Before I started to write this, my first TCP column as president, I went back and read my statement that I wrote when I ran for this office. A reality check is always a good idea! That statement set forth two basic goals. The first was that I wanted to reach out to a new generation of community psychologists in order to continue to grow our field. The second was that I wanted to focus on continuing education for cutting-edge research methods.

When I wrote that statement, I had yet to undertake any Executive Committee responsibilities. The role of president-elect is an important one, as it gave me a chance to get my bearings and to learn more about the internal workings of the society. Thus, over the past year, I have come to think differently about what I hope to accomplish in my presidential year. I realize, as Carolyn Swift warned me, a year goes by quickly.

This year holds a number of big challenges for the society. I’ll point out three, all under the purview of one committee—the Publications Committee. First, we have begun the process of choosing a new editor for the American Journal of Community Psychology. Bill Davidson, who has done a phenomenal job, is ready to step down by 2010, and it is important to have the new editor on board so that we can ensure a smooth transition. Second, the society also needs to revisit the contract under which AJCP is published, currently by Kluwer/Plenum. Our current contract expires in the near future. Publishing has changed considerably since the extant contract was negotiated in 1999. I don’t think anyone foresaw at that time, the burgeoning role of electronic,
This is all by way of saying that a lot goes on in the division. And other SCRA members during the coming year: takeover collaboratively with various members of the EC (Continuing, Marco Hidalgo, and Christopher Zambakari) for the division and how to feel valued once we do. This is a tremendously complicated issue—one I do not pretend to fully understand—and one that is not unique to SCRA. In any large organization (we have about 1250 members) it is difficult to weave enough connections to make everybody feel involved and valued.

Here are a few very concrete initiatives that I want to undertake with the division: whether or not students are essential in charting this course.

1. The SCRA web page. In 2004, Scot Evans, our current webmaster, was asked to develop options for a new site for SCRA. He built us a temporary site to provide a stopgap until a permanent one was built. As most of you know, that “temporary” site has defaulted to being the permanent one. In 2005, during the visioning process at the biennial, many members voiced ideas for how the website could be developed to meet various needs of the membership. And at the last biennial, many other ideas were discussed. In brief, our temporary website is not sufficient to meet the needs that the members have outlined. This year the EC needs to decide whether to keep the present site or whether to develop a new one (and incur the expenses that would entail). If we keep the current site, we must ask whether there are ways in which it can be tweaked to meet at least some of our members’ needs. However, SCRA has the opportunity to develop a more sophisticated web page with group features, audio and video postings, etc. that would make the site more user friendly for current members and more inviting for those thinking of joining us. Regardless of the decision, I believe this is the year to make one and move forward.

2. It behooves SCRA to make more of an effort to reach out to students enrolled in community psychology graduate programs. Our biennial is very student friendly, but what happens between biennials? The SCRA EC has been talking about this issue, including revitalizing the student listserv and providing more contact from SCRA to the students. One idea that Greg Meissen and the other members of the Council of Directors of Community Psychology Programs are pursuing is to create a list of currently enrolled graduate students. This information will allow us to target relevant information specifically to students (e.g., fellowships or awards), for example, through the e-newsletter. I will discuss below, whether or not students are members of SCRA. There are no doubt other initiatives that we can undertake. Our talented student members of the EC (Marco Hidalgo, continuing, and Christopher Zambakari, newly elected) will be essential in charting this course.

3. Many SCRA members have commented to me about the need for special initiatives to reach out to particular constituencies within our organization. We need to find ways to make everyone welcome in our division and feel like a stakeholder. For example, I was able to attend the Nominating Committee meeting at the biennial. There, members talked passionately about promoting and fostering leadership within the division, particularly among members of color. Also, international members of SCRA and the Community Practice Group of SCRA want more in-

Rather than hard copy, journals. And third, in concert with Elizabeth Thomas, the current editor of The Community Psychologist, the Publications Committee is looking at ways to reduce the cost of producing this valued newsletter. As the size of the newsletter and our membership grows, the printing and mailing costs have increased as well. We are currently trying to find ways to continue mailing hard copies of TCP to our members, but at less cost to the division.

This is all by way of saying that a lot goes on in the division. Now, feeling more educated, I have decided that over the coming year, besides the routine responsibilities of the job and my special responsibilities as a member of the Publications Committee, my energies are best devoted to the issue of membership, but more broadly than I had conceived of this when I wrote my candidacy statement. It’s obvious to me, as I talk with people in the division, that there is an undercurrent of frustration among members regarding how to get involved with the division and how to feel valued once they do. This is a tremendously complicated issue—one I do not pretend to fully understand—and one that is not unique to SCRA. In any large organization (we have about 1250 members), it is difficult to weave enough connections to make everyone feel involved and valued.

Here are a few very concrete initiatives that I want to undertake collaboratively with various members of the EC and other SCRA members during the coming year:

This is all by way of saying that a lot goes on in the division. And other SCRA members during the coming year: takeover collaboratively with various members of the EC (Continuing, Marco Hidalgo, and Christopher Zambakari) for the division and how to feel valued once we do. This is a tremendously complicated issue—one I do not pretend to fully understand—and one that is not unique to SCRA. In any large organization (we have about 1250 members) it is difficult to weave enough connections to make everybody feel involved and valued.

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volvement in our division. The Community Practice Group will focus on membership this year; re-engaging practice members who have left the division will be a key focus. Again, there is much to be done on this front. I want to review prior initiatives in this area in order to build on the past and help transform the future.

4. Outreach to young professionals. There are a number of ongoing initiatives throughout APA and other divisions within APA to garner more involvement in divisions from young professionals—those in the early stages of their careers. In fact, APA has a website devoted to this demographic: (http://www.apa.org/earlycareer/convention.html). Susan Torres–Harding, one of our Members-at-Large, will be developing initiatives this year to reach out to young professionals in SCRA. I look forward to working with her on this important topic.

5. Generally, SCRA needs to have more regular contact with members. I have proposed to the EC that SCRA send a regular, perhaps quarterly, email newsletter to our membership (all of our members, not just those who are on the Division 27 listserv). In the e-newsletter, we would put timely notices about such things as conference submissions or registration deadlines, SCRA voting deadlines, etc. Elizabeth Thomas, the current editor of TCP, has agreed to coordinate the e-newsletter effort. Elizabeth likes the idea (as do I) of removing the more timely notices from TCP. This would avoid the problem that sometimes occurs when event dates have passed before TCP is mailed to members.

These are just a few ideas that I wish to move forward on in the coming year. All of these initiatives have to take place in the context of a limited budget and the time constraints of members (EC and otherwise).

I invite you to join me in thinking about membership this year. If you have ideas, please send them my way. If you would like to get involved in any of the membership initiatives I have mentioned, please let me know. As president, and through these columns, I will do my best to inform you, the members, about important initiatives or ongoing activities occurring in the Executive Committee and throughout SCRA. I look forward to serving the society over the coming year.
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<td>Anne Bogat, Michigan State University</td>
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<td>Maurice Elias, Rutgers University</td>
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<td>Fabricio E. Balcazar, University of Illinois, Chicago</td>
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<td><strong>SECRETARY</strong></td>
<td>Jean Hill, New Mexico Highlands University</td>
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<td>Marco Hidalgo, DePaul University, Christopher Zambakari, Arizona State University</td>
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<td>Brian Wilcox, University of Nebraska–Wilcox</td>
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<td>Greg Meissen, Wichita State University</td>
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<td><strong>REGIONAL NETWORK COORDINATOR</strong></td>
<td>Bernadette Sánchez, University of Chicago</td>
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| **AUSTRALIA/NEW ZEALAND/SOUTH PACIFIC** |
| Ingrid Huygens, Aotearoa, New Zealand, Katie Thomas, Curtin University of Technology |
| **SCHOOl INTERVENTION** | Colleen Loomis, Wilfred Laurier University, Scot D. Evans, Wilfred Laurier University |
| **EUROPE** | David Fryer, University of Stirling, Scotland |

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- The Aging interest group focuses on the productive role of aging in the community and the prevention of mental health problems in the elderly. Chair: Margaret M. Hastings, 847-256-4844, margaretmhastings@earthlink.net

| **CHILDREN, YOUTH AND FAMILIES** |

- 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. Chair: Richard N. Roberts, 435-797-3346

| **COMMUNITY HEALTH** |

- The Community Health interest group focuses on health promotion, disease prevention, and health care service delivery issues as they relate to the community. Co-chairs: David Lounsbury, 415-338-1440, lounsbud@mskcc.org, Shannon Gwin Mitchell, 202-719-7812, sgwinnmitch@ymail.com

| **COMMUNITY ACTION** |

- The Community Action interest group explores the roles and contributions of people working in applied community psychology settings. Chair: Bradley Olson, 773-325-4771

| **COMmUNITY PolicY** |

- The Community Policy interest group facilitates the interests of community psychologists who are either interested in research/service/policy related to LGBT people and communities, and/or who identify as LGBT. Co-chairs: Richard Jenkins, jenkinsri@nida.nih.gov, Colleen Loomis, 519-884-1970 x 2858, cloomis@wlu.ca

| **DIAGNOSIS** |

- The Disabilities interest group promotes understanding of the depth and diversity of disabilities issues in the community that are ready for research and action, and influences community psychologists’ involvement in policy and practices that enhance self-determination, personal choice, and full inclusion in the community for people with disabilities. Chair: Katherine E. McDonald, 503-725-3995, kmcdona@pdx.ed

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| **GAY/BISEXUAL/TRANSGENDER** |

- The LGBT interest group increases awareness of the need for community research and action related to issues that impact LGBT people, and serves as a mechanism for communication, collaboration, and support among community psychologists who are either interested in research/service/policy related to LGBT people and communities, and/or who identify as LGBT. Co-chairs: Richard Jenkins, jenkinsri@nida.nih.gov, Colleen Loomis, 519-884-1970 x 2858, cloomis@wlu.ca

| **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. Co-chairs: Monica Adams, madams8@depaul.edu, Derek Griffith, devekmg@umich.edu

| **RURAL** |

- The Rural interest group is devoted to highlighting issues of the rural environment that are important in psychological research, service, and teaching. Chair: Cécile Lardon, 909-474-5781, c.lardon@uaf.edu

| **SCHOOL INTERVENTION** |

- The School Intervention interest group addresses theories, methods, knowledge base, and setting factors pertaining to prevention and health promotion in school. Co-chairs: Paul Flaspohler, flaspopd@muohio.edu, Susana Helm, shalt@hawaii.edu

| **SELF-HELP/MUTUAL SUPPORT** |

- The Self-Help/Mutual Support interest group is an international organization of researchers, self-help leaders, and policy makers that promotes research and action related to self-help groups and organizations. Chair: Lynne Mock, lmock@thecouncil-online.org
FROM THE EDITOR—

Elizabeth Thomas,
University of Washington Bothell

I am pleased to share this Fall 2007 issue of The Community Psychologist with you. Thanks to all of the column editors and contributors for their fine work in this edition. In addition to the regular columns, this issue features articles by Jim Kelly remembering Jack Glidewell and Bob Reiff. Professor Kelly also offers personal recollections of Don Klein. I am deeply grateful to Jim Kelly for his generosity in helping SCRA honor the lives and contributions of these leaders in our field. Many thanks also to Leonard Jason for his remembrance of Jack Glidewell included in this issue as well.

An exciting conversation about community psychology practice continues in this issue. David Julian has invited a representative of a European community psychology training program, Donata Francescata at the University of Sapienza in Rome, Italy, to describe how her university addresses the issue of core competencies necessary to prepare students to practice community psychology. In addition, Cheryl Ramos, a community psychologist in Hawai’i, proposes a framework for considering various domains and skills relative to community psychology practice.

In the Community Health column, David Lounsbury and Shannon Gwin Mitchell request your feedback and assistance in a new project aimed at identifying professional opportunities for community psychologists specializing in community health issues. In the Living Community Psychology column, Gloria Levin shares the life and work of community psychologist Irma Serrano–Garcia. And in an additional article, Niamh Hall-Campbell raises provocative questions about the researcher as tourist. These are just a few of the many highlights.

Many thanks to those who have served SCRA as TCP column editors and completed their terms: Ken Miller (Book Reviews), Fabrício Balcazar (Disabilities Action), David Fryer (International), Cathy Chovan and Peter Ji (LGBT Concerns), Gary Harper (Regional), Bret Kloos (Self-help/Mutual Support), and Mike Armstrong (Student Issues and the Community Student). I also want to welcome new column editors who begin their terms with this issue: Raymond Scott (Book Reviews), Katherine McDonald (Disabilities Action), Serdar Degirmencioglu (International), Colleen Loomis (LGBT Concerns), Bernadette Sánchez (Regional), Paul Flaspohler (who joins Susana Helms as co-editor of School Intervention), Lynne Mock (Self-help/Mutual Support), and Christopher Zambakari (who joins Marco Hidalgo as co-editor of Student Issues and the Community Student). And thanks again to all of the column editors and contributors for their excellent work.

CHILDREN, YOUTH, & FAMILIES—

Edited & written by Richard N. Roberts

Not Just the What But the How: Putting the Community in Community Psychology

The recent biennial was a event which signaled both the dynamic and synergistic nature of our organization. The summit on visioning community psychology and practice as well as the death of one of SCRA’s founders during the conference, Donald Klein, marked the conference as one all of us may remember as a time of recommitment and excitement about our mission. On a smaller note, we had the first meeting of the Children, Youth and Family Interest group with about 40 people in attendance. Both during and after the conference, I continued to think about what can be gleaned from these meetings and the visioning process that would help inform community theory and practice building around families, children, and youth.

Having had the opportunity to be the discussant on the last visioning panel as the conference came to a close, I listened carefully to the presenters, asking myself, “How does this vision of practice and theory, emerging from this set of presentations and reports jive with my everyday job as Director of the Early Intervention Research Institute and professor in an emerging community psychology graduate program?” I heard a lot of language that was very familiar to me with respect to “what to study” but was perhaps more concerned about the presentations being made about “how to” study, whatever the “it” might be. As an Academic/Behavioral Clinical/Community Psychologist by training, (with an MSW and a Government undergraduate major—how’s that for eclecticism?) my latest reinvention of “self in the context of . . .” continues to focus on the contexts in which I join others as part of an intentional learning community to affect a goal or a process. The more I have tried to operationalize this construct, the more interesting life becomes.

As I sat listening to the presentations with respect to the outcomes of the forum and discussions, I wanted to hear words like “participatory, action oriented, communities of practitioner/learners, partnerships, shared meaning and empowerment.” I was hoping to find encouragement to explore models of systems change that embraced these constructs and others like them. Yet as the presentations continued, there was really a dearth of dialogue and not much mention of the differences between looking “at” and looking “with” as the framework in which we should be conducting our work with others. Community psychology with an emphasis on families, children and youth, by its nature, must have its roots in “joint productive activity” where social change:

develops as a function of the community context; involves purposeful learning with the intent to be inclusive; and is both affirming and action oriented in discovering approaches to the social world into which children, youth and families must immerse themselves and prosper.
This of course led me to reexamine the visioning process as a metaphor for systems change in context. Without getting too existential about it, we can’t envision that which we have not had some taste or inkling of what “it” might be and how “it” would improve our ability to understand and to move forward in a given direction. As a way of combining some of these themes, I would like to take the opportunity to articulate an approach to what we are doing at the Early Intervention Research Institute in partnership with the US Maternal and Child Health Bureau. Champions for Inclusive Communities (CommunitiesInc) provides national leadership, to the Division of Services for Children with Special Health Care Needs (DSCSHN) and its constituents in achieving full implementation of the President’s New Freedom Initiative (PNFI). In particular, the PNFI requires that services and supports for persons with disabilities are provided in community settings and that they will:

- include access to assistive and universally designed technologies, expand educational opportunities; integrate Americans with disabilities into the workforce; expand transportation options; and promote full access to community life. (http://www.hhs.gov/newfreedom)

In the work we are currently doing, we argue that the most efficient and effective way to achieve the full implementation of the PNFI specific to CSHCN is through the development and implementation of inclusive, integrated systems of care and support at the community level. A system of care as defined by Stroul & Friedman (1986) is a “comprehensive spectrum of . . . health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families” (p. 3). Such a definition includes the full spectrum of physical and behavioral health, as well as disability challenges for children and their families.

A Little Bit of History

Typically, services for CYSHCN have been described as segmented, fragmented, and often ineffective. Reasons for these problems have been attributed to categorical funding streams, service delivery provided by a myriad of agencies, prohibitive location and time constraints, and competing agency or government requirements (Talley & Schrag, 1999).

The Omnibus Budget Reconciliation Act of 1989 is key in delineating the importance of a service system that is family-centered, community-based, culturally competent and coordinated. Since that time, the Division of Services for Children with Special Health Needs (DSCSHN) is but one of a number of federal agencies vigorously promoting integrated service systems to meet the needs of children and their families.

What are integrated service systems? Integrated services refers to the design of a system of care that is efficient in its use of resources while organizing services so families can use them easily. It pertains to efforts that occur at the family level via care coordination as well as efforts at the systems level, such as coordinated service plans, pooled funding, community councils, and shared data systems (Roberts, Akers, & Russo, 2005; Roberts, Behl, & Akers, 2006). To be successful, integrated services must be community driven with support from state-level counterparts as well as citizens and private entities. Substantial service integration efforts within the health, education, and social service sectors have been funded through demonstration and state implementation act grants but none have reached the tipping point where full implementation is inevitable (Gladwell, 2000). There remains a critical need for broad scale implementation using continuous quality improvement strategies that drill down to the community level with full consumer participation.

The PNFI is the most recent and strongest legislative mandate for “inclusive integrated community services” that are organized so families of children and youth with special health care needs (CYSHCN) can use them easily. Earlier legislative or administrative actions either were less explicit or not as comprehensive in scope. For instance, the reauthorization of the Social Security Act and its Title V programs (OBRA ‘89) tasked MCHB with the requirement to “provide family-centered, community-based coordinated care for CSHCN as part of the Title V reauthorization” (Gittler, ND). Initiatives, such as the Surgeon General’s Healthy People 2000 and 2010, identified two performance measures that addressed these issues (HP2010, Objectives 16.23 and 16.22). The Olmsted Supreme Court decision (1999) further extended this mandate by requiring that individuals with disabilities receive services in the least restrictive environments possible within their community. This judicial decision was codified in law through the PNFI (p. 1 102) which further clarified components of Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act.

Taken together, these initiatives clearly mandate that states have the obligation and the authority to accelerate the broader movement toward inclusion and involvement in everyday life in all its aspects for CYSHCN, including persons with disabilities. This vision has its greatest impact at the level where families live—in communities. Communities that are able to organize services and supports in ways that assist families in accessing what they need specifically for the child/youth with special health needs are communities that are at the same time—inclusive, coordinated, family-centered, and culturally competent (Roberts & Magrab, 1999).

