to verify most key characteristics, such as age and homeless status, by asking for identification cards or supportive letters from agency staff. Because we are transparent about the criteria as well as our occasional need for verification, the youth have come to understand that we are methodical.

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By showing vulnerability and trusting the youth to maintain our confidence in the area of recruitment criteria, we more quickly build rapport and gain trust. In the few instances that recruits attempt deception we rely on our meticulous methods of record keeping and checking, and review baseline interviews during meetings to increase general familiarity with the participants and better protect our data.

Informed Consent

Given the requirements for informed consent, the autonomous nature of street youth drives to the heart of the principle of respect for persons. As the National Commission (1979) poignantly stated in its report, "[It] is often a matter of balancing competing claims urged by the principle of respect itself." Procuring consent from parents or legal guardians protects those intellectually immature youth incapable of properly understanding the information upon which consent is based. Yet, this may also place street youth at physical or psychological risk, which runs contrary to the principle of respect for persons. With IRB approval, we developed three protocols to manage this issue, beginning with a waiver of parental consent so that youth as young as 13 may autonomously consent. While this is not out of the ordinary, we have actually established three other protocols that are based on respect for persons.

First, out of respect for the family, we do not recruit minors who have been having functionally supportive contact (i.e., receiving food, money, clothing, or shelter) with their parents during the past week. If the youth is attempting to reconcile with his or her parents we do not want to impede this process or potentially add friction to the context.

The second protocol follows the often overlooked dictum within the Code of Federal Regulation (45 CFR 46.408c), which calls for an appropriate mechanism in place of parental consent to protect child participants. We solicited the help of a fellow researcher in the community who is not an investigator in the study to serve as a youth advocate. Her responsibility is to examine the recruitment process and demographics of the participants on a regular basis (quarterly for the current study). She is presented the demographics in a full data table as well as a summary table, and I relay to her all participant-related issues that come up between meetings. She has the opportunity to ask questions about how we have adhered to recruitment protocols. Ultimately, any concerns may be reported back to the IRB.

Finally, we track information critical to the consent and interview process to protect participants with cognitive limitations. If an individual, free of an associated general medical condition, likely used substances recently and exhibits maladaptive social behaviors or ideation, with less critical signs of diminished motor skills or consciousness, we may assess impairment due to intoxication. In these instances we suggest rescheduling so that at the next meeting the individual is lucid enough to participate in the interview process. For some it is a disincentive to require absolute sobriety, and studying substance users entails determining their most lucid state. Heavy users of almost any substance, from marijuana to methamphetamine, are often more incapacitated when they have *not* used, given the physiological or psychological effects of dependence. We are not, by any means, suggesting to them that they do or do not use prior to an interview, but rather that they be mindful of their state of consciousness when they meet with us. If thought impairment is apparently not due to intoxication, and might call the validity of the data into question or raise concerns about the likelihood of the interview exacerbating a diagnostic psychosis, we may exclude the individual from the study. In this case we emphasize the poor fit of the study for that person and de-emphasize his or her potential limitations.

Ethical and moral dilemmas are often ambiguous and though I believe the approach we have taken is most considerate of the participants' comprehensive needs, social climates can change and my opinions may evolve further.

Service Referrals

During the interview we may discover sensitive issues concerning child abuse, suicidal behaviors, or substance use. Beyond protection from further abuse or imminent dangers to self and others for youth who honestly report these issues, beneficence demands that the researcher offer something to minimize the resultant risk and maximize the benefits to the participant. We make a note of disconcerting comments most worthy of being discussed with a professional and offer the participant contact information for street youth services in the area. Given my focus on suicidality in the current project, I train and encourage the interviewers to use empathetic and reflective statements that show the individuals they are heard, that their behavior or circumstances are potentially dangerous to themselves, and that people care enough to connect them with professionals trained to help them cope with their lives. By doing this we maintain a sacred research boundary but benefit the youth in exchange for their contribution.

Conclusion

In summary, I want to underscore the slippery ethical slopes we have avoided as we have attempted to balance the three pillars of the Belmont Report. We have respected participants' self-defined autonomy using cash as remuneration, not softer currency, because it does not encourage involvement in an underground economy. In creating recruitment transparency, not secrecy, paired with scrutinizing but respectful methods, we have created a more trusting relationship with the community. We have also avoided engaging dysfunctional or abusive families as prerequisites to participation of street youth in our research. We do not assess participants' sobriety, but rather their lucidness prior to consent and interview. Aware of our potential for self-serving biases, we engage an advocate for minors who participates in place of their

parents or guardians. Finally, we work to diminish risk of participation by offering post-interview referrals.

Ethical and moral dilemmas are often ambiguous and though I believe the approach we have taken is most considerate of the participants' comprehensive needs, social climates can change and my opinions may evolve further. Regardless of these contextual shifts the common guiding principles remain. It is my view that by using those principles we most respectfully protect our participants, offer them benefits beyond basic protections, and maintain fairness in our treatment of them.

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Ethics in Youth Mentoring Relationships: Where are the Boundaries?

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Youth mentoring programs are a popular intervention in community and school-based settings. More than two million American youth are involved in volunteer mentoring programs (Rhodes, 2002) and this number is expected to rise as new programs continue to develop around the country and existing ones seek to expand. Although research on mentoring programs has indicated that high-quality mentoring relationships are associated with modest improvements in emotional, behavioral, and academic outcomes (DuBois, Holloway, Valentine, & Cooper, 2002; Rhodes, 2002), there is also evidence to suggest that when relationships do not go well youth may suffer negative consequences, such as decreases in self-worth and academic motivation (Grossman & Rhodes, 2002; Karcher, 2005). Unfortunately, it is estimated that more than half of mentoring relationships established through formal programs fail within the first few months (Rhodes, 2002). Yet, considerations of the ethical implications of placing vulnerable youth in the care of volunteer adults have been largely absent from the field of mentoring. This is surprising, given the attention paid to these matters in the counseling and psychotherapy literature (e.g., Anderson, Needles, & Hall, 1998), and in the literature on other forms of mentoring relationships, such as those formed in academic settings (e.g., Johnson & Huwe, 2003). In this paper, we explore one area in which ethical dilemmas can arise within mentoring relationships – boundaries. In so doing, we hope to illustrate how the complex nature of mentoring relationships demand a greater attention to ethical issues on the part of mentoring programs and researchers.

> [W]e explore one area in which ethical dilemmas can arise within mentoring relationships – boundaries.

Boundaries have long been a focus of the counseling and psychotherapy literatures (Peterson, 1992; Reamer, 2003). Within a professional context, boundaries are often thought of as guidelines that facilitate the creation of a safe connection between therapist and client that is responsive to the client's individual needs (Peterson, 1992). Setting limits, in the service of establishing and reinforcing appropriate boundaries, is thought to provide differentiation between client and professional, and serves to signify the professional's responsibility to protect the client's safety within the helping relationship (Dietz & Thompson, 2004). Clear and appropriate boundaries are considered to be a linchpin not only of successful helping relationships but of all healthy interpersonal relationships. Boundaries provide defined limits of a relationship wherein certain behaviors are deemed appropriate and others inappropriate in light of the nature and context of the given relationship.

Boundaries are important for safe and healthy mentoring relationships as well. Some guidelines for professional helping relationships are easily translated into the mentoring context, such as prohibitions against sexual relationships and placing primacy on the needs and safety of the child. However, the varied nature of the mentoring role may contribute to more blurred boundaries than may be found in a counseling relationship. For example, a counselor is paid for his or her services, creating an air of professional interaction, whereas a mentor's time is typically volunteered, and thus the relationship is less formal. Counseling

interactions are often confined to a regular office place and time. Mentors may meet with youth in a variety of real life settings, including school, home, and various recreational outings. Furthermore, the counseling environment provides a space in which the client can explore his or her own issues and a counselor aids clients on a path towards self-discovery and/or recovery. A mentor, on the other hand, tends to be involved in promoting the overall development of the young person, a goal which is often achieved through more mutual exchanges and sharing of interests (Curtis & Hodge, 1995). The greater freedom in mentoring relationships fosters the development of a more reciprocal personal connection and self-disclosure often plays a larger role than it does in counseling relationships. This more personal nature of mentoring relationships creates greater ambiguity around boundary issues and poses significant challenges for the development of clear guidelines for ethical behaviors on the part of mentors.

The following vignette highlights some of the ethical dilemmas associated with boundary issues that may arise in youth mentoring relationships. This case is based on accounts from actual mentor experiences as cited in Liang, Spencer, and Rhodes (forthcoming), and seeks to exemplify one specific boundary issue that can arise in mentoring relationships, namely gift-giving and financial support.

A Vignette

Frank, a 46-year old mentor, has been meeting with Billy, a 17-year old protégé, for the past five years. Billy lives with his mother and two younger brothers; his father left the family when Billy was 4 years old. Billy's mother recently lost her job due to health problems and the family's financial situation has become increasingly unstable. From the beginning, Frank has assumed responsibility for covering many of the costs associated with their activities, such as eating out together or going bowling. Over time, Frank has pitched in and paid for other, more expensive items. For example, Frank recently paid for Billy to attend a two-week summer camp. Billy is currently a senior in high school, and Frank has been encouraging him to apply to college. Billy's mother, however, wants him to stay at home and work full-time to help support her and the family. Frank feels obligated to help Billy pay for college applications since he has been the one encouraging him to apply. However, Frank has become increasingly concerned about what will happen if Billy gets into college without a full scholarship. He wonders whether Billy and his mother will expect him to help pay for Billy's education and feels unprepared and unable to decide how he would respond. Frank's mentoring program provided no training on how to deal with this type of situation and he does not know what steps to take to bring about a resolution or whom to contact for help.

Ethical considerations

Frank is struggling with where to draw the line in his financial support of his protégé, an issue that could ultimately contribute to the unraveling of a long-standing relationship if not handled effectively. Many youth in mentoring programs come from low-income families and well-meaning mentors may commonly find themselves faced with the question of whether they should choose to utilize their own resources to provide gifts, lend money, or even offer some forms of on-going financial support for their protégés. While financial support may start off as a benevolent or altruistic gesture, it may lead to unintended consequences that can eventually undermine the relationship (Reamer, 2003). As a mentor, Frank has made a commitment to provide some form of guidance to support Billy's development. Frank wanted to enrich Billy's life and help him make preparations for his future, ultimately furthering Billy's social and professional development. At times, Frank utilized his own resources to accomplish these goals, yet he is now realizing that he may have unwittingly set up greater expectations for his financial support than he intended or feels prepared to meet.

> [T]he appropriate course of action might best be determined by consideration of whether the mentoring relationship would be jeopardized or threatened in some way by this support, now or in the future.

Another important dimension of Frank's dilemma is his inclination to make assumptions about the expectations of Billy and his family. Because of the awkward nature of the situation for Frank, he has been reluctant to even broach the issue with Billy or his mother. Many times, given the class differences between mentors and protégés, the assumptions that mentors hold can be considerably off the mark. It is possible that Billy's mother would be insulted by an offer from Frank to pay for Billy's college tuition. Such an offer also has the potential to trigger feelings of shame and guilt on the part of Billy and his mother. Given that college applications have been largely Frank's agenda, neither Billy nor his family may be invested in Billy pursuing higher education at this time. Frank's personal investment in Billy's higher education may be unwelcome or even experienced as intrusive by Billy's mother.

Unlike in a professional counseling relationship, it might not be patently inappropriate for Frank to provide financial support for Billy's education. Rather, the appropriate course of action might best be determined by consideration of whether the mentoring relationship would be jeopardized or threatened in some way by this support, now or in the future. If any of the interested parties (Frank, Billy, and his mother) felt uncomfortable with Frank's financial support of Billy's education, such a situation could ultimately undermine the mentoring relationship. Sorting these issues out would likely require some forthright discussions among Frank, Billy, Billy's mother, and staff in the mentoring program.