To be inclusive means that CYSHCN and their families are full participants in the daily life of the community as a whole (Innocenti & Roberts, 1999), which implies the duality and reciprocal nature of relationships in inclusive communities. Being a full active member of a community implies both the protective benefits of such a relationship and the necessity to give back and actively participate in how it operates. Optimally, families of CYSHCN are active at each level within an inclusive, community based system of care. They are active as advocates for their own child, or in the case of youth—perhaps for their own needs, as well as other youth. They advocate on behalf of other families and children on boards and in public forums. They ensure that the voice of CYSHCN is present at each decision level.
In addition to working collaboratively with federal, state, community, family, private, and public partners to achieve the above goals, state Title V programs are charged with ensuring that the health of CYSHCN are addressed in ways that families can use easily, involve families in decisions, are affordable, and are continuous across the transition into adulthood and adult services and supports. Additionally, children and youth are screened early and appropriately over time to identify health and related issues as soon as possible. Though the coordination of medical care via the medical home is paramount for this population of children, services and supports must go beyond those of medical care alone and include helping CYSHCN and their families to participate as full and active members of the community. Options for all must include access to schools, academic curriculum, playgrounds, busses and other forms of transportation, places of worship, and age-appropriate activities, such as clubs, sports, and Boy or Girl Scouts. In short, community inclusion opens the doors for a CYSHCN to have a life in the community with his or her friends and in age appropriate groups. Though government is an active partner in this process, it is but one of many needed to achieve this goal.

Community systems building meets the definition of Hobbs, Perrin, & Ireys (1985) who defined community as:

the shared commitment of a group of people to mutual assistance and the achievement of common purposes . . . mutuality, reciprocal obligations, and common benefits . . . the sharing of burdens and generous support of family needs through the mobilization of community concern. Although some commitment may be financial, much of it involves organization and provision of direct support services. (pp. 317-318)

Over an extensive planning period, the DSCSHN and its partners have developed both a systems approach to care and support and a methodology by which to measure outcomes, the six performance measures and progress toward implementation of such a system in all 59 states and territories (McPherson et al., 1998). In an effort to demonstrate how states could develop strategies to accomplish the six outcomes, the Measuring and Monitoring (M&M) Project (Roberts, Behl, & Akers, 2003) worked with six states using a participatory action research (PAR) methodology to develop indicators for the six measures, as well as, data sources for their measurement. These indicators are now being used at the national, state, and community levels to implement state and local plans.

A major milestone in the systems quality improvement effort for an integrated system of services for CYSHCN was the National Survey of CSHCN (McPherson et al., 1998; McPherson et al., 2004; Roberts & McPherson, 1999), which contained questions designed to collect data on the degree to which families of CYSHCN perceived that services were organized in ways that were accessible at the community level. At least five other MCHB national centers now exist to support work at the national, state, and community efforts to build a system that incorporates the six core measures. Thus, the purpose of CommunitiesInc is to complete the circle by providing a national center to support the community-based element of a system of services. In order to fulfill its mission, it must help to define what an effective, inclusive, integrated system of supports and services looks like at the community level and what supports it needs through other systems to get the job done. The outcomes of such a system would be that every CYSHCN and his or her family have full access to the life of the community in which he or she lives.

 Communities in the series of Opening Doors projects (Roberts & Akers, 2002; Roberts & Akers, 2005) exhibited the will to do more so than communities with fragmented, unwelcoming systems of services (Roberts, Akers, & Behl, 1996). The lessons learned from the Communities Can Project (Doggett, 2004; Doggett & Bronheim, 2003; Morgan & Bronheim, 2002) bear a similar message. In more operational terms, Cottrell (1976) identified four components of what he termed competent communities: (1) able to collaborate effectively in identifying the problems and the needs of the community; (2) achieve a working consensus on goals and priorities; (3) agree on ways and means to implement the agreed upon goals; and (4) collaborate effectively. Competent communities are subject to the same political, economic, fiscal, and health crises as any other and, yet, they continue to prevail and make things happen. Krieger & Ciske (2000) make a similar point. At the state level, DSCSHN has targeted seven leadership states now working more closely as a learning community. These states exhibit similar proactive traits. Thus, at the state and the community level, there are examples of “competent” states and communities who have collective leadership, the ability to find resources, a plan for direction, and a way to measure their progress.

What do data tell us about how competent communities and their competent state partners should be spending their efforts in systems change? The most complete national data set is the National Survey of CSHCN. Data from this survey frames several barriers that must be addressed. Increasingly, CYSHCN are becoming more active members of their communities due to advances in awareness, attitudinal shifts, assistive technology, and legislation. Yet this shift is benefiting some families much more than others. Below, we suggest that three major factors increase the likelihood that families report that the system does not work as it should.

Problem 1. Families of CYSHCN report that services are not organized so that they can use them easily.

According to the National Survey, approximately 25% of families with CYSHCN report that community-based services are not organized so that they can use them easily. A closer look at the data suggests that families’ difficulties in accessing services are related to:

a. Ethnicity. The percent of families with CSHCN by ethnicity who reported difficulties in accessing services were: white 22.6%; Hispanic 33.6%; Black 34.7%.

b. Access to health insurance. For uninsured families, 46.7% reported not having integrated community systems which was twice that of those families (24.6%) who were covered through some form of insurance.
c. Complexity of special health needs. The percentage of families who reported that services were not organized increased as the complexity of the child’s health problems increased (children who needed prescription medication and specialty services—23%; children with functional limitations—37%; children with greater than routine use of medication—38%).

Likewise in the Family Voices’ Your Voice Counts Survey (Wells et al., 2001), anywhere from 25 to 48% of families reported significant difficulties with uncoordinated, rationed and bureaucratic bottlenecks and delays in getting and paying for services.

**Problem 2. Proposed solutions that attempt to target single disparities alone have a high likelihood of inadequate outcomes.**

Ethnicity, insurance coverage, and medical complexity as examples are inter-related and are best addressed in an integrated fashion. In order to function optimally, service systems must be integrated both horizontally (e.g. at the family level, services and supports must coordinate with each other and the family) and vertically (e.g. family, community, state, and federal levels must provide consistent and accurate information and supports to the family and each other).

**Problem 3. Cookbook solutions to achieving inclusive community integrated services for CYSHCN at the individual family and systems levels do not work.**

Community-based services are more than a set of activities. There is an interacting set of supports that incorporate the values of its members to provide for their common needs with the locus for the definition, control and solutions to the problems and tasks, held within the community itself.

Now some good news. With these problems and issues front and center on the table, community-based systems are not as inclusive, integrated, or supportive as they must be. Yet 75% of families in 2001 indicate that they were satisfied with how services were organized overall. In other words, we have a good system for some families—and significant disparities for others. A great system would be achieved when all six performance measures reach full implementation in every community and state across the US. This can only be accomplished if states work in partnership with communities to create inclusive systems of service that reflect and honor all six CYSHCN measures. So, we asked ourselves and our family/community partners early in the process, “How can a national center help provide the leadership for DSCSHN in shifting this community-based system of services from the current GOOD for SOME—to GREAT for ALL?” In his recent book *Good to Great*, Collins (2001) suggested that corporate systems have a potential energy that, when harnessed properly, can achieve a breakthrough from *good to great*. Collins’ data support a model that does not involve tricky things or gadgets. The upward shift involves hard work by dedicated people over time, who stay the course and devotedly believe that their efforts will prevail. This is also the single, common attribute in the communities and states that we worked with in a series of successful projects, such as Opening Doors I, II, and III; M&M project; and Champions for Progress.

Collins found several attributes contributing to success in making the leap from *good to great*. We reframe the term *companies to communities* to draw the parallel to the current effort. The attributes identified were:

**Leadership.** Leaders focused on “What can I do in my position to instill the long haul view that what are doing is the right thing to do and will get us where we need to be?” *First who . . . , then what?* Leaders assembled the right team, THEN worked with the team to develop the plan and implementation strategy. The needed team skills were collaboration and helping others to do their job better.

**Confront the brutal facts—yet never lose faith.** Understanding the situation very clearly requires community teams to examine and address all parameters of family needs in the community and accept them as real. They must believe that their efforts will prevail with full implementation of an inclusive integrated community system.

**The hedgehog concept** implies that community teams recognize their strengths and passions—and then do it!

**A culture of discipline.** Disciplined teams lead to a culture of discipline such that heavier, top-down management approaches are not productive. Providing the tools to communities, to help them both to develop this culture and achieve their goals, will form the basis of our proposed methodology.

**Technology accelerators.** Technology is not the answer to every question. If the goal is to achieve a specific outcome, technology should be in service to the goal.

Many of the community and state teams with whom we have worked during the last 15 years exemplify this form of leadership. Interestingly, they garner the same level of loyalty and purposefulness that Collins describes in his book. Many leaders have been in and of their communities for quite a long time. They are deeply committed to what they do and to the people with whom they serve. They also fight for what they believe in, though not at the cost of the long term outcomes. So, when one door closes because of budget cuts or loss of a key person, teams continue, rebuild, and move on.

The number of brutal facts that community and state leaders need to confront everyday with respect to budget cuts, changes in legislation, changes in priorities at governmental structures, the choices that must be made at times are very trying and disheartening. These facts are a constant part of the public discourse. *Yet, the ability to adjust not the end goal but the current approach or timeline is an important, sustaining factor in achieving success.* Models of systems change that employ learning community frameworks tend to do best in situations where there is a culture of discipline. Learning communities, purposefully work within a flattened administrative structure, recognizing that the best ideas do not always come from a top-down approach. They also recognize that learning occurs best when it is directly applicable to real life problems that a team or an individual face.
So, when we move back to how this column started, focusing on a visioning process for community psychology for this century and implementation of models of culturally competent, inclusive, data-driven community integrated services efforts that transform communities that are GOOD for SOME families of CYSHCN to ones that are GREAT for ALL families, this brings us back to the beginning of this column where I wrote about a group of words that were not permeating the discussion at the visioning sessions like “participatory, action-oriented communities of practitioners/learners, partnerships, shared meaning and empowerment.” These issues do not just involve systemic change for families with special needs and the service/community/private/public support structures that try to serve them. It actually defines the tools for a community revolution by improving and ensuring a democratic, comprehensive, and effective system of supports for children, youth, and their families that is at the same time affordable, accessible, community-based, effective, and culturally competent. In sum, targeted groups such as children and youth with special needs (and their families) will continue to benefit from and contribute to the life of community in a system where services are indeed organized so ALL families can use them easily. For more information on Champions for Inclusive Communities see our website (www.championsinc.org).

References

COMMUNITY ACTION RESEARCH CENTER NETWORK—

Edited by Chris Keys, Bob Newbrough, Bradley Olson, & Yolanda Suarez–Balcazar

Center for Women & Work: University of Massachusetts Lowell
A Vibrant Hub for Advancing Critical Social Change

~Meg A. Bond, Director

The Center for Women and Work (CWW) at the University of Massachusetts Lowell is a vibrant community of scholars—representing diverse disciplines—who are dedicated to the Center’s mission to:

• Advance knowledge about the relationship between gender and work through research
• Enhance understanding of this relationship through education and training
• Challenge inequalities, particularly through institutional change

Since its inception in 1998, the Center for Women and Work has demonstrated its commitment to addressing the gendered conditions of work in several key ways: by designing and implementing programs and projects that foster new ways of thinking about the gendered conditions of work; encouraging and supporting interdisciplinary linkages across and throughout all of our networks; and by bringing to the forefront the reciprocal relationship between women’s work and the well-being of communities.

Advancing Knowledge

At the heart of CWW is the Associates Program, which serves as a hub for innovative scholarly projects and helps expand the overall resource base for work that forwards the mission of CWW. Each year, the CWW welcomes six to eight Associates, each actively involved in pursuing distinctive projects related to the gendered conditions of work. Associates have come from the fields of sociology, economics, political science, public health, anthropology, engineering, labor relations, and psychology. Participants have developed projects on such wide-ranging topics as how deaf women negotiate work-family challenges, issues for women in construction trades, trafficking of women throughout the world, women’s roles in home-based shoe manufacturing in Asia, attribution of credit in Affirmative Action scenarios, women’s leadership in unions, and pedagogical approaches that support inclusiveness in the sciences. Through the activities of the Associates Program, scholars benefit from substantive feedback from colleagues, from support in the development of funding proposals, as well as from genuine collegial encouragement. The Associates Program also fosters unique interdisciplinary collaborations. For example, a psychologist and an anthropologist met as Associates and teamed up to write a successful grant proposal on community resources for elders. The Associates Program brought together an economist, a psychologist, and an engineer to lead our program on women in science and technology.

In addition to the Associates Program, CWW currently has three core center-sponsored initiatives, each of which involves interdisciplinary collaborations.

Carework: People, Policies, and Politics

The research focus of several Associates revolves around the theme of “carework.” For example, Jean Pyle’s (economics) research exposes the growing care deficits in the lives of women who migrate transnationally to provide care services to others as nannies, domestics, or healthcare workers. She documents the double-bind their home governments face, needing women to migrate for economic reasons but not wanting citizens abused abroad or the accompanying adverse publicity. Andrew Hostetler (psychology) and Susan Thomson (anthropology) received a Healey/Public Service Endowment Grant for a project entitled Redefining Aging, Redefining Community. The two-year project is focused on better understanding the needs of the aging population in Lowell with particular attention to differences according to gender, socioeconomic class, and ethnicity. One aspect of Mignon Duffy’s (sociology) research is a large historical quantitative study of paid care workers, focusing on the intersections of gender, race, and immigration with care in the paid labor market. She is particularly interested in the historical occupational mobility of child-care workers and the different constructs of childcare over time in the United States. Sharon Wasco (psychology) is developing a study for and about those who care for rape survivors. Her community-based research program includes attention to both the emotional reactions of rape victim advocates to the difficult nature of their work and the effect of organizational support on their self-care strategies. Laura Punnett (public health, ergonomics) has been studying occupational health and safety problems in the healthcare sector for several years, documenting the range of exposures across the socioeconomic spectrum that affect both direct-care and other workers. Given this convergence of interests, CWW is exploring several new initiatives on this theme, including spearheading an inter-campus carework policy agenda and compiling an edited volume on women, work, and caregiving.

Women in Science, Technology, Engineering, and Mathematics

The Working WISE Project, funded by the National Science Foundation, is a project that brings together scholars from diverse disciplines and from different professional generations in order to foster dialogue among leading experts regarding workplace factors associated with women’s success in Science, Technology, Engineering, and Mathematics (STEM) fields. The Project centered on a working conference held in April 2007. Working in intergenerational, interdisciplinary groups, conference attendees identified what has changed

1 For more information, contact Meg A. Bond (Meg_Bond@uml.edu) and/or visit the CWW website (www.uml.edu/centers/women-work).
for women in the STEM (science, technology, engineering, and mathematics) fields and developed specific proposals for future research, public policy, and workplace action. Four themes guided these discussions: (1) educational pathways for women entering STEM careers; (2) discrimination in the workplace; (3) work-life balance; and (4) job and organizational factors which lead to success in these fields. An edited conference volume will summarize results and be distributed widely to academic, industry, and public policy audiences. The PI on the grant is Paula Rayman (economics); the co-PIs are Meg Bond (psychology) and Maria Brunette (engineering).

**Gendered Work Climates, Discrimination, and Health**

This research program is a multi-year collaboration between CWW and the Kerr Ergonomics Institute (KEI) and now also includes the new Center for the Promotion of Health in the New England Workplace (CPH-NEW) at UML. We have convened an interdisciplinary research group of faculty and students to research links between work climate, discrimination and harassment against women in the workplace, levels of stress, adverse health outcomes, and increased business costs (due to higher absenteeism, increased turnover, lowered productivity, and higher worker healthcare costs). Through multiple past and ongoing projects, we have gathered extensive data, both qualitative and quantitative, about workplace factors relevant to gender and racial diversity (e.g., organizational policies & procedures, prevalence of harassment and discrimination, racial/gender ratios of work groups, and collective beliefs and values). Our next phase of work is partnering with community agencies both to identify their unique challenges and to share best practices around workplace diversity. The lead associates on this project are Laura Funnett (public health and ergonomics) and Meg Bond (psychology).

**Enhancing Understanding through Education and Training**

CWW has a sustained commitment to provide education, mentoring, and professional support for women as they pursue scholarly work at the university. Toward that end, we are involved in several endeavors that focus on undergraduate and graduate education. The CWW is engaged in the creation of a curriculum that specifically seeks to enhance understanding around the issues of gender and conditions of work. There is a new CWW-sponsored undergraduate course on *Gender, Work, and Public Policy*. In more general support of undergraduate curriculum development, CWW works closely with the Gender Studies Program at UMass Lowell, hosting GS Steering Committee meetings and co-sponsoring events both on campus and in the community.

Since CWW was founded, affiliated faculty have supervised numerous graduate research projects on women and work. We work with students from multiple departments, including Psychology as well as three interdisciplinary departments: Regional Economic and Social Development, Work Environment, and Health Care Management. In addition, CWW is exploring an interdisciplinary graduate certificate program on diversity and healthy workplaces. Toward the goal of broader-based mentoring, CWW has sponsored lunchtime professional development seminars for women graduate students and provides open hours so that students can drop in for informal conversation and advice.

**Challenging Inequalities**

CWW’s goal of challenging inequalities involves both supporting a community of equity at UMass Lowell and promoting healthy workplaces in all communities. On campus, CWW has hosted a junior faculty support group, and actively collaborated with a UMass Lowell Campus Transformation Project devoted to improving the work environment for all employees of the university. More recently, the center has joined with other campus groups to call for a gender equity study. We have proposed a comprehensive comparative study of wages as well as general working conditions for women and men—staff and faculty—at the university.

Demonstrating its commitment to the larger community, CWW sponsors an annual forum entitled *Gathering at the Well*, which is an opportunity for residents of the greater Lowell region and UML faculty, staff, and students to come together and discuss common concerns. Women, historically, gathered at the well to collect water and share common issues, turning what was once an onerous task into a source of strength. The CWW forum *Gathering at the Well* is designed to tap into that strength by promoting dialogue on issues of women and work—with an eye toward raising awareness and creating solutions that directly challenge inequalities. Even though the forum addresses a different issue and attracts new participants each year, the event has also developed a regular following and draws 80-100 participants yearly. CWW has had a presence at other community venues that seek to raise awareness about inequality, including participation in a Lowell-wide Women’s Week. Associates have also provided consultation to local, regional, and national organizations on issues of equity at work.

CWW continues its dissemination efforts on national and international fronts through conference presentations and publications. CWW has initiated its own *Working Papers Series*, which makes associates’ work more immediately available for dissemination. In addition, CWW’s bi-annual newsletter, *Perspectives*, includes articles about all aspects of the center’s activities and helps extend our network.

**The Center for Women and Work: A Vibrant and Innovative Hub for Advancing Critical Social Change**

In sum, the UML Center for Women and Work is a university-based center that strives to improve equity at work through research, education and training, and, ultimately, through institutional change. The goals of CWW are synergistic with many of the guiding principles of the field of community psychology, including values for challenging inequalities, fostering diversity, and promoting sustainable solutions by focusing on systemic factors. The work of CWW is acutely attuned to the negative impact of gendered work conditions and is founded on a belief that fully productive and sustainable societies are not possible as long as workplace and economic barriers for women continue to be perpetuated. CWW not only focuses on how economic opportunities vary by gender but also seeks to understand how work issues are related to race, ethnicity, class, sexual orientation, age, and disability status. The center is, therefore, dedicated to understanding individuals in the context of their personal, cultural, and societal networks; advancing social innovations that benefit individuals, workplaces and communities; and encouraging and supporting intellectual risk-taking to produce sustainable strategies that work toward greater equity and that make all people’s lives healthier and more rewarding.
Community Health

Edited & written by David Lounsbery & Shannon Gwin Mitchell

Community Health Psychology Today and Beyond: Who Will Buy?

Meet Dr. William Neigher

A recurring topic of discussion among members of the Community Health Interest Group (CHIG) is the need to clarify the unique identities and perspectives we hold as “community psychologists” relative to others from related health disciplines, such as medical anthropology, public health, and preventive medicine. One interest group member, William (Bill) Neigher, PhD, has raised a number of issues about the current and future impact of our field in the way health care is provided. Bill currently serves as Director of Strategic Planning for Atlantic Health, a nationally recognized, major provider of medical care in New Jersey. He is charged with planning and supporting system development initiatives that ensure high-quality medical care and sustainable growth for the hospitals and community partners of Atlantic Health.

As a community psychologist, Bill strives to manage the social and ethical pressures of health care delivery in a way that meets or exceeds the medical needs of the communities his organization serves. Managing these well is inextricably linked to effective management of the agency’s fiscal health. In short, Bill’s work as a strategic planner applies principles of community psychology to the science of managing Atlantic Health’s mission focus with financial viability.

We will make the “business case” that the fundamental tenets, skills, and methods of community psychologists are a pivotal resource for understanding and implementing solutions to our society’s current and future health care needs.

Untapped Demand for Community Health Psychologists

Reflecting on his own professional experiences, he asserts that there is a vast, untapped demand for persons trained in community psychology in settings like Atlantic Health. This demand is not for psychologists who deliver clinical services in its many forms to individuals. Rather it is for community psychologists whose work involves, for example, health care services research or evaluation, public/institutional policy analyses, and the assessment of community needs in both private and public sectors.

This untapped demand can be attributed to a clash of cultures (i.e., “academic” vs. “corporate”) and to an inability to speak each other’s language. Many of us would describe a community psychologist as someone who is well-trained in research methods, data analysis, needs assessment, grant writing, program development and planning, advocacy and community organizing. On the other hand, health and health-related industries are often searching for persons with proven skill in market research, branding and positioning, data mining, competitor analysis, strategic business unit forecasting, and financial feasibility studies. In some cases they are the same skills by a different name, in others a world apart from our values, training and experience.

To bridge this gap and take advantage of these types of professional opportunities—where a good fit to our values, training and experience exists—a little more self-promotion may be called for. During one meeting, Bill put it this way: “Hallmark doesn’t have a card for us and for that matter Monster.com doesn’t have a job for us either, at least not by our ‘given’ name. So if we’re looking for that ‘Wanted: Community Psychologists’ sign, we may be traveling down Route 66 for some time. If you’re too young to remember the TV series, consider that even Craig doesn’t have a list for us.”

Project Proposal

Working in collaboration with Bill, the CHIG has started to design an identity awareness market opportunity project to learn more about where new professional opportunities exist and how we might begin to work together. Our project will explore the following kinds of questions: Who wants to hire a community psychologist specializing in community health issues? What is the work setting and work product? What are we worth in the marketplace? Who else does what we do, and what do they cost in comparison? What are the career and advancement opportunities in each setting? And of course, how are our academic training and continuing education programs preparing us to meet the challenge?

First, we will conduct a review of the current community psychology graduate training programs—their enrollment, scope and interest, and vision of the future—we need to look at current employment settings with regard to the skills and competencies we’ve mentioned (by whatever name), and “work force need” estimates for the decade ahead. Second, we will identify professional opportunities in six broadly defined employment domains that represent settings where our CHIG membership would work: public health, hospitals, the health planning industry, academic institutions, foundations (public and private), and business and industry. The scope of these settings range from local to national, from faith-based organizations to Fortune 500 companies, and from value propositions based on addressing those most in need to those with the greatest ability to pay. Although you may be able to find community psychologists in all of these employment domains, we expect that they probably are not viewed as such.

Comparing the information from these first two steps will give us a reasonable proxy for alignment among need, job market, and supply. The next part is perhaps the most chal-
tenging; using these data we will attempt to reframe who we are and what we do in terms that effectively speak to the full scope of the settings we have assessed. Our results will inform practical issues about who would fund and support our professional services, now and in the future. And the more as well: we will make the “business case” that the fundamental tenets, skills, and methods of community psychologists are a pivotal resource for understanding and implementing solutions to our society’s current and future health care needs.

In addition, we need to more carefully examine how our skills and values complement—or compete—with other disciplines such as sociology, public health, urban studies, and education. What is our unique contribution to community health research and health care delivery? And who will health sector employers think are most cost-effective? In an article published in the American Psychologist 25 years ago, Fishman & Neigher (1982) asked how psychology would fare in an increasingly competitive environment in both the public and private sectors. Citing diminishing and limited resources, “Although unemployment of doctoral-level psychologists has not been a major problem to date, there are strong indications that the future psychology will have to learn to ply its trade from different storefronts in addition to finding new buyers and investors” (p. 535). This question may be as relevant in the decade to come.

Your Feedback and Your Assistance

Our ultimate objective of CHIG’s effort is to open new opportunities for members of our field, identify new ways of partnering with other disciplines, and to expand the capacity and quality of health care for all, both here and abroad. We welcome your comments and input to our project, either by sharing your thoughts about our approach or by working with us in the effort. Please feel free to contact any of us: David Lounsbury (Lounsbud@mskcc.org), Shannon Gwin Mitchell (sgwinmitchell@hotmail.com), or William Neigher (William.Neigher@atlantichealth.org).

References


Cultural and Racial Affairs—

Edited by Pamela P. Martin

Barriers to Culturally Competent Research: Institutional and Individual Variables

~Lauren Mizock & Debra Harkins, Suffolk University

Cultural competence standards were instituted by the American Psychological Association (APA) in 2002 as a mandate for multicultural education, research, and training. These guidelines specify the importance of culturally ethical research in which the researcher recognizes biases and integrates issues of race and ethnicity into academic curricula in psychology settings. Unfortunately, exploration of race and ethnicity continue to be underrepresented in clinical psychology research. A metanalysis of 800 empirical studies from psychology journals from 1990 to 1999 found only 11% of 457 articles investigated race or ethnicity (Delgado–Romero, Galván, Maschino, & Rowland, 2005). A second, more comprehensive study demonstrated that the problem is getting worse, with only 2% of a sample of 8,809 articles from five APA journals from 1990-2004 inclusive of populations of color (Quinland, Jackson, Alvarez–Jiménez, Obasaju, Gorham, & Wasim, 2004). To add to this scarcity of research, many of the articles that do include minority populations commit methodological errors that reinforce problematic notions of race, such as requiring research on minority groups to include a “normative” white comparison group. Few research studies and journals prioritize filling the gap in research on race and ethnicity. The American Journal of Community Psychology is one of the few journals in psychology that has taken the lead on multicultural research (see special issues on race and ethnicity, June 2006).

Culturally competent training for psychologists in practice has also been mandated, which includes developing respect and knowledge for underrepresented racial/ethnic groups that is collaborative, empowering, holistic, universally accessible, preventative, and data-driven (Western Interstate Commission for Higher Education Mental Health Program [WICHE], 1997). Unfortunately, there is still a lack of social, structural, and ideological support within academic institutions for carrying out minority focused research.

There are several factors that may contribute to this phenomenon, including the research institution, the publishing community, and the researcher (Cox, 2004; Maton, Kohout, Wicherski, Leary, & Vinokurov, 2006; Toia, Herron, Primavera, & Javier, 1997). The history of racism in psychological research and the aversive power dynamic created between the participant and researcher also play an important role in the lack of cultural research (Tuihiwai Smith, 2005). In this paper, we explore the past and current problems in cultural research and provide suggestions for future studies. We suggest that research and clinical services need to become representative of populations of color not only to ensure the future of psychology but to promote the American value of equality.
The Research Institution

The research training environment significantly affects the pursuit of topics of culture in graduate students’ current and future research (Liu, Sheu, & Williams, 2004). Without multicultural sensitivity training, many graduate students are often too anxious to engage in minority research and fail to understand its value. Research exploring the scarcity of multicultural research has found that white graduate students, who make up the bulk of clinical programs, are hesitant to conduct multicultural research (Liu et al., 2004). Some of this tentativeness is due not simply to the absence of interest, but from a lack of experience with issues of race and culture, a lack of cultural sensitivity training, and a fear of reinforcing problematic biases and assumptions regarding race and ethnicity. One clear solution would be to encourage a multidimensional curriculum that builds multicultural competency when conducting race-related research that is prevention-oriented and promotes culturally inclusive values (Bernal, Siroli, Weisser, Ruiz, Chamberlain, & Knight, 1999; Ridley, 2005).

Another major obstacle implicated in the scarcity of multicultural research is the lack of students of color in academic settings. Statistics suggest that African American and Latino student enrollment in PhD programs and the number of doctorates awarded in psychology were half their representation in the general population (Maton et al., 2006) and generally declined from 1973-1993 according to the American Psychology Association’s (APA) Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology (CEMRAT, 1997). It has been suggested that graduate students of color encourage an atmosphere of multicultural sensitivity and an interest in research that active-ly includes participants of color (Toia et al., 1997). However, there are many obstacles to potential or incoming students of color as they attempt to enter the academic community. For example, studies investigating the psychological barriers to enrollment of African American students in predominantly white academic institutions found that students of color reported feelings of isolation, rejection, little mentorship, and scrutiny from white classmates who often questioned their presence in graduate programs (Lett & Wright, 2003; Williams, Brewley, Reed, White, & Davis-Haley, 2005). Given that graduate students often conduct a large portion of the research in academic institutions, the absence of students of color impacts the amount of research conducted on multicultural issues.

It is also important to recruit faculty of color who are more likely to include issues of diversity in course content and to promote a multicultural research environment (Bluestone, Stokes, & Kuba, 1996). Providing incentives for research on race as well as enlisting more faculty of color and faculty with research interests in diversity are important avenues for increasing the output of research with a race and ethnicity focus.

The History of Racial Bias in Research

A history of racism exists within psychological and medical research that must be acknowledged to move forward with culturally competent research. In particular, vast exploitation of marginalized groups in the medical field has a long history, and it is crucial for all of us to be educated about this history when developing future studies on the impact of race on the research process.

There are a number of historically unethical research practices that have been inflicted on participants of color. In particular, the Tuskegee experiment of 1932 to 1972 marks one of the greatest injustices in medical history, in which 400 impoverished Black men with syphilis were untreated for the disease (Stevenson, 1994). Additionally, the founder of gynecology, Dr. J. Marion Sims, experimented on African slave women prior to the existence of anesthetic in order to further the field of reproductive health (Kapsalis, 1997). Despite current IRB and other ethical guidelines that might prevent such research practices from occurring today, the researchers’ lack of awareness of ethical violations with oppressed participants holds relevance to current research. Understandably, participants of color may experience cultural mistrust toward researchers due to this history of racism in research practices. Thus, it is critical for researchers to be knowledgeable about this past and maintain awareness to avoid perpetuating harmful methodologies today.

Unfortunately, imperialism and colonialism are often reproduced in scientific research. Tuihiwai Smith (2005) in Decolonizing Methodologies denotes the process of research as a way in which knowledge was and is taken from marginalized groups and used to subjugate. Tuihiwai Smith (2005) writes, “the term ‘research’ is inextricably linked to European imperialism and colonialism . . . When mentioned in many indigenous contexts, it stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful” (p. 1). Research—under the auspice of furthering scientific knowledge—was often used to justify the occupation of non-European nations. The “data” from these studies reaffirmed imperialist notions of white superiority via biological, psychological, and sociological rhetoric. This history of research that often negated colonized peoples’ humanity is one which researchers must take extra measures to avoid. Culturally sensitive research must examine the impediment posed by methodological imperialism to produce research on race and ethnicity and rectify this history through ameliorative research designs that are based on the needs of the community and provide collaborative, solution-focused alternatives.

Suggestions for Future Research

Many suggestions for future multicultural research have surfaced in the current literature. There is a lack of support in the publishing community to produce research on multicultural issues (Cox, 2004; Sue, 1999). Experimenters provide guidelines for publishing culturally sensitive research to further the epistemology on race and ethnicity in the discipline of psychology. In this section, we will review these considerations before outlining a plan for a new study of the impact of race on the research process between participants of color and white researchers.

Parker & Lynn (2002) have strongly argued that researchers must move beyond Black-white paradigm in psychological study. A strict reliance on this dichotomy may imply that all critical racio-ethnic issues are centered on tension between Black and white racial groups. Experimentation that focuses on group comparisons between Black and white samples often assigns the white group as the compulsory norm to compare
the “abnormalities” of the Black sample. The Black-white paradigm tends to oversimplify racial differences, ignore the oppression of other racial groups, neglect multiracial identities, and minimize the systemic nature of racism (Shuping & Lyubansky, 2006; Watt, 1999). Oversimplification of race in this manner may reinforce popular misconceptions of race as a biological reality when, in fact, more genetic variability lies within each race than between races.

Several researchers have elaborated on the importance of re-conceptualizing race in psychological research. Helms, Jernigan, & Mascher (2005) described the lack of scientific conceptual meaning in the independent variable of race due to its socially constructed nature, leading frequently to erroneous use in data collection, analysis, and interpretation. The authors recommended that this limited construct be replaced with ethnicity variables that emphasize cultural identity or with independent variables from racial categorization theory. In the child development field, Garcia Coll, et al. (1996) have stressed the need to address variability within each racial group by considering associated experiences of racism, prejudice, discrimination, and segregation. Restructuring the model of race in psychology can allow the concept to be more appropriately represented as socially constructed, taking into account social stratification.

Researchers have noted the importance of specially designing methodologies to reflect a culturally sensitive mode of inquiry into the variable of race. Typically, researchers advocate for the mixed method approach in conducting culturally sensitive experiments regarding issues of race and ethnicity. Unfortunately, the use of surveys is often not sufficient to collect complex information regarding racial consciousness (Carlson & Chamberlain, 2004). And, while the traditional quantitative method is useful, it may not be enough to gather complex data regarding racial consciousness. Including qualitative measures into the research design of multicultural research may allow the additional flexibility needed to open up dialogue with people whose voices have so often been silenced in scholarship (Bobo & Fox, 2003; Cox, 2004; Pinro & McKay, 2006). A mixed method design loosens the restrictions of the quantitative style of research and elicits data that allows the voices of participants to be heard in academic communities where traditional empirical study is given more merit and recognition.

Cox (2004) asserts that all racial/ethnic groups that participate in the study should be represented on the research team to adhere to an ethical process. He writes of the importance that research teams be multiracial, in order to provide various racial/ethnic perspectives to the research process. Research must be conducted within the community, not on the community, by integrating members of the participant pool into the research process (Carlson & Chamberlain, 2004). Due to the history of racism in health disparities research, care must be taken to integrate the voices of underserved participants into the research as collaborative investigators in the design (Bobo & Fox, 2003).

**Researcher Variables**

Langhout (2006) has specified the importance of examining the role of the researchers’ identity in the research process by encouraging investigators to question the relation between their beliefs and behaviors within the research environment. In this way, researchers can assess the role of their identity in the work, avoid self-censorship, and expose any challenges to doing multicultural research (Cox, 2004). By becoming self-aware, self-critical, revealing social location, and maintaining sensitivity to the racial dynamic that is enacted in the experimental setting, these transparent objectives can reduce some of the cultural mistrust that has historically developed.

The subjectivity of the researcher inevitably makes studies on race and ethnicity vulnerable to racial bias. Cushman (1995) describes the researcher as only able to present research through their own subjective notions of culture. Any attempts to claim objectivity simply conceal the sociopolitical standpoint of the researcher (Stoddart, 2002). Ironically, the researcher’s culture is often more powerfully reflected by the study than the culture of the subject.

Ethically sound research with a white investigator and a respondent of color includes a therapeutic stance that acknowledges the history of racism while strengthening the personal connection. Bond (1999) coined a relevant term—*connected disruption*—which entails “actively disrupting arrangements that preclude meaningful involvement across gender, race, ethnicity, sexual orientation, and disability, yet doing so while staying in relationship to others” (Harrell & Bond, 2006, p.374). Harrell & Bond (2006) advocate for three diversity principles to be enacted during the research process: informed compassion, contextualized understanding, and empowered humility. These qualities are essential to conducting collaborative research with participants of color to create an atmosphere of relational sensitivity in a context of empowerment.

Bond & Harrell (2006) identified some of the central challenges and guidelines for culturally sensitive community research. These strategies include awareness of when diversity issues are evoked and openness about assumptions. Bond & Harrell (2006) stress the importance of speaking in a narrative voice that personalizes the struggle of diversity-related work. Adding critical inquiry of the impact of white privilege and white racial identity on the research process is essential to work generated by white researchers. Issues of white privilege and the experience of anti-racist white allies must be heard in the current literature on race and ethnicity in psychology. Demonstrating social problems of racism in research by increasing the anti-racist work done by white researchers draws attention to the problem and models exploration of the effect of racism on white identity.

Experimental inquiry can be an intervention in itself, advancing understanding between racial groups and contributing important findings regarding underserved populations to the field. When done in a collaborative manner, the research process can allow for mutual empowerment and agency between researcher and participant, bridging the color line. Similar to the therapy process, the empirical investigation can build a relationship between two people to increase personal growth and self-knowledge. Race and ethnicity research can serve as a means of education and intervention of the history of racism in past research and its impact on current experimental practices.
In general, work being done in psychology must become more politically conscious about racial bias within the field and how psychology and psychologists perpetuate injustice. Sue, Bingham, Porché–Burke, & Vasquez (1999) suggest how psychologists might use their privilege and power to alleviate injustice and oppression. Involving oneself in research practices that are collaborative with participants of color is one important way in which to examine racial disparities in health research and speak out against inequality. Research can be a form of activism and therapeutic liberation in taking a stand against racism and launching academic dialogue on prejudice and discrimination.