One of the troubling elements in this case is that Frank does not seem to have a clear idea about how to approach this situation or where to seek assistance. Unlike the tradition of consultation and even on-going supervision, where a context is provided for assisting professional helping relationships, there is little sense that in mentoring relationships a need exists for such support. Mentoring programs can intervene to assume some of the burden here. For example, in Frank's case, the program staff could serve as consultants to Frank and provide him with a framework for sorting through the issues associated with this situation. Should Frank decide he does indeed want to offer financial support for Billy's education, a mentoring program could mediate, by offering to receive a donation from Frank that is then passed on to Billy in the form of an anonymous donation to his education, or serving in some other creative intermediary role, thereby removing the financial issue from the mentoring relationship. Conversely, should Frank decide not to offer financial support, program staff could help him find other ways to play a role in supporting Billy's pursuit of higher education (should Billy decide this is the direction he would like to go).

Implications and Conclusions

The enthusiasm for mentoring can overshadow the complexities and challenges inherent in a relationship-based intervention. Formal mentoring programs can and do offer many youth relationships with adults that support their development in ways a professional relationship cannot. Mentors can become intimately involved in the day-to-day lives of

their protégés and the role that mentors serve in the lives of youth can change over time, as some mentoring relationships, like the one discussed in the vignette, last for many years. The fluid and less well-defined nature of mentoring relationships is a source of both strength and challenge, particularly when it comes to sorting through the boundary issues that can arise. The vignette presented here highlights how small and seemingly innocuous decisions made along the way can build up to create an unforeseen challenge with more serious consequences.

The frameworks for ethical decision-making laid out in the professional literature can certainly offer guidance to mentoring programs, particularly more relational models and ones that take cultural issues into account (e.g., Dietz & Thompson, 2004; Reamer, 2003). For example, Reamer's (2003) six-step approach to addressing boundary issues in professional relationships is one such framework that could serve as a starting point for mentoring relationships. Aspects of this approach such as monitoring potential conflicts, openly discussing boundary issues, and seeking consultation are all transferable to mentoring relationships. However the less formal and more reciprocal nature of mentoring relationships also poses particular challenges not addressed by these models.

One challenge is that mentors themselves may not identify situations as ethical in nature. They may simply experience a growing unease with a particular situation or with the relationship more generally. Mentoring programs and mentoring researchers must begin to identify common ethical dilemmas that arise in youth mentoring relationships and introduce to mentors a framework for thinking about ethical behavior from the beginning of their tenure as a mentor. Some dilemmas may be brought to the surface and made explicit in the context of a check-in that encourages the mentor to reflect on how the relationship is going. Relatedly, mentors, youth, and their families need to have a program staff person or caseworker on whom they can call when faced with a dilemma or a growing concern.

We purposely chose not to focus in this article on the more obvious and egregious boundary violations that may occur in mentoring relationships, such as sexual exploitation. Reamer (2003) has distinguished between boundary violations and boundary crossings, with the latter not intentionally coercive, exploitative, and unethical. Boundary crossings, we believe, are the more common yet much less recognized form of boundary issue that can affect youth mentoring relationships.

We contend that mentoring programs ultimately bear the responsibility for providing a context within which mentors may learn to identify and engage in ethical behavior and a framework to guide mentors in their ethical decision-making processes (Curtis & Hodge, 1995). However, given that a universally accepted set of ethical guidelines for mentoring relationships does not yet exist, it is imperative that the professional community begin to build partnerships with mentoring programs and provide consultation and guidance in identifying and developing approaches to managing ethical dilemmas that arise. Our hope is that this article will begin to heighten awareness of the complex nature of youth mentoring relationships and the need for further work on ethical behavior and ethical decision-making in these highly popular community programs.

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Survivors' Stories as Community Narratives: Ethical Implications

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I recently saw the Chicago Shakespeare Repertory Company's production of "The Merchant of Venice." A brutal play. This excellent production magnified the anti-Semitism of Christians who directed their hatred and contempt toward Shylock, the Jewish lender who asked for another character's "pound of flesh" as bond for a loan. Late in the first act, cast members spit on him as he walked through their gauntlet of hostility. At the end of the act, I didn't know how to respond: does one applaud or not? How can I integrate the emotions of horror, sorrow, and shock the play evoked, and also thank the cast for uncovering my eyes?

Those who hear the stories of torture survivors often find themselves in a similar situation, not knowing how to react. As was the case in watching "Merchant," listening to a survivor's story requires more than an ear for hearing what is said. Survivors' stories lay bare the truth of abusive power, the resiliency of human life, and the costs of both. Community psychologists have a duty to the well-being of the individual. Those who hear survivors' stories have a responsibility to the storyteller.

Stories are not just important to the survivor, however. Storytelling helps us shape and interpret history, and provides a basis for interpreting conflict and constructing a new and future narrative (Senehi, 2002). Survivors' stories influence policy decisions that affect the whole community. The photographs of U.S. soldiers torturing prisoners in Abu Ghraib prison have become the basis for congressional investigations into U.S. policy on interrogations, executive authority, congressional oversight of U.S. military operations, and the U.S. war in Iraq itself. Are the Abu Ghraib prisoners re-victimized by the sharing of their stories or does the revelation of their torture benefit them and the community? How can their stories be shared?

The stories of survival that torture victims tell are powerful aids in moving forward legislative, political, organizational, and national interests. Committed advocates may zealously seek

policy changes that would benefit torture survivors, but in doing so might be insensitive to the ways in which survivors have entrusted them with their stories. Given the violations of trust that torture survivors have experienced, what are the ethical obligations that guide community psychologists and others in this work?