In a racist world where the mental health of people of color is clinically imperative, more studies must guide predominantly white academic institutions in accomplishing culturally sensitive research. The white researcher must contribute working models of culturally competent research to the field. While the existing pool of researchers in psychology remains inadequately representative of people of color, it is important that white professionals become more proficient in carrying out research with minority participants and attend to the power dynamic reproduced between the participant of color and the white researcher. Integration of these variables in methodologically sound research can augment data collection to become more useful to marginalized communities and more inclusive of the voices that have gone unheard.

A lack of psychological research exists within studies with a race and ethnicity focus. It is the responsibility of psychology and the social science disciplines to address this issue and fill the gap in this research. While one can’t do anti-racist research without perpetuating it to a degree in a racist society, the culturally competent researcher can acknowledge that we are always doing it; remain open about barriers and experiences; and use the privileged position of the researcher to do work that serves as intervention and prevention, that builds connections, that offers hope, that fosters empowerment, and that provides healing.

References


## Disabilities Action—

*Edited by Katherine E. McDonald*

**Colleagues,**

*On behalf of our members, I would like to express our deep appreciation to Fabricio Balcazar who has just completed his term as Chair of the Disability Action Group and extend a warm welcome to Tina Taylor–Ritzler who will be joining us as chair-elect (term to start in 2009). As the current chair, I look forward to working with Tina, Fabricio and members of our action group as we explore the intersection of disability and community psychology.*

*It is also a pleasure to share that our action group met at the recent biennial and identified a variety of action items for the coming year. These include working with the Executive Committee to promote accommodations for conference attendees with disabilities, creating linkages with other SCRA interest groups and proposing a special issue of the American Journal of Community Psychology (thanks Erin Hayes Kelly and Peter Dowrick!).*

*We are also excited to announce a listserv devoted to the exploration of disability and community psychology. To join the listserv, send an email to: listserv@lists.apa.org with the following message in the body of the email (please be sure to remove any other text, including signatures): Subscribe SCRA-DIG*

*Lastly, we hope you enjoy reading about research conducted by Jessica Velcoff, a graduate student in community psychology at DePaul University, and her research advisors, Brigida Hernández and Chris Keys.*

~Best, Katie McDonald

**Unpacking the Role of Acculturation among Latinos with Disabilities Seeking Employment and Using Vocational Rehabilitation Services**

~~Jessica Velcoff, Brigida Hernández, & Christopher Keys, DePaul University~~

The term *Latino/a* replaced *Hispanic* in the United States to explicate the diversity among those from the Caribbean and Central and South American countries, whose heritage is typically indigenous and/or African (and not solely of Spanish descent). Often, the label *Latino* is used generally in the US, homogenizing the experiences of these individuals. For the purposes of the first author’s masters thesis, which focused on the experiences of Latinos with disabilities seeking employment and using vocational rehabilitation (VR) services, the role of acculturation was explored to unpack an element of diversity among Latinos with disabilities.

For several decades, an employment crisis has impacted people with disabilities, with this group experiencing a steady unemployment rate between 60% and 70% (Harris Interactive Inc., 2004). For Latinos with disabilities, the
dual minority status (being a member of both the disability and Latino community) seems to have had a more severe impact on their employment. Research indicates that Latinos with disabilities are 10% less likely to be employed and when employed tend to make nearly $10,000 less per year than Caucasians with disabilities (US Bureau of Census, 2000). With regard to VR (federally-funded services to assist people with disabilities with finding employment), Latinos are less likely to be accepted for services (Dziekstan & Okacha, 1993), are less likely to use services (Dziekstan & Okacha, 1993; Santiago, Villarruel, & Leahy, 1996), and have lower rehabilitation rates (wherein clients’ rehabilitation goals are achieved and their cases are successfully closed) when compared to Caucasians (Bellini, 2003).

Despite these findings, little research is available to explain these disparities. This lack of research is due in part to an over-reliance on large national databases (e.g., US Census Bureau for employment statistics and the Rehabilitation Services Administration databases that provide programmatic data for persons who exited the VR system in a given fiscal year). Although these types of databases offer a wealth of information, they fail to provide an in-depth analysis of factors contributing to the lack of employment success among Latinos with disabilities. Such studies also fail to take into consideration the racial/ethnic diversity (including acculturation to US mainstream culture) that may impact the employment and VR experiences of the Latino population.

Thus, this study was qualitative and designed to explore the manner in which acculturation impacted the experiences of Latinos with disabilities seeking employment and using VR services. The study included two focus groups and used Berry & Sam’s (1997) conceptualization of acculturation, wherein acculturation was viewed as a bi-directional process based on the degree to which individuals maintain their culture of origin, while adopting the host culture. In addition to investigating acculturation strategy, five other acculturation variables central to employment were explored (acculturative stress, English proficiency, educational attainment, familial support, and cultural mistrust).

**Methodology**

Prior to partaking in the focus group, participants completed the Bidimensional Acculturation Scale (Marin & Gamba, 1996) to assess their acculturation strategy. Two focus groups were held based on participants’ language of preference (English or Spanish). Focus group questions were open-ended and explored the manner in which acculturation strategy and each of the five acculturation variables impacted participants’ employment and VR experiences. Focus groups were held at a local independent living center, which was chosen for both location and physical accessibility. The focus groups were conducted by the researcher and at least one trained research assistant who was fluent in Spanish. Both sessions were audio-taped, transcribed verbatim, and coded using a content analysis that involved a two-level approach of descriptive and interpretive coding (Miles & Huberman, 1994).

**Participants**

**English-Speaking Focus Group Members**

**Luis**

Luis is a 24-year-old with a spinal cord injury who became disabled at the age of 21. He was born in Mexico, but came to the US around the age of three. He is a divorced father who currently lives with his child and parents. Prior to becoming disabled, Luis had eight years of work experience in the US, initially at restaurants and most recently as an air conditioner and heater installer. He also achieved an Environmental Protection Agency certification for his installation work. After becoming disabled, Luis elected to go to college. He is currently enrolled in a VR program to help him attend college.

**Jamie**

Jamie is a 25-year-old with multiple sclerosis who became disabled at the age of 16. He was born in the US, is single, and currently lives on his own. Jamie has 10 years of work experience in the US. He worked as a bank teller prior to becoming disabled and is now working at a networking company. Jamie has an Associate’s degree and is currently going back to school to get his Bachelor’s degree. Jamie has worked with VR in the past, both for educational attainment and employment seeking. He is currently working with VR to get an Information Technology certification.

**Hector**

Hector is a 47-year-old who became physically disabled after having a stroke at the age of 39. He was born in the US, is a divorced father of two children, and currently lives on his own. Hector has twenty years of work experience. Prior to becoming disabled, he worked as a book keeper and he currently volunteers as a data enterer. Hector has less than a high school diploma and has been unemployed for the last year. He has used VR in the past to seek employment, but is not currently a VR client.

**Ana**

Ana is a 27-year-old with a spinal cord injury, who became disabled at the age of 12. She was born in the US, is currently single, and lives on her own. Ana has a Bachelor’s degree and has worked primarily in disability related jobs. She has used VR in the past, both to attain her Bachelor’s degree and seek employment.

**Spanish-Speaking Focus Group Members**

**Julian**

Julian is a 25-year-old with a physical disability. He was born in the US, is currently single, and lives on his own. Julian has less than a high school education, yet during the course of the focus group he spoke of attempting to attend a university. He has half a year of work experience in the US at a disability-related agency and is currently unemployed. He has used VR in the past to seek employment, but is not currently a VR client. Julian is also the only Spanish-speaking focus group participant with VR experience.
Carlos

Carlos is a 56-year-old who is physically disabled. He was born in Mexico and came to the US 36 years ago. He is a father of two children, is currently separated from his spouse, and lives on his own. He is attending college, studying ceramics. He has 10 years of work experience in Mexico and 18 years of work experience in the US, but has not been employed for the past 13 years, since becoming disabled.

Alex

Alex is a 24-year-old who became physically disabled at the age of 21. He was born in Mexico, but came to the US when he was 12. Alex is a divorced father who currently lives with his parents. He dropped out of high school to work. Alex had five years of work experience, mainly working at restaurants, though he is currently unemployed and has not worked since becoming disabled.

Rita

Rita is a 46-year-old with physical disabilities. She was born in Mexico, but came to the US 26 years ago. Rita is a mother who lives with her spouse and two children. She has less than a high school education. Rita has 20 years of experience working in the US, in assembly factories and as a cook. She has not been employed for the last seven years, since becoming disabled.

Juana

Juana is a 48-year-old with a physical disability. She was born in Mexico and came to the US 32 years ago. Juana is not married, but lives with her partner and her two children. She has a high school diploma. Juana also has 18 years of work experience in the US, as a waitress and in kitchens. She is not currently employed and has not worked for the past fifteen years, since becoming disabled.

Findings and Discussion

Acculturative Stress, Employment, and VR Experiences

Based on paired t-tests, results from the Bidimensional Acculturation Scale indicated significant differences among participants who attended the Spanish-speaking and English-speaking focus groups. Specifically, those who attended the English-speaking group were significantly more likely to adhere to US mainstream culture and not to Latino culture, while members of the Spanish-speaking group were significantly more likely to adhere to the Latino culture and not US mainstream culture. Therefore, the two focus groups consisted of either high-acculturated (to US mainstream culture) or low-acculturated participants.

These differences in acculturation strategy appeared to have an impact on participants’ employment experiences. Prior to becoming disabled, high-acculturated participants fared better in the job market than low-acculturated participants. High-acculturated participants were more likely to hold white-collar positions (e.g., bank teller, accountant), while most low-acculturated participants held blue-collar jobs (e.g., cook, factory work). In addition, being more acculturated to US mainstream culture and having a more white-collar job history seemed to have a positive impact on employment post-disability. After becoming disabled, the high-acculturated group found employment, whereas the low-acculturated group struggled to find work and none of the group members were employed at the time of the study. These struggles were often connected to the physical nature of their jobs:

In that job [as a cook], I lasted four years and that was where I had my accident . . . . And unfortunately because of my spinal cord [injury], I cannot do that type of job. (Rita)

Prior research corroborates that Latinos who were more acculturated to US mainstream culture tended to have better employment outcomes (Mason, 2004; Olson, Zuiker, & Montalto, 2000; Valentine, 2001). The current study suggests findings concerning acculturation and employment are also applicable to Latinos with disabilities, which has not been previously empirically demonstrated.

Results indicated that acculturation strategy also impacted VR use. Specifically, high-acculturated participants were familiar with VR services and had utilized them for both employment and educational purposes. In contrast, only one low-acculturated participant had used VR to a limited degree for employment purposes. Other low-acculturated participants were unfamiliar with VR. Dziekstan & Okacha (1993) found that Latinos tend to utilize VR services to a lesser extent than members of other ethnic groups. Findings from this study indicate that acculturation may play a role, suggesting that low levels of acculturation to US mainstream culture may impede VR utilization.

Acculturative Stress, Employment, and VR Experiences

Acculturative stress is defined as stress that is related to one’s ability to cope with and adapt to cultural differences found between one’s host culture and culture of origin (Smart & Smart, 1994). Findings revealed that many of the low-acculturated participants immigrated to the US at early ages, with the intent of financially supporting their families:

We came to this county only for the money. At least that was my desire, to work and help my parents and my siblings because I am the oldest one of nine siblings and wanted to send my family money so they can have a better life. (Rita)

Often, participants did so without proper documentation, creating a stress related to their legal status and fear of being caught:

I think that, during the time that I was illegal in this country, my biggest fear was always, like [another participant] is saying, that immigration get me . . . . So, you would be going to your job and if they saw a car with 5 or 6 Latino people in it, they would stop us. But thanks to God I never did [get arrested] . . . . that was my worst fear here in the US. (Carlos)

Smart & Smart (1994) speculated that acculturative stress may negatively impact the rehabilitation process, and thus impede employment and VR goals. This study indicated that legal status stress was evident among low-acculturated participants and, at times, was a barrier to employment.
English Proficiency, Employment, and VR Experiences

English proficiency was related to acculturation and employment regardless of acculturation strategy. Across both groups, participants felt that English proficiency was beneficial for employment. For high-acculturated participants, English proficiency was essential for skilled positions:

Not too many businesses have Spanish-speaking employers. So, it’s a big benefit knowing the English language. (Luis)

For low-acculturated participants, low levels of English proficiency created difficulties in work settings and were viewed as a barrier to advancing to higher paying jobs:

I did know very well that if I didn’t know a little bit of English I would never pass the minimum pay. So, I wanted to push myself further. (Carlos)

Similarly, Franco and colleagues (1998) found that higher levels of English proficiency were related to higher socioeconomic status (a variable impacted by employment experiences) among Latino immigrants.

Moreover, results indicated that English proficiency was associated with VR use among high-acculturated participants. All high-acculturated participants preferred to speak English and had experience utilizing the VR system for both employment and educational purposes, whereas only one Spanish-speaking, low-acculturated participant had limited VR experience. Further, high-acculturated participants suggested that VR services could be improved by addressing language-related barriers, such as, having more bilingual counselors and materials available in Spanish:

I have some Spanish-speaking only friends and they don’t even go to the [VR] because they can’t speak any English. So, they can’t communicate because there’s no one there to communicate. (Hector)

In a similar vein, Smart (1993a) found that many Latinos seeking rehabilitation services had a preference for speaking Spanish. Further, Smart & Smart (1993b) found that participants with bilingual and bicultural counselors reported greater satisfaction with VR services.

Formal Education, Employment, and VR Experiences

Regardless of acculturation strategy, participants felt that high levels of education were beneficial to employment. High-acculturated participants tended to indicate that a college education was necessary for employment in skilled positions:

I have a Bachelor’s in science and having that degree has allowed me to be able to apply for higher paying jobs. Better jobs with better benefits. Jobs that entail a lot of responsibility and improve my resume, helped me move up the ladder. (Ana)

Low-acculturated participants tended to focus on their regrets of forsaking education in order to provide financially for their families. They also noted that low levels of education contributed to working in physically demanding blue-collar jobs that often left them unable to return to work after becoming disabled because of the physical nature of their positions:

We had not studied how to have a job where we do not have to use our bodies, like my hands, my back. Maybe if I had prepared myself, now I would be in better conditions and have a better job in where I would not need to use the [physical] force. (Rita)

Thomas–Breitfield (2003) also found that high levels of formal education increased employment opportunities for Latinos. In addition, Smart & Smart (1997) noted that low levels of formal education increased the likelihood of working in jobs that were physically demanding and dangerous. Findings from this study add to the literature, as it was noted that after becoming disabled, individuals with low levels of education had difficulty returning to work because they were no longer able to perform certain physical activities.

Further, low levels of formal education were related to limited awareness of the VR system among low-acculturated participants. In contrast, high-acculturated participants who had higher levels of formal education, tended to have a great deal of VR experience. Based on a literature review, Smart & Smart (1997) indicated that low levels of formal education was an issue that needs to be addressed, as it was likely associated with difficulty in using VR services.

Familial Support, Employment, and VR experiences

The role of family support on employment experiences was mixed among high- and low-acculturated participants. A key finding across high- and low-acculturated participants was that family support was essential with coping with and adjusting to a newly-acquired disability. Participants from both acculturated groups shared that, within the Latino culture, taking care of one another was a responsibility of family members:

I think being Latino, most of our families are very hospitable. They love taking care of us. When something happens, such as what happened to me when I became diagnosed with MS, everyone in my family felt bad. They wanted to protect me, they wanted to take care of me. (Jamie)

However, according to some high-acculturated participants, family members were so protective they preferred that participants did not return to work after becoming disabled. For some participants in this group, as they became more independent and expressed a desire to work, their families became more supportive of their vocational aspirations. Yet, among other participants, despite such desires, family members remained unsupportive of their employment goals. This dichotomy was not indicated among low-acculturated participants, as none were seeking employment at the time of the study.
Results of this study are supported by Santiago, Villarruel, & Leahy (1996), who found that 66% of Latino participants with disabilities cited relatives and friends as providing the most help in coping with their disabilities. These findings also shed light on the differences in previous research. Trevino (1996) found that Latinos with disabilities credited career motivation to the influence of family members. In contrast, Zea, Belgráve, García, & Quezada (1997) suggested that overprotective family members inhibited the independence of Latinos with disabilities. Within this study, both circumstances were found, reflecting the strong influence of family members in the lives of Latinos with disabilities sometimes inhibiting and other times facilitating employment post-disability.

Findings did not indicate a relationship between family support and VR. Although Trevino (1996) and Zea et al. (1997) both speculated that overprotective family members may inhibit utilizing VR services, this study did not substantiate that speculation.

Cultural Mistrust

Typically, cultural mistrust has been associated with studies of the African American community. Terrell & Trerell (1981) identified cultural mistrust as African Americans’ tendency to mistrust Caucasian Americans and traditional Caucasian institutions. Alston & Bell (1996) delineated that cultural mistrust among African Americans with disabilities may explain both why they have been less likely to use VR services and why their success rates in the VR system have been low. Regardless of acculturation strategy, participants with VR experiences indicated high levels of cultural mistrust. Participants felt that VR lacked outreach to the Latino community, culturally-competent and bilingual counselors, and materials in Spanish:

I was never asked if I would be more comfortable with a Latino counselor. I was never asked if I preferred to speak Spanish, if that helped me get my thoughts across better. I was never asked if I preferred to get materials in a different language, nor did they ever let me know that that would be an option if I wanted it. (Ana)

These findings support those of Reed, Holloway, Leung, & Menz (2005) and Hernández, Cometa, Rosen, Velcoff, Schober, & Luna (2006), who found that Latinos with disabilities reported a great deal of skepticism and mistrust toward VR and that relationships could be improved by providing bilingual counselors and materials in Spanish.

Conclusion

This study highlights the utility of unpacking diversity among Latinos with disabilities and moving away from sole reliance on large national databases when investigating the experiences of ethnic minorities with disabilities in employment and VR. By focusing on acculturation and using qualitative methods, findings from this study provided rich, diverse perspectives on the employment and VR experiences of Latinos with disabilities. To the authors’ knowledge, it is the first study to do so. Although a first step, more work needs to be done to verify these results. Additionally, results from this study have implications for future practice in the VR system, highlighting the need for an increased emphasis on cultural sensitivity toward Latinos with disabilities. This can be done by increasing the availability of Spanish-language materials, increasing the number of Latino and bilingual counselors available, and including cultural sensitivity training for VR staff.

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References


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**Education Connection**

*Edited by Jim Dalton & Maurice Elias*

**Editors’ note:**

The SCRA website has added a new feature: SCRA Teaching Resources! This new resource provides a variety of resources for teaching courses in community psychology and related areas. It features articles from the “Education Connection” column, course syllabi for undergraduate and graduate courses, samples of in-class exercises, descriptions of course projects and paper assignments, articles on integrating community service learning into courses, an annotated list of video resources, and lists of books, journals, and websites helpful to teachers and students. Check it out in the SCRA Community section of the SCRA website (www.scranet.org).

In this issue, we are pleased to have Suzanne Phillips describe the involvement of undergraduate students in her community psychology course with Pioneer House, a clubhouse for persons with mental illness. Pioneer House provides a setting for students to experience personally how community psychology values can be enacted, including genuine respect for persons with mental illness, collaboration with clubhouse members, a strengths perspective, and empowerment both within the setting and in the wider community (including advocacy work with the Massachusetts legislature). Suzanne’s collaboration with Pioneer House exemplifies how ongoing, intentional, process-oriented teacher and student involvement in an empowering community setting can transform students’ understanding of communities and marginalized populations. Suzanne encourages readers to connect with similar clubhouse settings in your own communities.

~Jim Dalton & Maurice Elias

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**Clubhouse as Classroom**

~Suzanne Phillips, Gordon College

Summer is over! How many projects remain on your list? On the home front, I had planned to organize the basement storage room, paint the back hall, and open a safe deposit box at the bank. At school, I got one research article out this summer, but three more popped up in the queue, and my TA laughed when she returned for fall semester and saw my “newly cleaned” office. My version of the Serenity Prayer includes accepting that I will never finish my to-do lists.

Clubhouses also have to-do lists. A clubhouse is a community of adults (called “members”) with mental illness. No one resides at the clubhouse; members may live in group homes, with family, independently, in supported apartments, even in state hospitals. Clubhouse life is centered around a “work-ordered day;” from 9:00 to 5:00, members and staff work together keeping records and statistics for funding agencies, preparing lunch, writing and assembling and mailing the newsletter, advocating regarding mental health issues with the state legislature, contacting clubhouse members who have been absent, cleaning the house, participating in the statewide clubhouse coalition, staff-
ing the snack bar, and much more. The clubhouse is designed so that staff cannot accomplish the work without member involvement. As they work alongside staff as colleagues, members gain confidence in their work skills and habits. When members are ready, they take on part-time paid competitive employment outside the house, with continued individualized clubhouse support. Eventually, many members move into independent employment, choosing how to continue using clubhouse supports. The clubhouse also offers social activities (movies, local festivals, eating out) on the weekends, in the evenings, and on holidays, to reflect a balance between work and relaxation.

Clubhouse to-do lists are populated by half-done projects, good ideas that have never been enacted, and once-vigorous activities or resources that have languished. Clubhouses are divided into work units, and in some clubhouses the units keep written “wish lists.” In other clubhouses, lists are maintained verbally, completing sentences like, “We could do this more efficiently if we had time to . . . .” “For years, I’ve wanted to do something about . . . .” and “I wish someone would . . . .” However maintained, the to-do lists represent large and small hopes and dreams for the clubhouse.

Getting Students Involved

Undergraduate students taking the community psychology course at Gordon College (in Wenham, MA) have the option of helping our local clubhouse, Pioneer House (in Peabody, MA; http://www.hes-inc.org/pcs_ph.htm), to tackle selected items on their to-do list. While some students choose to complete a term paper instead, working with the clubhouse has been a popular option. Over the past two years, students have selected a total of eight projects: hosting a legislative brunch at the clubhouse; fundraising; developing instruction cards for getting to and from the clubhouse using public transportation; assessing the educational needs and interests of members; cleaning and organizing the storage room; developing the house library; gathering information about local educational opportunities; and painting the upstairs hallway.

The list of available projects is assembled well before the semester begins. Like colleges and universities, clubhouses have cycles of busyness. Many Pioneer House members work part-time in local colleges and public schools, starting jobs in early September. This is a hectic time, as members and staff gauge the extent and nature of support needed for each newly employed member. In September, everyone is far too busy to discuss projects for the students. By contrast, summer is the time for dreaming, so we gather then and brainstorm about how we might direct the energies of the community psychology students in the fall. As with any respectable to-do list, we list more projects than can be done. Each project, if completed, will enhance the clubhouse.

When the semester begins, students are quickly oriented to Pioneer House. We have found a two-step orientation helpful: first, a member-and-staff team comes to campus to describe the clubhouse model; shortly afterward, the class visits Pioneer House for a tour. This happens during the first two weeks of the semester, so that work on the projects can start early. The orientation activities energize students; other courses are just settling in, and the opportunity to move ahead quickly on interesting projects, in this most interesting of classes, is exciting.

Perhaps the most important thing for students to learn is that the clubhouse is not a clinical treatment setting, even though it serves people with mental illness. Staff are not therapists, and members do not receive counseling at the clubhouse. Moving beyond this therapeutic mindset is difficult for students. In other words, students come to Pioneer House knowing some of the “social regularities” (Seidman, 1990) governing most settings involving people with mental illness: staff offer assistance and lead discussions; staff have their own offices (or at least their own desks) and private telephone lines; one can recognize staff on sight because of their appearance, dress, and manner; staff indicate what needs to be done and the people with mental disorder follow their lead. All of these social regularities are violated within the clubhouse environment. One student writes:

Pioneer House was not the first time I spent time around people with a mental illness . . . . Still, much of my thinking was clinical . . . I read chapters about community programs, but I didn’t have a concept of how one would actually run, or if I did, it was still treatment based. Going to Pioneer House showed me community and showed me how “professionals” could put aside the professional badge for a bit and just work with members almost as peers . . . I think that really changed my perspective about the places of people. Relationships can be reciprocal, at least in some ways, without it being harmful. That’s something you really can’t get, or at least argue for, until you’ve seen it in action.

From the perspective of clubhouse members, the most significant social regularity ignored in the clubhouse concerns close supervision of members:

There’s way more freedom here [than in day treatment]. You come and go as you please. You can come in for the afternoon and stay for social program, or just come in for lunch if you want. If you leave, [the staff] don’t say, “Where are you going?” or “How long are you going to be?” They don’t treat you like a baby.
After their orientation to the clubhouse, community psychology students select a project from the list generated over the summer. Students generally work in pairs or triads and always with members. The emphasis on collaboration and inclusion reflects clubhouse values: as members and staff do all clubhouse work together, so students are expected to work alongside members. Having a specific project lends the students focus and a sense of accomplishment while reinforcing the idea that the clubhouse is a workplace. Through the work, students see members’ strengths, come to regard them as peers, and find common ground with people who can seem very different from themselves. One student writes:

The turning point for my change in attitude toward the members began with K. November 29th was when I realized that K was not a hindrance toward the progress of the project but in actuality was just as much an asset to this project as I was. Another thing I noticed was that it is harder to belittle someone who is a friend. K and his fiancé were present one day and we all began to discuss relationships. That talk allowed me to see past the initial feelings of distance and started feelings of closeness with K.

Starting out, students are tempted to define the boundaries of their project so narrowly that they can accomplish it without member involvement. Effectively, they try to avoid underpopulation, because it feels risky: it means designing their project so that it will fail without members.

Students are helped by having a point person for their project and knowing how to contact that person. The point person can be a member or someone on the staff. One of the most productive groups ever was led by K, a member with boundless energy. A student on his team writes:

The backroom was a storage space with a lot of random junk hidden away in it. No one really knew what was in there and it was chaotic. The disorganization of the room had been frustrating K. We had the great opportunity to team up with him to get the chaos organized . . . K jumped right into the project feet first. He proceeded with giving each one on the team direction on what he would like each one of us to do. He definitely took the leadership position and he enjoyed it.

Many months later, Pioneer House still laughs about that clean-up project. We had to rig up workshop lights with extension cords because there was no other lighting in the storage room. Among other finds, the group unearthed a fish tank, some plastic army men, and over fifty dollars worth of redeemable soda cans. The students thrived on K’s leadership and on the appreciation of members and staff. Reflecting back, one staff member writes:

The collaboration between Pioneer House and students from Gordon College was a tremendous benefit for our clubhouse. The students’ youthful energy sparked members to assist with cleaning up and organizing our supply room, among other long overdue tasks. The members were always energized when the enthusiastic students burst into the clubhouse. Both member and student felt at home and comfortable with each other.

Experiencing an Underpopulated Setting

Back in the classroom, the clubhouse projects breathe life into the concepts of community psychology. For example, as we read about Barker’s ecological psychology and behavior settings (Dalton, Elias, & Wandersman, 2007), we notice that clubhouses are underpopulated settings (Schoggen, 1989). Pioneer House has an average daily attendance of about 60 members, with 11.5 staff. Staff have numerous out-of-house responsibilities, including providing members with transportation to and from work, supporting members on the job who are having difficulties or who are just learning the ropes, and visiting legislators. Add the fact that the house is open for work and social program some 55 hours per week while staff have a 40 hour workweek and take vacations and sick days, so we often find just 5 or 6 staff in the house, sometimes less. Clearly, staff cannot manage the in-house work without significant member involvement.

Simply observing the clubhouse would show students how an underpopulated setting looks. Actually working on a clubhouse project exposes the dynamics around maintaining such a setting. Starting out, students are tempted to define the boundaries of their project so narrowly that they can accomplish it without member involvement. Effectively, they try to avoid underpopulation, because it feels risky: it means designing their project so that it will fail without members. What if no one steps up to help? For students who think of themselves as accomplished, organized, and efficient, designing an underpopulated project seems foolishly hard. In class discussions, this helps us understand why underpopulated settings involving people with mental illness are rare: when programs don’t have enough resources, it is easier for staff and supervisors to lower expectations and cease to provide opportunities for people already on the margins. This doesn’t happen in a clubhouse because of explicit norms and checks designed to maintain underpopulation. By the end of the semester, one student had come to understand:

Pioneer House has an excellent grasp on community and it shows through their requirement for students to participate with members even if performance is sacrificed. To Pioneer House, community is more important than performance and this has been a lesson which has been difficult to learn, but an indispensable lesson . . . .
Their involvement I believe slowed us down, but without the members’ involvement the project would have a negative overtone to it. This overtone could be defined as a superiority complex, where “we” college students are helping “them” the mentally disabled, by raising money without their help because “they” are not capable of doing the job. I believe that the Pioneer House has the policy to protect against this superiority complex.

The tension between being efficient and involving members permeates the students’ experience of the clubhouse. They have difficulty grasping the importance of the process of working together. Students focus instead on the product of their work, and how to create that product as quickly as possible. “Working together as colleagues” sounds great to students in the abstract, but it is hard to do:

I had come into the project with a very goal-oriented mindset. D’s experience and the sharing of his story really helped to demonstrate to me what we have been discussing in class in regards to working with members and how it is better to work with them and not finish than to ignore them and produce a project. This is something I don’t think I could accept unless I had experienced it first-hand. Sure, cognitively I could assent to its truth, but experiencing it made it real; it attached real people and their lives to the theory.

Understanding Empowerment

Clubhouse collaboration is linked to member empowerment. In clubhouses, empowerment includes political involvement. A staff member writes:

The college students were very helpful joining with members to organize a Legislative Brunch [at the clubhouse]. All clubhouses should get to know their legislators better, and it is a great benefit to tap into the students’ energy and various skills to achieve this vital goal. From creating the invitations to getting coffee and goodies donated, the students worked together with members every step of the way. They joined members and staff on a trip to the State House to personally deliver the invitations and met with several legislative aides. The brunch was a great success with five state representatives attending along with two senator’s aides. Members enjoyed meeting and talking to their legislators in a relaxed atmosphere. Working together with the Gordon College students was an enjoyable and fruitful venture for our clubhouse.

One student who helped deliver the invitations to the State House reflected on issues surrounding empowerment in ways that resonate with Riger (1993):

It was a goal of mine to make sure each member that I spoke with knew that their thoughts, stories, histories, etc. were valuable and that they could impact society. However I found that most members did not need to be reminded of their value or their power; they stood firmly in both and asserted themselves, their identities, and ideas. On the train to Boston, W. was very open to tell me his personal history, including events in his family and work life and was also very inquisitive into my life. He wasn’t ashamed of his past. He understood the limitations and difficulties he faced, but he chose instead to emphasize the good aspects and positive accomplishments of his life.

Also, at the State House, members were eager to meet representatives, shake hands, maintain eye contact, and explain a little about themselves and Pioneer House. They did not require inspirational prompting or an imbuing of confidence or worth; they seemed empowered and self-assured. Whether in part by the work of Pioneer House as a place of acceptance and understanding, or perhaps as a result of years of being dismissed to the edges of society, they were ready to make their voices heard. So, although my personableness definitely opened the door to conversations, my assumption of needing to build their confidence or reinforce their worth proved wildly inaccurate. If anything, _they_ taught _me_ what it means to accept yourself and realistically examine yourself and your life, recognizing your flaws as well as your strengths, and most importantly, not being ashamed of your imperfections or difficulties, but viewing them as necessary pieces of the whole.

Perhaps the ultimate expression of empowerment came out of a conversation with a member about what it was like to have the community psychology students in the clubhouse:

"I think it educated the students immensely about what we try to do here. It gave the students a better understanding of what this program is all about. If they are psychology majors, which they probably are, then they’ll probably have a well-rounded education about mental illness and mental retardation [as a result of their experience at the clubhouse] and be able to tell the difference, because a lot of times people lump them together. There are levels of mental retardation—slight to severe—I think young
people, in today’s society, should know the difference. We need to educate students so they can go out in the field and know what they’re talking about. Maybe in twenty years it won’t all be lumped together.

Often programs serving adults with mental illness fail to establish a setting in which empowerment, collaboration, and respect are normative and authentic. After frustrating encounters with staff at more clinically oriented programs who insisted that “Members can’t ______.” make business phone calls, chair a planning meeting, take notes, etc., etc., finding clubhouses was a gift. They are a rich asset for anyone teaching community psychology. Fortunately, more than 300 clubhouses exist worldwide, nearly 200 in the US. For a directory, visit http://www.iccd.org/clubhouseDirectory.aspx Part of the normal operation of the clubhouse is providing tours for all sorts of people. If there is a clubhouse near you, call to request a tour, and prepare to be impressed. Consider involving students in the clubhouse; they can do much good while experiencing a vigorous, life-enhancing community.

Acknowledgements
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The editors of this column made many valuable suggestions as this essay was being planned and later when it was being revised. For further information, or to share your own experiences working with students in clubhouse communities, contact Suzanne Phillips: (Suzanne.Phillips@gordon.edu).

References

Recommended Reading on the Clubhouse Model
LESBIAN/GAY/BISEXUAL/TRANSGENDER CONCERNS—

Edited by Colleen Loomis

Report on the Biennial

The Lesbian, Gay, Bisexual, and Transgender Interest Group met Saturday morning, June 9th at 7:30. There were 14 of us there to share, celebrate, plan, discuss, and reflect on the 2007 Biennial. In this column we briefly summarize our meeting, make a “call for new members and volunteers,” and share one member’s reflection on the conference.

Peter Ji and Cathy Chovan, co-chairs of the interest group (2006-2007) set a full agenda for the meeting. Incoming Chair Colleen Loomis facilitated the meeting which began with introductions and an invitation for a co-chair; Rich Jenkins volunteered. The meeting was off to a successful start. Next, we celebrated and honored Past Chair Alicia Lucksted for her work leading this interest group. Gary Harper shared a brief history of the group as well. Alicia was not with us at the meeting so we mailed the recognition plaque to her. The next topic was to discuss ongoing ideas for the group such as creating an LGBT Research Award, developing guidelines for community work with LGBT communities, and future conference planning both at the next international community psychology conference and the next SCRA Biennial. We will be working on all these projects in the coming year.

Next, Anne Mulvey shares with us how one self-identified “60+ married feminist lesbian professor” experienced the SCRA 2007 Biennial conference.

Reflections on the Biennial:
Creating Community Ourselves

~Anne Mulvey, University of Massachusetts Lowell

Anne Mulvey Identity Snapshot

Born: Cleveland, Ohio, US, 1946
Employment: UMass Lowell (MA)
Community Social Psychology Program, 1980
Family: Married Donna O’Neill, 2004; celebrated our 20th anniversary, 2007; our given and chosen family is made up of wonderful siblings, nieces, nephews and friends!
Biennials attended: 11

Shortly before attending the biennial conference, one of the plaintiffs in the Goodrich decision, the Supreme Court case that legalized the right of same sex couples to marry in Massachusetts, attended my class. David Wilson, an African American, told his powerful story of internal and external transformations that led to his involvement in the court case and in the gay rights and human rights movement. Students did not make a sound as David spoke; this was the silence of deep listening.

Maybe it was being inspired by David, or where I am in my own life, that made this biennial an especially hopeful and positive one for me. In contrast to some biennials where I have been disappointed with program content and process or have felt marginalized or invisible as a woman or a feminist or a lesbian, I experienced openness to diversity, concern with social justice and activism, convergence of perspectives, and boundary-spanning in formal programs, committee meetings, and informal networking. There seemed to be more attention to the challenges and opportunities of working with and caring for ourselves, each other, and our own community as part of a shared agenda to create and sustain safe, socially just communities across diverse settings and political contexts. Performing in the plenary session (Loomis, Dello Stritto, Allen, Swift, & Shpungin, 2007), serving as a mentor, role playing, telling my story and listening to the stories of others heightened awareness of my personal and professional changes as I’ve shifted from being a 20 something single straight ’60s-type feminist graduate student to a 60+ married feminist lesbian professor. And I still very much appreciated recognition that the personal is, indeed, deeply political and vice-versa.

The opening plenary, SCRA: Sounds of Silence, set the very positive tone for me. Multiple voices chronicled ways that sexism, homophobia, and other forms of structured inequality, marginalization, and invisibility intersect in our professional community to discourage and disadvantage many of us personally and professionally. These

Get involved!

If you have been thinking about getting connected to our interest group, do it now. Some people have asked if they can belong even if they do not identify as LGBT. Yes. Straight allies are welcome! Sign on to our listserv or email one of the co-chairs for more information. We are a relatively small group so there is not a lot of email activity, but enough to keep us connected, productive, and inspired. This interest group provides opportunities for sharing resources and collaborating on research and advocacy projects. We are looking for volunteers for the leadership team. Our group needs an incoming chair or co-chairs. If you are interested in joining the interest group or volunteering please contact Colleen (cloomis@wlu.ca) or Rich (jenkinsri@nida.nih.gov).

ANNOUNCEMENT

LGBT institute will be hosted at the upcoming 2nd international community psychology conference, June 2008, Lisbon, Portugal. Contact Daniel Matias (danielfmatias@yahoo.com) for more information.
silences were spoken loudly and clearly in public space for a change. An initiative of the Committee on Women in collaboration with other groups including the LGBTQ interest group, interactive dialogues gave voice to diverse forms of silencing, speaking truth to power. The involvement of SCRA President Carolyn Swift and the decision to combine the performance with Carolyn’s presidential address drew a conference wide audience and encouraged much subsequent informal conversation.