This paper explores the responsibilities of community psychologists with whom torture survivors share their stories. It addresses community psychologists' roles as advocates working with and on behalf of torture survivors. It examines the significance of trust and personal narrative for survivors. APA Guidelines addressing trust, testimonials, and confidentiality are then referenced to provide guidance.

Survivors of Torture are Tortured Not to Trust

Torture is intimate. Advocates who listen carefully are allowed access to deep feelings and life histories of those who have survived. Survivors may tell public tales of what happened to them, but the tension before and after the telling is not part of the public presentation. Torture is shocking, but survivors and advocates are often able to get beyond the shock, to acknowledge its evil as well as its matter-of-fact existence. Beyond the shock are stories of human endurance, of pain and recovery, of appreciation for life and death.

Torture breaks down the connection between individuals and their social environments (Center for Victims of Torture, 2005). The violation of trust is a profound characteristic of the torture experience. Torture is often committed by agents of the government: police, military, and prison guards (Amnesty International, 2000). Those who survive have learned that their trust in a safe world, in a government that abides by laws and does not target its citizens for torture, and in the relative safety of interactions with strangers is a mirage that camouflages a horrible reality (Behnia, 2004; Gonsalves, Torres, Fischman, Ross, & Vargas, 1993). Violating the victim's capacity to trust is a deliberate tactic. Torturers may take turns, one playing a sadistic role, another being friendly and helpful. Just as the person being tortured believes in the assistance being offered, the friendly and helpful torturer becomes as sadistic as the other (Behnia, 2004).

Survivors are tortured into distrusting themselves, into believing not what they once believed but what the torturer tells them is true. Mock executions are an example of how trust is abused in the experience. A gun is placed against a person's head, and that person is told he or she will die when it goes off. The gun is cocked and released; the person being tortured lives. What does that person feel? Relief? Gratitude? Ultimately, a profound sense of mistrust in what to expect is cultivated (Behnia, 2004). The Center for Victims of Torture is a Minnesota-based torture treatment center, and was the first established in the United States. It has identified essential imperatives for working with torture survivors. Imperative One is that those seeking to work with torture survivors must develop a relationship that builds and protects the trust of the survivor.

Testimony and the Sharing of Stories

Torture survivors share their stories for many reasons and under many circumstances. There can be therapeutic value in the telling of what happened, and many clinical psychologists use story-telling as a way of helping clients derive new meaning from past and present experiences (Agger & Jensen, 1990, Center for Victims of Torture, 2005.). Amnesty International (2000, p. 71) states that "torture is one of the most secret of human rights violations." Torture often happens in places shielded from public scrutiny, and torturers in power are able to maintain a "wall of silence" that offers mutual protection. Survivors tell their story to reveal what happened, to ensure that history records their lives. This is a foundation for the maxim "speak truth to power." That the Holocaust happened cannot be denied; that fact is documented powerfully by those who survived it (Williams, 2001). Survivors also share stories, particularly with organizations like Amnesty International, to express gratitude for the work that may have been done on their behalf while they were suffering.

Torture survivors suffer from being targeted arbitrarily and intentionally. They are often chosen while others in similar circumstances are not. No rationales are offered by torturers for why someone is chosen; survivors aren't given explanations. At the same time, people are often targeted for political oppression because of their political or human rights activism. Survivors often share their stories as elements of new activism, to move policy makers and political leaders to speak out against torture, to stop the training of military leaders in torture techniques, or to demand accountability for human rights violations in home countries.

Survivors may receive psychological benefits from finding an "expert" or a person with political or social power who believes his or her story. That appears to be the case with homeless women, who have shared their stories in which extreme trauma and human rights abuses are described (Paradis 2000). Survivors offer their stories for all these reasons: to make a historical record, to come to terms with their experience psychologically, to engage in human rights activism, to inspire others and as part of the relationship-building that all people engage in as they share personal histories. For the very same reasons, community psychologists might also wish to share survivors' stories.

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In 1996, Ed Trickett renewed the call made by the Swampscott Conference for community psychologists to serve as "proponents of the concept of community in community mental health, advocates for the poor and minorities, and active participants and contributors to social and political life" (p. 514, citing Bennett et al., 1966). Those who respond to this call will increasingly find themselves struggling with how to build relationships of trust and mutual support with those with whom and on whose behalf they advocate – as individuals and as people who form a community.

The stories that survivors share also become the stories of the community psychologists who collaborate with them. In South Africa, community psychologists helped a local organization frame their dissatisfaction with the operations of the Truth and Reconciliation Commission in a press release. The community psychologists were familiar with "media-speak" and how to capture the local activists' issues within the commonly accepted protocol for press releases. Readers of the release wondered if the organization for which the psychologists worked was presumptively speaking for – rather than collaboratively speaking with – apartheid survivors (Lykes, Blanche, & Hamber, 2003). Did the community psychologists supplement local activism or replace it?

Lykes et al. (2003) offer another example of a participatory action research project in Guatemala that produced photographs and a common narrative of rural indigenous women's experience of the civil war of that country. Community psychologists helped women learn photography skills and used them to record the violence they had experienced but had not shared. This project helped illustrate women's

experiences and provide a narrative to accompany the photographs. Given the sophistication of technology and presentation, critics wondered whose leadership (and voice) was being amplified (Lykes et al., 2003).

Research, particularly in a contextualist framework, often relies on the narratives of individuals. Tensions may arise when community psychologists are asked to identify those whose stories illustrate the problems which drive the need for policy change. Who has a "good" story? Reporters, members of Congress, researchers, and allies all want to know. In these advocacy roles, community psychologists need guidance on how best to advocate for the community's good while also protecting the well-being of individuals with whom they work. In this regard, psychologists have a particular obligation to protect trusting relationships with torture survivors. Violations of trust can trigger a re-experience of torture in a survivor. The consequences of that can be enormous, resulting in extreme suffering and even death.

Ethics of Working with Survivors

There are three APA ethical guidelines or principles that seem most directly to address this situation. They deal with the following needs: to establish relationships based on trust, to protect confidentiality, and to be sensitive to undue influence from "clients."