A follow-up workshop, Giving Voice to All: Combating Silencing (Dello Stritto, Allen, Loomis, Swift, & Shpungin, 2007), provided opportunities for focused small group discussion, brainstorming, and the sharing of resources to identify and challenge multiple forms of silencing. Together, the two sessions opened up space for public conversation and community building within and between dominant and marginalized groups while highlighting diverse expressions of power, identity, and community. Content and process fostered the psychological sense of community and coalition building. As a founding member of the SCRA Women’s Committee and of the LGBTQ Interest Group, I was grateful for the convergence of issues and conversations across the borders of these groups and throughout the larger SCRA community: Many thanks to Colleen Loomis, Mary Ellen Dello Stritto, Elaine Shpungin, Nicole Allen, and Carolyn Swift for all of the work that went into this successful and creative collaboration.

At the Biennial in California and in the Massachusetts State House, I heard the words “joy” and “love” being spoken and embodied in large and small ways: the Sounds of Silence, transformative stories and action plans, and Donald Klein’s final words that “the top line is profit; the bottom line is love.”

The LGBT Interest Group meeting was another positive conference highlight. The interest group is alive and well thanks to the work of former and current co-chairs and to the strengths and perspectives that new members bring. I was impressed by great diversity in professional roles, priorities, and stages of involvement in SCRA of people at the meeting and buoyed by the plans and energy that were generated. There continues to be a pressing need for those of us who are established in SCRA to welcome and encourage newer members of the LGBTQ community in the interest group and in SCRA as a whole since invisibility is a powerful silencer for the LGBTQ community. I was reminded of this when someone I had met at the interest group meeting at the last biennial asked what had happened to plans that were discussed there to have a public presence at this biennial. Although I felt uncomfortable since I had offered to help and had not followed up, I appreciated the question being raised. My discomfort was exceeded by my enthusiasm when Gary Harper announced that the 2nd International Conference on Community Psychology, Building Participative, Empowering and Diverse Communities, that will be in Lisbon, Portugal next June will have the first ever pre-conference institute on community psychology and LGBT issues.

On June 14th just after returning home from the conference, I was in the front row of the balcony in the Massachusetts legislature as state representatives and senators voted down an initiative that would have allowed a popular referendum on same sex marriage. Amid celebratory cheers and tears of joy, Deval Patrick—our newly elected African American governor who had worked hard to defeat the anti-gay initiative—asked us to be respectful of the opposition and to remain vigilant. He reminded us that democracy is an ongoing process and “affirming the rights of anyone affirms and strengthens the rights of all.” Tremendous relief and a powerful sense of shared community ended one extremely long tense day in the ongoing struggle for safety and justice for all community members. Gay community members have led this struggle but they could not and will not be successful without “Straight Moms for Marriage Equality,” the “Religious Coalition for the Freedom to Marry,” “Raging Grannies,” and many, many other allies and groups working together for civil and human rights.

At the Biennial in California and in the Massachusetts State House, I heard the words “joy” and “love” being spoken and embodied in large and small ways: the Sounds of Silence, transformative stories and action plans, and Donald Klein’s final words that “the top line is profit; the bottom line is love.” I experienced and was sustained by many people coming out, speaking out, and reaching out across multiple differences out of our shared and passionate commitment to creating and sustaining safe, just communities where all of us belong.

References

A n only child, Irma Serrano-García was raised by politically active parents who were devoted to social justice in Puerto Rico. They were “raised dirt poor but bootstrapped themselves” through education, hard work and political activism. Her parents were both academics—her father (Raúl Serrano–Geyls) taught law, and her mother (Irma García Oller) was a professor of public administration—both at the University of Puerto Rico. In part due to his party affiliation with the Popular Democratic Party (PDP), her father was appointed to the prestigious post of Supreme Court Justice in Puerto Rico. Visitors during her formative years included some of Puerto Rico’s most prominent citizens, including a governor and politically-connected academicians. Dinner conversation featured spirited debate on political strategy and social justice. “Being the daughter of a Supreme Court justice and in the limelight was a heady experience for a teenager,” she recalls. Her father’s resignation from this position, following two heart attacks, made her recognize his physical fragility and led her return to a less eventful lifestyle. Irma accompanied her parents to Boston where they studied for master’s degrees—her father studied law at Harvard and her mother studied at Boston University. Irma became fluent in English as a result of this exposure—a skill that she calls “indispensable for my later academic achievement.” (Although English is a required course starting in the first grade, only a small number of Puerto Ricans are fluent in English.)

Irma was a “C” student until she was “discovered” in the sixth grade—having earned the top score on the Island on a national placement exam. Before then, she never thought of herself as particularly smart, and her parents did not push their fun-loving daughter academically. However, this exam profoundly changed her life, one unfortunate byproduct of which was that her parents became intent on her academic achievement. She was placed in a special enrichment class with a small group of high performing students, all of whom skipped ninth grade and went through high school together, constituting a strong support group. By their senior year of high school, they were taking college courses.

Cited as a particularly strong influence in her life is her seventh-grade teacher who “taught me to read the newspaper.” Students were required to read the newspaper every day, bring in one clipping and be prepared to discuss it with their classmates if they were called on. Although these discussions could focus on any content area, many were concerned with social justice.

Irma entered the University of Puerto Rico at the age of 16, entering as a sophomore because of the college courses she took as a senior in high school. From her first year of college, she was politically active, independent of her parents. Puerto Rican politics center on the relationship of the Island to the United States, the political parties being defined by their stance on how that relationship should be structured. She laments the 100-year long history of Puerto Rico’s colonization by the United States and the “total Americanization” of much of the population of the Island. Although her parents were longtime activists in the PDP, she believed that party had lost its soul—including abandonment of the political goal of Puerto Rican independence from the US and the pursuit of social justice. As a result, Irma joined the PIP (Puerto Rican Independence Party) at age 16, during her first year of college. Irma volunteered with the party on nights and weekends and met her first husband through these activities. Later, while working on her master’s degree, she and two other PIP women formed an independent women’s committee. Prior to that time, women (mostly wives of male PIP members) were relegated to making and selling food at PIP functions. By this time, both her parents had joined her in the PIP, and her mother and her friends were strong supporters of the elevation of women within the party. They were successful in having a woman named to the party’s Executive Committee, a first crack in the party’s all-male leadership. A woman has since risen to be one of two vice presidents of the PIP. Irma explained that the PIP is influential in Puerto Rico but not because of its size—only 5% of the electorate. Instead, the party’s influence derives from being the swing vote between two larger parties who regularly split 95% of the vote. A recent PIP slogan was “The Vote that Makes the Difference.”
As an undergraduate, she was selected to participate in a National Training Laboratory (NTL) program aimed at developing leadership on college campuses, using NTL’s principles and skills. The student representatives worked together as teams, attempting to bring about changes in the curriculum of their own colleges. She got the opportunity to travel to Bethel, Maine and other US sites and met many activists. She simultaneously gained skills in group dynamics which were eventually useful in her future career as a college teacher.

By age 21 (in 1970), she had received her bachelor’s and master’s degrees in psychology, both at the University of Puerto Rico. She then worked there for three years—an academic advisor to business students and teaching human relations and organizational psychology. Both Irma and her husband were admitted in 1973 to study at the University of Michigan—she to a PhD program in Social Psychology. She had been awarded a generous Ford Foundation scholarship. Although she expected that the Social Psychology program would combine political science and psychology, she was disappointed in the reality. She found the community psychology program through a course she took with Cary Cherniss and found this field to be more to her liking. “Community psychology matched my political interests and values in community organizing.” Her major mentor at the university, James Jackson, supported her in the creation of her own joint PhD program in Social/Community Psychology.

Commenting on the culture at the University of Michigan, she observed a different form of racism than she was used to. “In Puerto Rico, racism is more subtle. Our history did not include outright racism as experienced in the States, such as sitting in the back of the bus or facing job discrimination. Distinctions were made on the basis of skin tone.” At Michigan, she was considered “Hispanic,” a word she rejects. She observed that, in large classrooms, students segregated themselves racially. She was neither Caucasian nor Afro-American so struggled as to how to identify herself ethnically; “I went back and forth.” At the time, the University of Michigan had only nine Puerto Rican students; she was the only one studying Psychology. Another of her cultural observation relates to how Michigan graduate student teaching assistants handled a strike on campus, compared to the hyperactive politicization in Puerto Rico. Of course, walking on a picket line during a snowstorm was alien to sunny Puerto Rico, but rallies held to support the strike drew smaller crowds than she was accustomed to. However, the strike was successful, so it further strengthened her belief in organizing and activism as viable methods for achieving social change.

The couple lived in graduate student housing with their small daughter, Catrina, but they divorced during their first year in graduate school. At the same time, Catrina became ill. So, Irma was a graduate student and a single mother with full custody of an ill child. Her fellowship did not permit her to work, so finances were tight, but she is proud that she never asked for financial support from her parents. (Catrina, now 34 years old, has a close relationship with her biological father, visiting him regularly in California.)

Irma’s budding feminism was accelerated by the reaction to her intention to reclaim her family name when she divorced. The judge hearing the divorce case would not grant her a name change, stating that to do so would “be confusing to a minor”—Catrina. Accepting her lawyer’s advice, she did not appeal the judge’s ruling so as not to delay the divorce. However, a week after the divorce, she filed successfully for the name change. In one of her visits home to Puerto Rico, she met Carlos I. Gorrín Peralta, a legal services attorney and a PIP political activist. They married after her return to Puerto Rico from Michigan. In 1978, in announcing their marriage, the wedding invitations stated that she was keeping her own name rather than using Carlos’ surname. At the time, this caused an uproar among conservative Puerto Ricans, but today she believes “this would no longer be considered an issue.” Carlos is now a constitutional law professor at the Inter-American University in Puerto Rico.

Nearing completion of her PhD, Irma considered a postdoc position with Julian Rappaport at the University of Illinois, as suggested by Michigan’s Rick Price, but Julian recommended she acquire a few years more work experience. (Several years later, Irma did complete a post doctoral program in Public Policy at Harvard’s School of Education. Carlos had been admitted into a master’s of law program at Harvard same time.) Before completing her PhD, a job offer arrived from the Department of Psychology at the University of Puerto Rico which, by that time, was beginning to develop a community psychology program. “At the same time, I was missing Puerto Rico terribly while at Michigan, only getting home for Christmas. Also, I was missing Catrina. I had sent Catrina to live with my parents for six months while I completed my dissertation. I wanted Catrina to be raised in Puerto Rico.” She taught there until 1986, when she took a break for her postdoctoral work. Upon her return to Puerto Rico, Irma chaired the Psychology Department (1986-1990) and was promoted to full professor in 1990. Chairing the department was a demanding job, but she managed to accomplish a number of initiatives during her term as chair, primary of which were implementing the first PhD program in Psychology on the Island as well as reforming the bachelor’s level psychology curriculum.

Irma has pursued three major currents in her research. First, she has worked directly in community psychology efforts, such as conducting community needs assessments, studying community leadership and evaluating community organizing. Second, following a close friend’s contraction of AIDS, she began to specialize in the AIDS field, including the evaluation of a variety of AIDS-related programs in Puerto Rico. This work has been supported by a number of research grants, including NIH. Third, her attention has increasingly focused on psychologists’ engagement in policy-related work. She served on the APA Task Force...
of Psychology and Public Policy and recently replicated a study she conducted twenty years earlier, supported by an APA grant, describing policy-related roles of psychologists. She has worked to incorporate policy studies into the curriculum of psychology students and developed and implemented, for the Puerto Rico Psychological Association, a continuing education course on policy for psychologists.

She is passionate about and loves teaching and mentoring. Among her awards in teaching are a university award for distinguished contributions to teaching, SCRA’s Ethnic Minority Mentorship award, and APA’s Distinguished Contributions to Education and Training award. “My students give me their enthusiasm, energy, challenges, and questions.” She has completed a book (in Spanish) for students on writing theses and dissertations that will be published in late 2008.

Irma has been a consistent and effective leader in the community psychology field, both within SCRA, Latin America and internationally. She has served in a number of editorial roles on professional journals and was the first woman editor of the *Interamerican Journal of Psychology*. She’s been involved in APA governance for years, saying “I’ve been on almost every public interest committee of APA, and I’ve served on the APA Council, representing SPSSI.” Irma was also president of Division 27 (now SCRA) 1992-3. Since its founding in Peru in 1979, she has been a primary organizer in and leader of the Interamerican Society of Psychology (SIP) and was named its Interamerican Psychologist of the Year in 2005. And she is centrally involved now in the development of several international conferences for community psychologists.

When asked what she believes will be her lasting professional contributions, Irma was certain that it would be her teaching and mentoring. “About 40 people have done their master’s or PhD’s with me and are doing incredible work and holding responsible positions. My (graduate) students are my legacy.” Having no plans to retire (although she is retirement eligible), she will continue to mentor many more students. Another contribution would be her intent to extend to other realms a conceptual model on power relationships that is much used in Latin America.

Conceding that she and Carlos are a workaholic couple, seven days a week, Irma does designate every Friday night as “our space” and also sets aside one weekend morning for herself. Catrina rarely complained about her mother’s focus on work during her upbringing and now, although living with Carlos and Irma, has her own independent life. (She is an administrative assistant in a child care center). Irma’s mother died nearly two years ago, but her father is still giving her wise advice. At the same time, Irma continues to be an active PIP member and “independentista.”

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**REGIONAL—**

*Edited by Bernadette Sánchez*

**US AND INTERNATIONAL REGIONAL COORDINATOR UPDATES: FALL 2007**

Regional Network Coordinator
~Bernadette Sánchez, bsanchez@depaul.edu

I just began my 3-year term as Regional Network Coordinator, and I am very excited! As you’ll notice in the updates of some of the regions below, there are some important events coming up in the next year. Also, we need new regional coordinators in a number of regions around the world. Each region should have 3 regional coordinators and a couple student coordinators. The following US regions need additional regional coordinators: Midwest, Northeast, and West. The Rocky Mountain/Southwest region has not had a regional coordinator in a number of years, so it would be great to have at least a few people in that region. Outside of the US, we need additional and/or new regional coordinators in the following regions: Canada, Europe/Middle East/Africa, Latin America/Caribbean, and Asia. Don’t be shy! This is a great way to get involved with SCRA, and it doesn’t take much of your time. The purpose of regional coordinators is to assist with membership development, activities, and communication. Further, regional coordinators facilitate communication between their regions and the SCRA Executive Committee. If you are interested in getting involved, please don’t hesitate to contact me at 773-325-4841 (bsanchez@depaul.edu).

**Northeast Region**

Northeast Regional Coordinators:
Chiara Sabina, c.sabina@unh.edu
Seema Shah, s_shah@brown.edu

Shannon Mitchell and Tiffany Townsend have completed their terms as Northeast Regional Coordinators. We are grateful for all of their contributions. Currently, coordinators for the Northeast Region are Chiara Sabina, a Senior Research Associate in the College of Criminal Justice at Northeastern University, and Seema Shah, a Research Associate at the Annenberg Institute for School Reform. We are presently recruiting for a third coordinator. Interested individuals should get in touch with Chiara (chiarasabina@gmail.com) or Seema (s_shah@brown.edu).

The Northeast Regional Coordinators will work together to prepare for the 2008 regional SCRA program, which will be held at the Annual Meeting of the Eastern Psychological Association (EPA). This year’s SCRA Northeast Regional conference will be held Friday, March 14th at the Boston Park Plaza Hotel in Boston, Massachusetts. For more information concerning the conference, please visit the EPA website (http://easternpsychological.org).
SCRA’s program provides an opportunity for community-minded academicians, professionals, and students in the Northeast Region to interact and discuss research, prevention/intervention efforts, coalition building and community advocacy, among other topics, all with the express intent to affect social change. Information about the EPA Meeting, the NE SCRA Program, and abstract submission procedures will be available in mid September at the SCRA website. For more information please visit (www.scras.org).

Southeast Region

Southeast Regional Coordinators:
Joseph Berryhill, jberryhill@unca.edu
Sherry L. Hamby, sherry.hamby@unc.edu
Elaine Clanton Harpine, elaineh@usca.edu
Student Coordinators:
Lindsey McGowen, lindseycm@hotmail.com
Angela Cooke, cookeangela@hotmail.com

The University of South Carolina Aiken is hosting a conference on March 13th & 14th, 2008 on Group Interventions in School-Based Mental Health. There will be speakers on bullying, working with at-risk children, and the community’s role in school-based mental health. This will also be a working conference. Participants have been requested to “bring a problem to work on” at the conference. For more information or registration information, contact Elaine Clanton Harpine (clantonharpine@hotmail.com).

West Region

West Regional Coordinators:
Emily J. Ozer, eozer@berkeley.edu
Eric Stewart, jestewart@uwbu.edu
Student Coordinator:
Marieka Schotland, mss286@nyu.edu

The SF Bay Area community psychology network will be meeting again in the Fall, tentatively scheduled for Friday, October 19th from 1:00 to 3:00 at UC–Berkeley (specific details to follow). The goal of our network is to provide a forum to informally discuss work in progress, network with other community practitioners, and provide an exchange of ideas related to community intervention work. The larger group meets twice a year while encouraging smaller groups to form around particular interests. If you would like to be on our email list, please email Marieka Schotland (mss286@nyu.edu) or Emily Ozer (eozer@berkeley.edu).

The Second Annual Northwest ECO/Community Psychology Conference was held at the University of Washington Bothell on October 12th, co-sponsored by Portland State University and SCRA. Tod Sloan from Lewis and Clark University gave the plenary address, followed by a full and diversified slate of presenters from the Pacific Northwest region, representing a range of community-relevant topics from multiple disciplinary perspectives. We will report on the actual proceedings in the winter 2008 issue of TCP. It is not too soon to start thinking about submissions for the Third Annual conference.

Australia

Regional Coordinator:
Katie Thomas, katie.thomas@curtin.edu.au

In the interests of non-hemispheric discrimination, we may need a North/South section of climate description as this is the winter report for those of us in the Southern Hemisphere! We are nearing the end of winter months of rainy days and warm heaters and have just moved into Spring. Winter has meant lots of time for intelligent reading and discussion for the Western Australian SCRA group. Our most recent meeting was a dinner meeting to celebrate the achievement of our local member: Dr. Elizabeth Finn in receiving the Emory Cowan Award for her doctoral dissertation on Mutual Help groups. Her supervisor: Assoc. Prof. Brian Bishop was also acknowledged. We were also given an update on the International SCRA Conference activities and proceedings by Assoc. Professor Brian Bishop and Peta Dzidic who attended the conference in Pasadena. We are currently planning a symposium or public lecture activity to bring together members from all over the state. Western Australia is approximately three times the size of Texas so this will be quite a challenge. SCRA Australia is particularly committed to the achievement of social change that will support the full human rights of Aboriginal people; the reduction of racism, discrimination and oppression in Australian cultural life and improving Australia’s human rights record. Meetings on each of these topics are being planned for the year ahead.

Canada

Canada Regional Coordinator:
Colleen Loomis, cloomis@wlu.ca

Greetings! In our last report we shared that we would be coordinating a teleconference with one community psychology interested person from each province. Unfortunately, we were not successful in identifying someone from each province. We will continue the project of building a network and hope to have a cross-province call next quarter.