Principle B states that "*Psychologists establish relationships of trust with those with whom they work*" (American Psychological Association, 2002). Community psychologists must actively listen. They must look to survivors for clues from those relating the narrative as to what reactions may be appropriate. The sensitivity required is enormous. Meeting a story with silence fails to condemn the torture. Reacting with horror may trigger the storyteller's humiliation. Sympathy may lead to self-condemnation, and trigger the survivor's guilt about not being able to stop the torture. We must be sensitive to what happened before, during, and after the torture (Gonsalves et al., 1993).

Torturers often threaten their targets by saying that no one would believe what is happening to them. Conroy (2000) argues that survivors also have to overcome the sympathy expressed for the perpetrators, the government leaders and officials who seem more believable in courts of law than the victims. We must be prepared to believe what is, because of its brutality, unbelievable.

We must also *prepare* ourselves to listen. When working with someone from another country, we should have some understanding of the country of origin of the survivor, as well as the relationship that the United States government has with that country (Miller, 2004). Comprehending the customs, language, and politics is essential. Extreme sensitivity is also required in choosing translators. Translators who share the survivor's country of origin may have ethnic or political identifications with the torturer (Center for Victims of Torture, 2005).

Researchers embed themselves within a community to understand the ways in which communities relate to and understand their experiences. Miller (2004) describes how researchers in Black South Africa and Guatemala developed relationships of trust with communities by sharing political views with them. Those views included not only condemnation of apartheid and torture, but also of the governmental agents that perpetuated these injustices. In all circumstances, community psychologists must abhor torture.

No such written protocols have been developed to guide advocates who work with survivors. Issues of confidentiality have yet to be addressed, and the disclosure of public information is likely to be protected in courts of law.

Finally, when survivors share their stories publicly, we have an obligation to see to that person's well being. Perhaps someone can stand beside a survivor, expressing physical solidarity as he or she speaks. At an Amnesty International conference where guest speaker Sister Diana Ortiz shared the brutal rape and assault she experienced in Guatemala, a waterfall fountain placed on a small table next to her provided a soothing counterpoint to the human suffering she shared.

APA 4.07. Use of confidential information for didactic or other purposes:

> *"Psychologists do not disclose in their writing, lectures or other public media, confidential personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so"*

Advocacy organizations such as Amnesty International have protocols for how their staff (which arguably could include community psychologists) conduct research or provide direct services. So do torture treatment centers, such as the Marjorie Kovler Center for the Treatment of Survivors of Torture in Chicago. No such written protocols have been developed to guide advocates who work with survivors. Issues of confidentiality have yet to be addressed, and the disclosure of public information is likely to be protected in courts of law.

The consequences of a breach of confidentiality can be dramatic. Disclosure of information about those who are targets of government torture can lead to death of the survivor, his or her family members, or friends back home. A torture survivor may be in the best position to ascertain this danger. A community psychologist may not be, and so must tread cautiously (Williams, 2001), even after the survivor has shared his or her story in public.

Moreover, familiarity with the community psychologist may lead a survivor to disclose more than he or she would with another person in a professional setting. Such was the case between researchers and homeless women (Paridis, 2000). Because these relationships might be subtly coercive, it is vital that we maintain confidentiality if there is any doubt as to whether the story should be shared.

If a survivor has shared a story publicly, and we wish to share it with others, permission must be sought from the survivor. If engaged in direct advocacy on that person's behalf, a psychologist may describe his or her own experience but must be extremely sensitive about inadvertent revelation of the survivor's identity. This is often quite difficult, as the community of torture survivors is small and their experiences frequently reflect the explicit torture practices of a particular country.

Sieber and Levine (2004) remind us that informed consent should "foster trust, comprehension, and good decision making, and …. ensure that participation is voluntary." APA guidelines suggest that the permission should be written. The facilitation of truly informed consent may be challenged by written confidentiality waivers that increasingly protect psychologists rather than clients. Torture

survivors can be uncannily sensitive to how bureaucracies camouflage their own needs rather than address the survivors' needs. While written waivers are necessary, so too is strict adherence to meeting the needs of survivors.

An open, friendly conversation about the ethics of the relationship and concerns about disclosure is advised. This conversation can help build, rather than exploit, trust in the relationship. We are obliged to consider the well-being of the individual in question, and to refrain from any indirect pressure on the survivor to allow disclosure. This conversation may also be needed each time an advocate seeks to engage in disclosure.

Sometimes advocacy for an individual client is best done outside of the spotlight. The Chinese government released Harry Wu from a prison sentence of 15 years in 1995 arguably due to the quiet diplomacy of U.S. government officials. Had that advocacy been public, China may have been unable to "save face" and maintain its public stance that Wu was "stealing state secrets." Wu was ultimately expelled from the country, a welcome alternative to further imprisonment.

Finally, APA 5.05 on Testimonials asserts that "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence."

Survivors may approach human rights organizations to express gratitude for advocacy that may have been done on their behalf. They share their stories and say how they were helped. In doing so, they provide information about circumstances in their home country, often trying to seek aid for individuals left behind. Survivors may also seek documentation of human rights conditions in their home country for immigration hearings; or to continue the activism that they were part of in their country of origin.

It is only too easy to assume that they would then be willing to share their stories in support of the organization. Survivors' stories are used to inspire people to action; educate the public about human rights abuses they would often rather ignore; and illustrate to members of Congress the impact of policies being considered. Their stories add legitimacy to the organization and its cause. They are also used to raise funds for human rights organizations, providing the compelling stories that motivate donors to fund the important work of stopping torture.

Thus, an additional burden on the community psychologist occurs when a torture survivor is asked to offer testimony in support of an organization. We must ask ourselves: whose agent are we? Working as advocates in an organization, we must balance roles that work on behalf of the public good, the individual well-being of the survivor with whom we share a relationship, and the organization that represents the interests of both. This tension requires internal examination, and the well-being of the survivor must always receive first priority.

Conclusion

Torture survivors share an understanding. It can be difficult to describe what that is. Is it the understanding of people's capacity for evil, the depth of human suffering, the pain of survival? The experiences of survivors of torture are unique to each of them, yet they share a common history.

Those of us who work as advocates with this community must be sensitive to what is common among them, and what is experienced distinctively by each person. Culture and gender, education and economic status, race and class, even the relationship of the U.S. government with other countries affect how a survivor and the advocate may relate to each other. In all circumstances, the well being of the survivor must guide the relationship. Further exploration of the ethical issues that may help those relationships flourish is needed.

I ultimately decided to applaud at the end of "The Merchant of Venice." It was, after all, a play and while I reacted emotionally to the drama, the actors did not respond emotionally to me. The protection of that divide will not be afforded those who work directly with survivor, and community psychologists must approach their stories on the terms they prescribe.

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Congratulations to our 2006 SCRA Award Winners!

2006 Award for Distinguished Contributions to Practice in Community Psychology

Adrienne Paine Andrews

Adrienne Paine Andrews is an independent consultant providing program and project support to health-related foundations in Kansas. She is interested in promoting community health and development through strategic philanthropy and program support. Most recently, her work is focused on identifying and implementing systems approaches to promote healthy eating and physical activity, exploring and implementing strategies for strengthening the capacity of nonprofit organizations, and strengthening the capacity of community foundations to identify and address local health concerns. Her public service over the past 20 years has involved work with a variety of groups covering several topic areas including establishing a self-help group run by and for people of low income, organizing and coordinating a coalition on community health concerns, designing and coordinating a health action mircogrants program for grassroots/self-help health initiatives, and providing training and assistance to local teen pregnancy, substance abuse and school health initiatives. Her more recent publications involve analyzing the contribution of community change to population health outcomes which resulted from her work with adolescent pregnancy prevention initiatives and strategies for promoting sustainability of community health initiatives.

2006 Award for Distinguished Contributions to Theory and Research in Community Psychology

Kenneth Maton

Kenneth Maton is Professor of Psychology and director of the Community-Social Ph.D. Program in Human Services Psychology at University of Maryland, Baltimore County (UMBC), and a former President of SCRA. His scholarship focuses on minority youth achievement and well-being, community settings as resources for empowerment and well-being, and the social transformation of environments. This work includes a 15-year evaluation of UMBC's Meyerhoff Scholars Program, which empowers African American students in the sciences to achieve at the very highest levels of success, and go on in large numbers to Ph.D. programs. Dr. Maton has investigated ecological factors linked to minority youth resilience and coping. He has published widely, including co-authoring two books that look at key factors contributing to outstanding academic success among African American Youth. This research has delineated the relationship between meaningful activity involvement in the community, spirituality/religious involvement, parental support and well-being among inner city minority youth. In recent years, he has increasingly focused on the social transformation of environments. This transformation is viewed as central to community psychology's hope to make a difference in the lives of those most in need in our society.

2006 Ethnic Minority Mentorship Award

Robert Sellers

Robert M. Sellers, Professor in the Department of Psychology of the University of Michigan, has devoted his career to training and mentoring undergraduate and graduate students, postdoctoral fellows, and junior faculty members. In this career he has been awarded many honors for his work with students of color. This work has gone beyond the University of Michigan to reach students of color throughout the United States. Dr. Sellers is a member of the Advisory Committee of the American Psychological Association's Minority Fellowship Program. He is a Founding Member of the National Black Graduate Student Association. He organized the Black Graduate Students in Psychology Conference, a national conference that gives scholars of color a supportive environment for meeting those from other universities, presenting research, and receiving collegial feedback. His dedication to research that represents and empowers communities of color can be found in universities across the country in the work of mentees who share his commitment. As one of the scholars recommending him said: "An African proverb states 'I am because we are.' Dr. Sellers exemplifies this proverb in the way he generously shares his time to mentor students of color as they strive to obtain their academic and career goals."

2006 SCRA Award for Best Dissertation on a Topic Relevant to Community Psychology

"Residential community identification and sychological well-being."
by Adam Long
Vanderbilt University, Nashville, TN
Dissertation Chair: Douglas Perkins

2006 Emory Cowen Dissertation Award for the Promotion of Wellness

"Heterosexism in high school among lesbian, gay, bisexual, and questioning Students."
by Daniel Chesir-Teran
New York University School of Medicine, New York, NY
Dissertation Chair: Diane Hughes

Election Results for SCRA Officers: Still Counting!

As we go to press the results of the recent election for SCRA officers are still not available. Results will be announced on the SCRA Listserv as soon as they are known, and will be published in our next issue.

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, 2006 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 President, Carolyn Swift, e-mail cbswift@ku.edu or by regular mail to 1102 Hilltop Drive, Lawrence, KS 66044, USA (785) 842-2751. Submissions will be sent to the new President-Elect, who will chair the selection committee.

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:

2006 Kenneth Maton
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, 2006 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: e-mail cbswift@ku.edu or send by regular mail to 1102 Hilltop Drive, Lawrence, KS 66044, phone (785) 842-2751. Submissions will be sent to the new President-Elect, who will chair the selection committee.

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 ap-plication 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:

2006 Adrienne Paine Andrews
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, 2006

Best Dissertation on a Topic Relevant to Community Psychology:

The purpose of the Society for Community Research and Action's annual dissertation award is to identify the best doctoral dissertation on a topic relevant to the field of community psychology completed between September 1, 2004 and August 31, 2006—*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 2007.

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 Carolyn Swift: e-mail cbswift@ku.edu or send by regular mail to 1102 Hilltop Drive, Lawrence, KS 66044, phone (785) 842-2751. 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, 2006, to: Carolyn Swift: e-mail cbswift@ku.edu or send by regular mail to 1102 Hilltop Drive, Lawrence, KS 66044, phone (785) 842-2751. Submissions will be forwarded to the Dissertation Committee Chair. Submissions by e-mail would be especially appreciated.