The summer has been filled with attending the SCRA Biennial and graduations and elections that have led to changes in coordinators. Several Canadian community psychology faculty, students and practitioners attended the biennial conference. We had fair representation and enjoyed an opportunity to be together, particularly at the official banquet. In other news, our leadership team is changing. Student representative Stephen Petersen graduated from Wilfrid Laurier University, completing an undergraduate honor’s degree in community psychology. For this reason he will no longer be one of the student representatives for Canada. Colleen Loomis was recently elected to SCRA Executive Office as member-at-large and is serving as chair of the LGBT Interest Group, so she has decided to step down as Canada’s regional coordinator. Scot D. Evans volunteered to assume the role of international coordinator for the region of Canada. Rachel Fayter, a doctoral student at Laurier, will continue serving as a student representative. Colleen, Scot, and Rachel will meet in October for transition planning and to discuss the initiation of quarterly teleconference with Canadian community psychologists across the provinces. Stay tuned for more exciting news from Canada. ☺
Introducing New SIIG Co-Chair
Paul Flaspohler

As of June 2007, Paul Flaspohler has assumed the role of co-chair of the School Intervention Interest Group (SIIG). Mahalo to Paul for accepting this volunteer position. Paul is pictured here with his son Milo (no, Paul is not the one wearing a polka-dot bib).

A message from our new co-chair:
I’m pleased to assume the role of co-chair of the School Intervention Interest Group starting this fall. I am excited about the opportunity and feel I am well qualified for the role. Currently, I am an assistant professor at Miami University (of Ohio). Through the Center for School-Based Mental Health Programs at Miami, I work with schools, school systems, and with local, state, and national organizations to promote expanded school mental health (ESMH). Expanded school mental health is a framework for promoting mental health and wellness through partnerships with schools and community services. The ESMH framework addresses a full continuum of mental health promotion, prevention, early intervention and treatment for all youth (Weist, 1997). In research and practice, my work focuses on facilitating school and community-based participatory research and evaluation projects. I was trained as a Clinical-Community Psychologist at the University of South Carolina and the Consultation Center at Yale University.

I enter the position with several goals for SIIG. First, my experience suggests that there are many opportunities for community psychologists to participate in school and school-community research and action. Through the SIIG column in TCP, SCRA conferences, and the discussion list, I hope to continue to showcase the range of work and potential contributions of community psychologists in schools. School and school-community work is complicated and challenging in part because of the interdisciplinary nature of the work. A second goal for SIIG is to use the position of chair to invite community psychology “outsiders” to propose needs and explore potential contributions of community psychology from the perspective of other organizations and disciplines. Inviting participation from other disciplines should serve to both expand our awareness and understanding of the perspective of others working in school systems and to increase awareness and understanding of the perspective of community psychology within their disciplines. Finally, we hope to make the SIIG more responsive to the hopes and needs generated within our own community. Together with past co-chair Milton Fuentes and Susana Helm, we have been creating a mechanism for revisiting the goals and vision of the SIIG. We hope to use the results of this assessment to invigorate and shape the future direction of SIIG.

Participatory Planning and Research: A Collaboration for a Safe School Environment

~Jane Chung & Corey Adler
Asian/Pacific Islander Youth Violence Prevention Center, University of Hawai‘i at Manoa

Introduction
Youth violence is an on-going concern in the United States. A 2006 Center for Disease Control report estimated that 33% of teenagers had been in a physical fight at least once in the past year. A 2006 Office of Juvenile Justice and Delinquency Prevention report estimated that 27% of youth under age 17 had assaulted someone with the intent to seriously hurt that person. As part of the University of Hawai‘i Research Division, Asian/Pacific Islander Youth Violence Prevention Center (APIYVPC) is committed to reducing youth violence in Hawai‘i’s communities.

APIYVPC focuses on understudied Asian and Pacific Islander (API) youths, including Native Hawaiians. APIYVPC’s mission is to create comprehensive, culturally competent models to reduce youth violence in API communities through six aims, including Community Partnership, Mobilization, and Empowerment (for further information, go to www.apiyvpc.org). Since 2003, APIYVPC and Kailua High School (KHS) have partnered to create a safer environment at the school and surrounding communities. This partnership has merged participatory planning and research, resulting in numerous collaborative school intervention projects.

Kailua High School
Kailua High School is a public school located on the Island of O‘ahu, serving approximately 980 students from two very different communities. Kailua, is a middle- to upper-middle class community populated by many Caucasian and Asian families. Waimanalo is a working-class community, predominately populated by Native Hawaiians, more than half of whom live on designated Hawaiian Homelands that are leased only to Native
Hawaiians with at least 50% Hawaiian blood (US Census, 2000). With a small majority of KHS students being Native Hawaiian (Kailua High School Status and Improvement Report, 2006), the APIYVPC-KHS partnership has been essential in understanding the experiences of Native Hawaiian youths.

The Partnership: Participatory Research and the Safe Schools Planning Process

KHS has been an integral partner in researching and piloting culturally relevant school intervention programs that are developed through a participatory research and safe schools planning process. Participatory research and program planning is inclusive of community voice: their needs are positioned as the focus of the planning process (Nichols, 2002). When this process is applied to safe school planning, the targeted communities identify their:

1. top concerns
2. desired end results
3. plan for achieving those results
   (Stephens, 1998)

Based on initial meetings with KHS administrators who helped identify the school’s top concerns, APIYVPC designed and conducted a pilot survey of 100 students regarding violent behaviors and attitudes. Using these initial findings along with data from student and teacher focus groups, APIYVPC developed and administered a school-wide survey in 2004-2005 (Mayeda, Hishinuma, Nishimura, García–Santiago, & Mark, 2006), and again in 2006-2007 that drew a larger sample. Focus groups with students and staff explored their experiences of violence and their desired end results in terms of both school safety and the formation of interpersonal youth violence prevention programs. Regular meetings among administrators, teachers, students, and APIYVPC staff allowed for timely dissemination of research results to inform the research process and provide insight on results. This community participatory process guided the ideas for the following collaborative school intervention projects.

Collaborative Projects

Collaborative projects were created based on the school bonding intervention model, which suggests that creating a bond between the students and the school can inhibit delinquent behaviors (Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004). With this as the guiding principle, APIYVPC and KHS developed and implemented the following three projects, among several others.

Curriculum Development

A collaborative meeting held in 2004 identified two major curriculum interventions for KHS: (1) Peer Mentoring and (2) Ethnic Studies. The Ethnic Studies curriculum development is highlighted here. As literature suggests that a strong sense of ethnic identity and involvement in cultural practices are protective factors for violence (Cadwell, Kohn–Wood, Schmeelk–Cone, Chavous, & Zimmerman, 2004), APIYVPC staff and two KHS teachers created and piloted an ethnic studies course with a small group of students in 2005. Students responded positively to the ethnic studies class by exhibiting commitment to do well in the class, thus enhancing the bond between students and the school. This curriculum was expanded to incorporate five risk factors for youth violence, as identified in 2004-2005 school-wide survey: sexist attitudes, impulsivity, victimization, moodiness, and substance use. The curriculum was offered as a regular elective to approximately 90 students in 2006 and currently is being evaluated by APIYVPC. Teachers and students motivated KHS administrators to incorporate the ethnic studies course into their general curriculum for all incoming freshmen in 2007.

Freshman JumpStart Day

Freshmen Jumpstart Day is the first day of school for incoming freshmen and allows 9th graders to attend school without upperclassmen on campus. Freshmen meet the faculty, learn the school schedule, and participate in a campus tour and a grade-level assembly: the start of the school bonding process. Analysis of focus group data revealed that school fights occurred at the beginning of the year with incoming freshmen, attributed to the clash between the two different communities. Therefore, an anti-violence workshop was added to the Freshmen Jumpstart Day in 2006. Utilizing survey results and a short video created by peer mentor students, APIYVPC and community leaders facilitated student discussions about peaceful alternatives to fighting and resources on campus. Future directions for Freshmen JumpStart Day include allotting more time for students to get to know each other and talk about their communities and background, as well as the continued use of student-made media.

Safe Schools Task Force

In 2004, APIYVPC participated in KHS Parent/Community Day. The focus of the collaboration, which included parents, community, students, faculty, and staff, was to share perceptions of school violence. The information obtained through this collaboration verified the need to establish the Safe Schools Task Force (SSTF). SSTF was established in 2006 and includes KHS students, faculty, and APIYVPC staff. One of the recent events they helped organize was a Community Movie Night. Community members were invited to KHS for an outdoor movie showing on the school’s athletic field. As studies have continually shown that family involvement and community participation are protective factors against youth violence (Griffin, Scheier, Botvin, Diaz, & Miller, 1999), the goal of the event was to bring families and the school community together, in effect, bonding the students and their families to the school. APIYVPC, KHS, and community organizations worked together to advertise the event to the surrounding communities and secure funding for equipment, security, and a BBQ style dinner for 600 attendees. This free event was deemed a success, and funding for two recurrences during the upcoming school year are being pursued.

Conclusion

These collaborative school interventions followed a participatory planning process by putting participants at the cen-
Participants included people from all areas of the school and beyond: administrators, students, security, teachers, counselors, and residents. Participatory planning processes not only empower participants by strengthening their decision-making, research, and communication skills, but also improve sustainability of these projects. Through active involvement, the community learns the structure and demands of each project, creating an empowering and sustainable safe school environment. These projects also incorporate APIYVPC research, merging research and community participation that address the unique needs of Hawai’i’s multi-cultural communities.

References

Social Policy

Edited by Joseph R. Ferrari, DePaul University jferrari@depaul.edu

The current issue includes an interesting article on how a community psychologist may play a role in public policy name changes. Written by Lenny Jason of DePaul University, this article provides him as the 2007 SCRA Award winner on Public Policy Influences a chance to express opinions related to a topic. Congratulations to Lenny on the award and this article.

This issue marks the end of my brief term as Social Policy Chair. The change in leadership caused me to miss submitting a column to TCP, but the three remaining ones were awesome in my opinion. I thank the students who contributed to the newly formatted student articles on Social Policy, focusing on Poverty and then Homelessness. I enjoyed my position as chair this past year. We made important “small steps” in the role of the SCRA Public Policy committee. For example, we now have students write two of the four TCP issues within the policy column. This addition lets students express themselves on social issues that are important to them. I look forward to reading more articles by students.

Plus, we established the “Outstanding Social Policy Award” to be awarded at each biennial. As noted above, Lenny Jason received the first award. Related, the winner receives a chance to write a column in the next TCP.

Finally, I thank Carolyn Swift for her help this past year, Amy Stutesman for her assistance with the TCP columns, Cliff O’Donnell for his help in the Award Committee, Anne Bogat for suggestions on the future of this committee, and Britt Preston for his guidance in transitioning the chair position.

The next Social/Public Policy Chair is Dr. Steven Pokorny, from the Department of Health Education & Behavior, University of Florida. Steve is an old friend and I am confident he will take this group into new and higher directions. He plans to continue to student columns in TCP and has plans for other improvements.

Good luck Steve.

~Thanks everyone—see you at the next SCRA function.

What’s In a Name: Public Policy Implications of Language

~Leonard A. Jason, DePaul University

Few would disagree that names that derive from our language to characterize people, environments or illnesses contribute to stigma. For example, Multiple Sclerosis (MS) was believed to be caused by stress linked with oedipal fixations. When the name of the disorder changed from hysterical paralysis (to discredit the legitimate medical complaints of predominantly female patients) to MS, less stigma was associated with this illness (Richman, & Jason, 2001). If name changes made for illnesses led to reductions in stigma, how might community psychologists participate in these change efforts? This article explores this issue with an illness that I experienced. Because this illness touched me so personally, I wondered whether I could be objective in my work, and whether there...
might exist a role for me to either chronicle and explore or more actively mobilize and try to precipitate change.

The effects of stigmatization are often palpable for persons with chronic fatigue syndrome (CFS), because sources of stigma arise from most symptoms that are not visibly apparent, making it difficult for many to believe in or understand the vast array of debilitating symptoms. The name selected to characterize an illness, such as CFS, also contributes to stigma, influencing how patients are perceived and treated by medical personnel, family members and work associates. Some suggested that the term CFS contributed to health care providers having negative attitudes towards those with this syndrome (Green, Romei, & Natelson, 1999; Jason, Richman et al., 1997; Shlaes, Jason, & Ferrari, 1999). The term was originally coined in 1988 by a group of researchers, many from the Centers for Disease Control and Prevention (CDC), who felt that fatigue was one of the primary symptoms of this syndrome. The syndrome previously was referred by various names, including Myalgic Encephalomyelitis (ME) (Hyde, Goldstein, & Levine, 1992; Ramsay, 1981). Many patients were outraged when this illness was given the new name CFS, believing this new name trivialized the seriousness of the illness (Friedberg & Jason, 1998).

In two surveys conducted in the late 1990s, 85% (Name-Change Survey Results, 1997) and 92% (Burns, 1998) of patients stated they wanted the CFS name changed. Many felt that the term CFS placed too much emphasis on the symptom fatigue, as the illness is typified by many severe symptoms in addition to fatigue, and fatigue is generally regarded as a common symptom experienced by many otherwise healthy individuals in the general population (Taylor, Friedberg, & Jason, 2001). As one patient said to me, if we referred to bronchitis or emphysema as chronic cough syndrome, the results would be a trivializing of those illnesses, and this occurred with the illness now known as CFS.

While I felt that a name change needed to occur with this illness, I also knew there were powerful vested forces opposed to any changes. A name change for CFS would be difficult because most scientists and clinicians working in this area, as well as officials at the CDC, believed that the term CFS should be maintained as it had gained credibility among the international research community. When I mentioned that patients were stigmatized by the term, I was explicitly told it was reckless and irresponsible to change the name. It was clear that work in this controversial area might provoke negative consequences. Even more importantly, I wondered whether I had any unique skills as a community psychologist to offer in this effort to change the name.

Up to the late 1990s, no studies had attempted to evaluate whether the term CFS contributed to stigma. In 1998, a patient contacted me and suggested that I try to experimentally document how the name of this illness might influence attributions. With input from this patient, my research team at DePaul University subsequently conducted two studies to evaluate whether different names for this illness indeed influenced attributions regarding its cause, nature, severity, contagion, and prognosis. In these studies, one case description of a patient with prototypic symptoms of CFS was given to participants. Participants were randomly assigned to different groups, with the only difference between groups being the type of diagnostic label given as the diagnosis (e.g., chronic fatigue syndrome, Myalgic Encephalopathy [ME], etc.). Results of these studies indicated that college undergraduates (Jason, Taylor, Stepanek, & Plioplys, 2001) and medical trainees’ (Jason, Taylor, Plioplys et al., 2002) attributions about CFS changed as a function of which diagnostic labels were used to characterize the person with this illness. The more medically sounding term Myalgic Encephalopathy (ME) was associated with the poorest prognosis, and this term was more likely to influence participants to attribute a physiological cause to the illness, and less likely to influence participants to consider the patient in the case study as a potential candidate for organ donation. With the release of these findings in 2001, I was unexpectedly thrust upon the world stage, as I was portrayed as an advocate of a name change by patient groups who used these studies as a justification to argue for a name change.

Prior to this work on the name change, I had released findings from a community-based epidemiology study indicating that CDC studies estimating that about 20,000 Americans had this illness were methodologically flawed, and that the number of Americans with this illness was closer to 800,000 (Jason et al., 1999). Because this research was positively regarded by the field, I was appointed in 2000 to the US Department of Health and Human Services’ Chronic Fatigue Syndrome Coordinating Committee, which was assigned the task of monitoring CFS activities within the federal government and making recommendations on CFS policy change to the Secretary of the Department of Health and Human Services. After I had joined the CFS Coordinating Committee, a sub-committee was established that was called the Name Change Workgroup (NCW). I along with other scientists, clinicians and patient representatives (e.g., the CEO of the largest patient organization) were members of this sub-committee. Our NCW sub-committee ultimately was charged with making recommendations to the entire CFS Coordinating Committee, and then the CFS Coordinating Committee was to make recommendations on the name change to the Secretary of Health and Human Services. If the name change was approved by the Secretary for Health and Human Services, use of the new term by federal agencies would follow.

Many activist patient organizations were aware that I had been a patient at one time, that I had successfully challenged the inappropriately low CDC prevalence rates for this illness, and that I was conducting studies showing how the current name was stigmatizing. As they felt that I would be supportive of their views, I was being contacted daily by representatives from different patient organizations and was being strongly encouraged to convince the NCW members to approve the more medically sounding term ME, which had been the name of this syndrome before the CDC renamed the illness CFS in 1988. One patient had collected thousands of ballots to endorse the ME term. Very early on in our NCW sub-committee meetings, I made a motion to substitute the term ME for CFS, but none of the other members voted for this option. I was surprised at this lack of support for the term ME, and many scientists and clinicians on this sub-committee argued that the term “Encephalomyelitis” was inaccurate as it indicated brain inflammation, and they felt that there was no evidence of brain inflammation for patients with this illness. These members felt that if a new name was to be selected, it needed to focus on some of the neurologic and immunologic dysfunctions that patients experienced, and they felt that a new term such as Neuro-Immune Endocrine Disorder might have a greater likelihood of being accepted by clinicians and researchers. Although there were 7-8 distinct patient organizations, the CEO of the largest organization had a representative on the sub-
committee, and this person did not seem in favor of a name change (perhaps influenced by the reality that most scientists and government officials were not in favor of changing the name). I knew this CEO rather well as her organization had provided me funding for some of my initial CFS prevalence research. I wondered how our sub-committee could ever be successful if the leader of the largest patient organization was less than receptive to a new name. As a community psychologist, I felt obligated or value driven to try to figure out a way of brokering a compromise that all parties could support, but I had no idea of how that might be achieved. I just knew I was fortunate to be in a most unusual position on this NCW sub-committee as I had excellent relations with all the gatekeepers, including the scientific community (having recently being appointed to be a board member of the scientific organization that studies this illness) and patient groups (I was on good terms with the diverse patient organizations).

So what role might I play on this sub-committee? As I had prior experience in designing and analyzing surveys to assess attitudes and beliefs, I offered my services in these areas to the members of the NCW. Soon after, the NCW decided to collect information assessing attitudes toward different possible names. The NCW distributed a questionnaire at the American Association of Chronic Fatigue Syndrome’s biennial convention in Washington in January of 2001, as well as through various Internet websites and listservs (Jason, Eisele, & Taylor, 2001). The NCW survey assessed several possible names including Myalgic Encephalopathy (ME), Neuro-Immune Endocrine Disorder, Polyalagic Asthenia (a name that attempts to describe key symptoms), and Ramsay’s Disorder, an eponym for one of the first physicians who had studied this illness. We found that 92% of patients indicated they wanted a name change. Respondents were most favorable toward two names: ME and Neuro-Immune Endocrine Disorder. However, patients strongly wanted either ME or Neuro-Immune Endocrine Disorder, and those that endorsed one name were opposed to the other. Neither I nor the other sub-committee members realized patients were so divided on this issue. Just as worrisome, less than 40% of researchers would support either ME or Neuro-Immune Endocrine Disorder.