Ethnic Minority Mentorship Award
DEADLINE FOR NOMINATIONS:
December 10, 2006

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 2007 American Psychological Association Convention in Washington, DC.

Past recipients are:

2006	Robert Sellers
2005	Yolanda 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, 2006 to Carolyn Swift: e-mail cbswift@ku.edu or send by regular mail to 1102 Hilltop Drive, Lawrence, KS 66044, phone (785) 842-2751. Submissions will be forwarded to the Chair of the Award Subcommittee of the SCRA Committee for Racial and Cultural Affairs. Submissions by e-mail would be especially appreciated.

The Harry V. McNeill Memorial Fund Award
DEADLINE FOR NOMINATIONS:
December 15, 2006

Purpose and Requirements: The Harry V. McNeill Memorial Fund Award is sponsored by the American Psychological Foundation (APF) and the Society for Community Research

and Action to support and encourage innovation in the field of community mental health and to activate the participation of the local community in creation of such innovation. It is presented every other year.

Criteria include:

1. Development of innovative practice in community mental health services;
2. Evidence of stimulating participation in local community activities; and
3. Transfer of expertise to the community.

Nominations Deadline: December 15, 2006

Send Nominations, preferably by e-mail, to: Joe Ferrari, e-mail JFERRARI@depaul.edu, or send by regular mail to DePaul University, Department of Psychology, 2219 N. Kenmore Ave., Chicago, Ill, 60614, USA, or fax to (773-325-7888).

Procedure and Decision Making Process: Community or neighborhood organizations may be nominated by Members or Fellows of APA. Although technically eligible according to APF guidelines, individual practitioners are not typically considered for this award, as they would be eligible for the SCRA Distinguished Contribution to Practice Award. The nominators are responsible for procuring documentation regarding innovative practice and submitting the completed nomination to the McNeill Committee Chair by December 15. Evidence of achievement must be provided by:

1. Four letters of support (two from local community citizens and/or organizations and two from Members or Fellows of APA);
2. Written documentation or description of the innovation (two-page description plus supporting materials); and
3. A brief description of the organizational unit or, in the case of an individual, a copy of curriculum vitae or resume.

The award committee receives nominations and reviews applications received by December 15. Please send submissions to the Chair of the committee, Joe Ferrari, e-mail (JFERRARI@depaul.edu), or send by regular mail to DePaul University, Department of Psychology, 2219 N. Kenmore Ave., Chicago, Ill, 60614, USA, or fax to (773-325-7888). The committee then ranks those judged to be acceptable, selecting a winner in the process. The Chair then sends these rankings to the SCRA President who surveys the SCRA Executive Committee to approve. The President then forwards the choice for winner, along with the other candidates ranked, to the director of the American Psychological Foundation (APF), who forwards them to the APF Board of Directors for their approval. Any submissions that were not selected but judged to be of high enough quality to be ranked by a majority of the award committee are asked to allow their application to be carried over to the next award year for consideration.

Award Presentation: A $500 award is made available by APF. The award and a plaque are typically presented at the APA Annual Convention, during the SCRA business meeting. They can, however, also be presented at the Biennial Conference. The executive committee should make this decision, in collaboration with the winner and the APF Director. The winner of the award is invited to join the Harry V. McNeill award committee for a three-year term.

Seymour B. Sarason Award for Community Research and Action
DEADLINE FOR NOMINATIONS:
December 1, 2006

Purpose and Requirements: The Seymour B. Sarason Award for Community Research and Action was established in 1993 to recognize people working in the conceptually demanding, creative, and ground breaking tradition of Seymour B. Sarason.

This tradition includes:

1. Novel and critical rethinking, reframing, and reworking of basic assumptions, approaches, and issues in the human services, education, psychology, mental retardation and other areas of community research and action;

2. Major books and other scholarship that reflect these new approaches, within the context of historical wisdom;

3. Action-research and other action efforts that reflect these new approaches.

Those working in both academia and applied settings, including government, are eligible for the award. The award is given biennially.

Nominations Deadline: December 1, 2006
Send nominations, preferably by e-mail, to Carolyn Swift, e-mail cbswift@ku.edu or by regular mail to 1102 Hilltop Drive, Lawrence, KS 66044 USA, phone: (785) 842-2751. Dr. Swift will forward nominations to the Committee Chair.

Award Committee: The Seymour B. Sarason Award Committee is composed of three to six members chosen by current Committee members with the advice of the President and the Executive Committee. Representation from the various areas of Seymour Sarason's scholarship (e.g. community psychology, education, mental retardation) is sought, Additionally, past Sarason Award winners are asked to serve on the Selection Committee. Committee members serve staggered three-year terms. The Chair should be someone in at least their second year on the committee.

Procedure and Decision Making Process: The Award Committee is responsible for soliciting nominations, advertising the award, and deciding upon the award winner. Nominations for the award are solicited from SCRA members using multiple channels (such as the Fall Presidential mailing and The Community Psychologist), from members of other Divisions and associations (e.g., education, mental retardation), and from members of the Award Committee. Please send nominations to Carolyn Swift, e-mail cbswift@ku.edu or regular mail to 1102 Hilltop Drive, Lawrence, KS 66044 USA, phone: (785) 842-2751. Dr. Swift will forward nominations to the Committee Chair. The Award Committee reviews submitted material, and rank orders candidates. Discussion of the top-ranked individuals occurs at a (telephone conference) meeting of committee members, who then vote to decide upon the award winner. The winner is decided by majority vote.

Award Presentation: The award winner is invited to present a major address at the annual convention of the American Psychological Association, and receives a $1,000 award and a plaque

Award for Special Contributions to Public Policy
DEADLINE FOR NOMINATIONS:
November 1, 2006

Purpose: The purpose of SCRA's **Award for Special Contributions to Public Policy** is to recognize individuals or organizations that have made exemplary contributions in the public policy arena. This new recognition will be an SCRA Special Contributions Award, first offered in 2007. Those whose work contributes to public policy, whether from community agencies, academia, or non-government agencies, both national and international, are eligible for consideration. Priority will be given to a living member of SCRA, an allied discipline, or an organization involving such individuals who have made important contributions to public policy, broadly defined.

Nomination Process: Both self-nominations and nominations by students or colleagues will be accepted. Those submitting nominations should send:

For an individual:

- CV or resume (full or abbreviated)
- Statement (maximum of four pages) regarding major social policy contributions of the individual
- Up to three letters of support

For an organization:

- CV or resume for organization head or key individual
- Organization description/mission statement
- Statement (maximum of four pages) regarding major social policy Contributions of the organization
- Up to three letters of support

The SCRA Social Policy Award Committee will review all nominations submitted by the deadline. The Award recommendation will be submitted to the SCRA Executive Committee by January 15, 2007 and will be presented at the 2007 SCRA Biennial Conference.

Please submit nominations by November 1, 2006 to the Chair of the Social Policy Committee: Joseph R. Ferrari, Ph.D., preferably by email (jferrari@depaul.edu) or by regular mail :DePaul University, Department of Psychology, 2219 North Kenmore Avenue, Chicago, IL 60614 USA.

Nominations for SCRA Offices

It's time again to nominate candidates for the four SCRA offices of President-Elect, Secretary, Regional Network Coordinator, and Member-at-Large! Please send your nominations, preferably by e-mail by December 1, 2006, to Carolyn Swift, e-mail cbswift@ku.edu, 1102 Hilltop Drive, Lawrence, KS, USA. 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.

Now is the time to nominate SCRA Fellows

DEADLINE FOR NOMINATIONS:
November 15, 2006

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, Ana Mari Cauce.

Applications for Initial Fellow status must include the following materials: (1) a 2-page Uniform Fellow Application (available from Ana Mari Cauce, see email and address at end of section) 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 Ana Mari Cauce by November 15, 2006 (see e-mail address below). 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 2006-2007 Fellowship nomination process or requests for materials should be directed to the SCRA Fellows Committee Chair: Ana Mari Cauce, e-mail: cauce@u.washington.edu, or send to University of Washington, Department of Psychology, Box 351525, Seattle, WA 98195. Phone: 206-368-7909, Fax: 206-685-3157.

ANNOUNCEMENTS

2006 Penn State University Symposium on Family Issues

Intergenerational dependent care will be the focus of Penn State's 14th annual Symposium on Family Issues, October 5-6, 2006. "Caring and Exchange Within and Across Generations" will be addressed by 16 of the top scholars in sociology, economics, demography, human development, and gerontology from major institutions. The symposium is innovative for the integration of perspectives from multiple social sciences as well as for addressing policy implications. The intent of the symposium is to consider factors that account for variation and change in relationships within and among generations, the strengths and weaknesses of existing information that can be used to understand change in inter- and intra-generational relationships, and implications for social policies, in light of the dramatic changes in family composition. Lead speakers will include Kathleen McGarry (Economics, UCLA), Donald Cox (Economics, Boston College), Karl Pillemer (Human Development, Cornell), and Steven Nock (Sociology, U. of Virginia). Information and registration at http://www.pop.psu.edu/events/symposium/2006.htm or contact Carolyn Scott (814)863-6806, css7@psu.edu.

An Invitation To Membership

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.

Membership Application

Please provide the following information about yourself:

Name: _____

Title/Institution: _____

Mailing Address: _____

_____

_____

Day Phone: (_____) _____ - _____

Evening Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

May we include your name in the SCRA Membership Directory?

❑ Yes ❑ No

Are you a member of APA?

❑ No ❑ Yes (APA Membership # _____)

If yes, please indicate your membership status:

❑ Fellow ❑ Associate ❑ Member ❑ Student Affiliate

Please indicate any interest groups (IG) or committees you would like to join:

❑ Aging
❑ Children & Youth
❑ Committee on Women
❑ Community Action IG
❑ Community Health IG
❑ Cultural & Racial Affairs Committee
❑ Disabilities IG
❑ International Community Psychology Committee
❑ Lesbian, Gay, Bisexual &Transgender Concerns IG
❑ Prevention and Promotion IG
❑ Rural IG
❑ School Intervention IG
❑ Self-Help/Mutual Support IG
❑ Social Policy Committee
❑ Stress & Coping IG
❑ Students of Color IG
❑ Undergraduate Awareness

The following three questions are optional:

What is your gender?

❑ Female ❑ Male

Your race/ethnicity? _____

How did you hear about SCRA membership?

_____

Membership dues

❑ SCRA Member ($45) ❑ Student Member ($20)

❑ International Member ($35)

❑ Payment is enclosed (please make checks payable to SCRA)

❑ Charge to credit card: ❑ Visa ❑ MasterCard

Account No.: | | | | | | | | | | | | | | | | |

Expiration Date: _____ / _____

Authorized Signature: _____

Signature of Applicant: _____

Date: _____

Please mail this form with a check for your membership dues to:

SCRA
1800 Canyon Park Circle, Bldg. 4, Suite 403
Edmond, OK 73013

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*:

Reminder: Elizabeth Thomas new TCP Editor effective August 1, 2006. Articles, columns, features, letters to the Editor, and announcements should be submitted, if possible, as Word attachments in an e-mail message to the Editor at: EThomas@uwb.edu. The Editor encourages 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 Elizabeth Thomas, Interdisciplinary Arts and Sciences, University of Washington, Bothell, Box 358530, 18115 Campus Way N.E., Bothell, WA 98011-8242. You may reach the Editor by phone at (425) 352-3590 and by fax at (425) 352-5335. Next DEADLINES: Fall 2006–SEPTEMBER 22, 2006; Winter 2007–NOVEMBER 30, 2006; Spring 2007–FEBRUARY 28, 2007; Summer 2007–MAY 31, 2007.

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.

THE *Community Psychologist*

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