I realized that the three constituent groups (i.e., the scientists who preferred keeping the term CFS, and those patients who preferred ME and those that preferred Neuro-Immune Endocrine Disorder) needed to have their positions endorsed, and this paradox needed to be solved if any consensus for change could occur. It gets even more complicated, because as mentioned earlier, the leader of the largest patient organization was less than receptive to making any changes. Over the next year, the NCW came up with the following solution after dialoguing with multiple individuals and organizations. Because the acronym NEID (for Neuro-Immune Endocrine Disorder) had been criticized as being too close to the pejorative “needy,” a new term was developed—Chronic Neuroendocrine Dysfunction Syndrome (CNDS). We proposed that this term would refer to the larger syndrome category, similar in a way to terms such as cancer or heart disease. But just as there can be multiple types of cancer or heart disease, we proposed that there could be several subtypes of Chronic Neuroendocrine Dysfunction Syndrome (CNDS). Those patients who advocated for ME would be able to use this name as a subtype of CNDS. Individuals who wanted a new term would be able to use the CNDS umbrella term. We also knew from our polling that most scientists wanted to continue using the term CFS, but almost all patients did not want the term CFS recognized. Our compromise solution was not to use the term CFS but instead to use the term “the Fukuda et al. criteria.” The Fukuda et al. criteria referred to an article published in 1994 that gave the definition of CFS. In this way, the NCW felt that the scientists might accept the recommendations (they could continue to use and refer to the Fukuda et al. criteria in their research), and that the different patient groups would each be able to feel that their term (either ME or CNDS) had been endorsed in the name change proposal.

It was at this time that the CEO of the largest patient organization, who was a NCW sub-committee member, mentioned that we should conduct another study that compared the following three conditions: “chronic fatigue syndrome,” “chronic neuroendocrine-immune dysfunction syndrome,” or “chronic neuroendocrine-immune dysfunction syndrome,” which had formerly been called “chronic fatigue syndrome.” Although not explicitly stated, if the term CFS elicited similar reactions as the term “chronic neuroendocrine-immune dysfunction syndrome,” which had formerly been called “chronic fatigue syndrome,” there might be less justification to implement any changes. In other words, if people knew that the term CNDS was replacing CFS, the attributions that individuals had about CFS might naturally transfer to the new term CNDS. In our next study, which was funded by the largest patient organization, health care workers were presented a case study of a patient with symptoms of CFS. They were told that the patient either had “chronic fatigue syndrome,” “chronic neuroendocrine-immune dysfunction syndrome,” or “chronic neuroendocrine-immune dysfunction syndrome,” which had formerly been called “chronic fatigue syndrome.” Once again, results suggested that a more medical sounding term (CNDS) led to attributions that this syndrome is a more serious, disabling illness than the term CFS (Jason, Holbert, Torres–Harding, Taylor, Le Vassuer et al., 2004).

Our NCW group then analyzed data from two additional national surveys of patients and health care providers, with the help of the CEO of the largest patient organization. From 65 to 76 percent of respondents endorsed the overall NCW recommendations of having an umbrella term and subtypes, but only 57 to 66 percent endorsed the actual term CNDS (Jason, Holbert, Torres–Harding, & Taylor, 2004). It appeared that more respondents were willing to endorse the strategy of having an umbrella term and subtypes, but fewer were satisfied with the specific umbrella term. The most controversial part of the CNDS term was the word chronic, as it registered the most negative responses. A smaller patient organization next conducted their own poll, and they contrasted the term chronic neuroendocrine-immune dysfunction syndrome (CNDS) with simpler terms, such as neuroendocrine immune syndrome (NIS) (Jill McLaughlin, Personal Communication, April 23, 2002). Based on the results of this poll as well as the findings from the study by Jason, Holbert, Torres–Harding, and Taylor (2004), the NCW deleted the word “chronic” from their umbrella term and adopted the umbrella term Neuroendocrineimmune Dysfunction Syndrome, or NDS. Overall, it appeared that the compromise was something that many of the different constituent patient groups could accept.

During the spring and summer of 2003, members of the NCW had discussions with many individuals within Health and Human Services to gauge their reactions to the proposed NCW recommendations. For example, the person who coordinated CFS activities...
within NIH had no objections to our proposal. In addition, a representative from the Social Security Administration felt that the name change would not adversely impact the claims adjudication process. Some relatively simple re-teaching of terms to adjudicators was all that would be needed, and a process for this was in place and functioning.

The recommendations of the Name Change Work group (NCW) were intended to be given to the CFS Coordinating Committee. Unfortunately, although the NCW was appointed by the CFS Coordinating Committee, the CFS Coordinating Committee was disbanded, but the NCW continued to meet. Some members of the NCW felt that the CFS Coordinating Committee might have been disbanded because it was getting too political (e.g., making progress on changing the name) and that might have threatened some higher level Health and Human Service employees. A new CFS Advisory Committee took the place of this CFS Coordinating Committee, and almost all members of the prior committee, including myself, were not appointed to the new CFS Advisory Committee. When the CFS Advisory Committee met in December of 2003, they tabled the recommendations of the NCW, citing more pressing issues needing attention. I, as well as many patients within the CFS community, was disappointed with this decision, and many patient activists felt that members of the newly organized CFS Advisory Committee had been selected for having more conservative views on the name issue. Of interest, the largest patient organization was soon to receive over four million dollars from the CDC to begin a “CFS Branding” media campaign that was designed to help the public better understand the illness known as CFS (this patient organization also experienced significant membership declines over the subsequent years).

Participating in these types of policy interventions involves a long-term time commitment, and the process is often unpredictable and even chaotic.

Change is always occurring as alliances emerge and crumble, and even adversaries can become supporters.

Even though the NCW recommendations were not adopted by the federal government, advocacy efforts on the name change continued throughout the world. As examples, new names have occurred in several patient organizations (e.g., the Patient Alliance for Neuroendocrineimmune Disorders Organization for Research and Advocacy, and the Myalgic Encephalomyelitis Society of America) and research/clinical settings (Whitemore/Peterson Institute for Neuro-Immune Disease). Another strategy has been to adopt the term ME/CFS, which was thought to be a transition term, and one that might gain the support of both patients and scientists. A new ME/CFS clinical case definition was developed in Canada that used the term Myalgic Encephalomyelitis/chronic fatigue syndrome (ME/CFS) (Carruthers et al., 2003). One member of our NCW sub-committee was part of the group that developed this new acronym (ME/CFS) and case definition. In addition, the organization of researchers called the International Association of CFS changed their name to the International Association of CFS/ME. This organization also organized an international task force and published guidelines for a new case definition for children and adolescents, with the name Pediatric ME/CFS (Jason et al., 2006).

Bringing about a name change is a complicated endeavor, and small variations of the language being used can have significant consequences among the stakeholders. One of the most controversial issues had to do with whether the term ME should refer to Myalgic Encephalomyelitis or Myalgic Encephalopathy, with many but not all patients supporting the former name and more scientists inclined toward supporting the latter name. Differences on this point have lead to major disputes. Individuals within each camp repeatedly have tried to have me accept and endorse their term. In fact, I was told by several of the more ardent activists that I would be considered a traitor if I did not support their position. While ME historically had been used to describe “Myalgic Encephalomyelitis,” researchers felt that the term “encephalomyelitis” was inappropriate as it indicated widespread inflammatory change taking place within the brain (i.e., encephalitis). Shephard (2007), for example, suggests that while there might be past inflammatory changes within the central nervous system in some patients with ME/CFS, there is no evidence of this in most patients. However, many activist patients felt that the alternative term, “Encephalopathy” is too general and can refer to any dysfunction or disorder of the brain. “Opathy” could cover so many different types of brain and/or central nervous system pathologies that it wouldn’t be respected as the name of a particular disease. In addition, advocates of Encephalomyelitis feel that the problem is not necessarily the lack of inflammation, but the lack of sufficient research to be conclusive one way or another. Finally those who endorse Encephalomyelitis believe that the name of an illness has never required strict all encompassing scientific accuracy or proof (e.g. Malaria means bad air. Lyme is a town. Ebola is a river. Poliomyelitis is not required to change to poliomyelitis after the acute phase). The International Associations of CFS/ME Board debated whether “ME” should refer to Myalgic Encephalomyelitis or Myalgic Encephalopathy, and this organization initially endorsed the term CFS/Myalgic Encephalopathy. I considered it was a mistake to endorse only one variation of the ME term. This decision by the IACFS/ME board was not greeted positively by many activists. After considerable debate a compromise was found where the IACFS/ME just uses the ME/CFS acronym in the official website and publications, and in that way, the organization has provided implicit endorsement of either variation of ME.
endorsed the “Myalgic Encephalopathy” version of ME, but many patient activists were angry about this decision. I unsuccessfully argued that we only endorse the acronym ME/CFS, and thus supported both versions of ME. I am now working with Rich Carson in gaining support for this strategy. We will soon be distributing a survey on this issue in an effort to have our decisions guided by data. A large group of patient activists and media personalities throughout the US are also being brought into the process of endorsing this new term ME/CFS.

Participating in these types of policy interventions involves a long-term time commitment, and the process is often unpredictable and even chaotic. Change is always occurring as alliances emerge and crumble, and even adversaries can become supporters. As an example, after being appointed to a national committee (the CFS Coordinating Committee), and gaining momentum on the name change effort, this committee was dissolved. In spite of this, our NCW sub-committee kept meeting, and when we completed our work, the subsequent CFS Advisory Committee’s first activity was to table our NCW recommendations that had taken three years to develop. In 2003, I pledged to have nothing further to do with the CFS Advisory Committee, and I continued my work with other organizations, both national and international. Then in 2007, I was asked by the Secretary of Health and Human Services to be a member of the CFS Advisory Committee. I agreed to join, as this provides me another opportunity to work with different groups as we build consensus for the hybrid term ME/CFS. Even more interesting, the CEO of the large patient organization mentioned earlier was the person who nominated me to become a member of the CFS Advisory Committee.

In the mid to late 1990s, I was fortunate to publish basic ME/CFS epidemiologic research, which gave me credibility and a forum to be in contact with the major patient and scientific constituent groups. Over the past decade, I have tried to keep an open dialogue with all gatekeepers on the name change, even if I disagreed with their positions. Success is never defined by one vote, or the actions of any organization, regardless of their resources. I have been privileged to play a small role in working with inspired patient activists from around the world who are currently engaged in a major effort to rename this syndrome. It is a political struggle to alleviate some of the stigma unwittingly caused by the language of scientists.

References
New National Student Representative
Christopher Zambakari!

With the new academic year upon us, a new Division 27 National Student Representative (SR) is on the job. As of August, the winner of our 2007 SR election, Christopher Zambakari, has hit the ground running. In this newsletter’s edition of “The Community Student,” Christopher provides readers with a brief re-introduction of himself, as well as his vision for increasing SCRA’s global efforts in community research and action. To contact Christopher with questions, comments, or congratulations, please email him: (czambakari@student@asu.edu) or (c.zambakari.student@ese.edu).

Seeking Student Regional Coordinators!

We are currently seeking students to complete a 2 year, appointed term as Student Regional Coordinators (SRCs) within the Rocky Mountain and Western regions of the US.

If you are interested in becoming more active in organizing student activities related to community research and action within your region, perhaps a regional leadership position is most appropriate for you. We are currently seeking students to complete a 2 year, appointed term as Student Regional Coordinators (SRCs) within the Rocky Mountain and Western regions of the US. These positions are appointed by the Network Coordinator, an Executive Committee member who is responsible for several tasks related to engaging Division 27 members across the many national and international regions of SCRA. If you are interested in hearing more about these wonderful (CV-building) opportunities contact Marco: (mhidalgo@depaul.edu).

Graduate Student Research Grant—Updates on the Grant Review, and Past Winners

A hearty congratulations to the winners of this year’s two Graduate Student Research Grants: Maria Pighini (mari.pighini@interchange.ubc.ca) of the University of British Columbia in Vancouver, BC, Canada, and Benjamin Graham (bgraham5@depaul.edu) of DePaul University in Chicago, IL, US. Maria’s award-winning proposal is entitled, A Multiple Case Study of Children and Families in the Infant Development Program of BC. And, Ben’s award-winning proposal is entitled, The Impact of Accessibility on Social, Emotional and Academic Well-being for Students with Disabilities. As partial fulfillment of the grant award, Maria and Ben will be updating SCRA members on the progress of their research projects in the Fall 2008 issue of “The Community Student.” In the meantime, we wish them continued success in their community research endeavors.

Last year’s winners, Nellie Tran of the University of Illinois at Chicago and Nancy Bothne of DePaul University will be providing updates on the progress of their research projects in the winter issue of “The Community Student.” Please stayed tuned for those updates!

The Graduate Student Research Grants are awarded to graduate researchers whose proposals display purpose, theory, method and design that align with the tenets and values of community research and action, as well as demonstrate a feasibility of project completion, and clarity in writing. These awards are especially competitive because grants are rated through an anonymous peer-review process conducted by graduate student colleagues from across the nation.

The peer reviewers for this year’s award were: Gillian Mason of the University of Illinois at Chicago, Peter Drake of DePaul University, Maggie Lee Syme of the University of Kansas, Jordan Braciszewski of Wayne State University, Tiffeny Jimenez of Michigan State University, Naoko Yura Yasui of the University of Wisconsin, Madison, and Sarah Oberlander of the University of Maryland, Baltimore County. Many thanks to these individuals for dedicating their time and efforts to carefully scoring each proposal.

If you have not already, please consider submitting an application and grant proposal for the 2008/2009 award year. A call for submissions will be placed in the Winter 2008 issue of “The Community Student.” The deadline for submissions will follow sometime in April, 2008.

Regional Eco Conferences for Students of Community Research & Action

As of the printing of this issue the Midwestern (DePaul University, Oct. 5th & 6th), Southeastern (Georgia State University, Oct. 5th-7th), and Northwestern (University of Washington Bothell & Portland State University, Oct. 12th) regions have hosted Eco-Conferences this fall. Unlike other professional conferences, Ecos are traditionally more informal, student-focused and student-organized. We encourage students who attended these conferences to update us on any issues relevant to student members of Division 27 and specific to these regions. Email Marco: (mhidalgo@depaul.edu). For more information about ecological-conferences and future conferences related to Division 27 go to the SCRA website: (http://www.scra27.org/events.html).
The SCRA student listserv is a forum to increase discussions about issues relating to the SCRA Committee on Women. As chair, I am happy to assist with these efforts in any way that I can. Issues of relevance to women have been central to my work, including the field’s attention (or lack thereof) to the experiences of women. As such, I have been involved in organizing and facilitating several events aimed at raising awareness and encouraging members to engage in discussions and action related to women’s issues. 

Subcommittee for this wonderful contribution. We all should celebrate. Elaine and several other fabulous women formed the “Silencing Subcommittee” (Carolyn Swift, Colleen Loomis, Mary Ellen Dello Stritto, and Nicole Allen) after many SCRA members reported at the 2005 biennial conference and within the organization. To raise awareness of silencing in our organization, the subcommittee worked tirelessly on a dramatic presentation of shared silencing experiences which was presented at the plenary session of the 2007 SCRA Biennial. As many of us witnessed, the style of the presentation was inspired by Eve Ensler’s Vagina Monologues. It consisted of monologues that were read by SCRA member volunteers and were based on SCRA members’ narratives and experiences. The aim of the plenary session (and a subsequent innovative session) was to raise awareness and to explore how to address the different ways silencing occurs within SCRA (e.g., taking up too much air time, ignoring the comment of a person of color while attending to same comment by a white person). The plenary and innovative sessions received tremendous positive response, and based on feedback from SCRA members, the subcommittee is working on ways to continue this initiative.

Congratulations to the women of the Silencing Subcommittee for their work and commitment. I look forward to hearing more about how this unfolds. As chair, I am happy to assist with these efforts in any way that I can. Issues of relevance to women have been central to my work, including the field’s attention (or
lack thereof) to issues relevant to women, feminism, and women’s health. Also central to my research are theories of social power. I am very interested (personally and professionally) in how, despite our field’s stated commitment to social change and critical roots, social power manifests to mirror many of the hegemonic processes we have traditionally critiqued. A bit about my research interests may be useful here.

Research Interests

My scholarly interests in community psychology are grounded in community organizing, power and empowerment, and public policy related to environmental issues. I am interested in community organizing associated with environmental disputes and the links between individual transformation and larger community and social change processes. In particular, I am interested in community and regulatory responses to environmental disputes and how such processes are shaped by power dynamics. My research is informed by theories of power and empowerment, ecology, action research, and feminism. These related theoretical domains provide the conceptual context for my program of research, my community collaborations, and my philosophy of teaching.

In short, my research grows from my collaboration with communities. Virtually all of my research has been based in communities and has involved concepts or processes based upon, or having implications for, community theory or community action. My approach to research has generally been based in a qualitative, community case study design which includes efforts to develop relationships in communities; to gather in-depth qualitative data from multiple sources; and to code/analyze interview transcripts, images, and artifacts. While this methodological approach to community research has many distinct advantages, such approaches are largely absent from the scholarly literature of the field.

For more detailed information about my research interests, please see: http://www2.gsu.edu/~wwwpsy/faculty/culley.htm

Primary Goal as the 2007-2008 Women’s Committee Chair

One of the things that I very much hope to accomplish as chair this year is the establishment of an award (or other opportunities) to honor the work of women in our field and those working to further research and action/practice related to issues of relevance and importance to women. Many SCRA members have expressed an interest in this over the years, including in the findings of last year’s fall SCRA member survey which were reported in the Spring 2007 issue of TCP. I am sure that many of you share my belief that this is long overdue, and I welcome any ideas that you have to bring such to fruition.

I look forward to serving as Women’s Committee Chair this coming year and wish you all a productive and positive 2007-2008 academic year.

Marci Culley (mculley@gsu.edu) is an Assistant Professor at Georgia State University. She received her bachelor’s degree from Michigan State University and a master’s degree in community psychology from the Pennsylvania State University. In 2004 she received her PhD from the University of Missouri–Kansas City.

Michèle Schlehofer (mmschlehofer@salisbury.edu) is an Assistant Professor of Psychology at Salisbury University, located in Salisbury, Maryland. She received her PhD in 2007 in Applied Social Psychology from Claremont Graduate University. Her research interests are centered around women’s health, particularly among underserved populations. Her dissertation research examined the interactive effect of perceived control, anxiety, and susceptibility perceptions on lower-income women’s intentions to obtain a mammogram and their breast cancer prevention practices. Michèle served as the SCRA national student representative from 2001-2003. Aside from SCRA, Michèle has been active in several other professional organizations, including the Western Psychological Association and the Society for Personality and Social Psychology. In her spare time, Michèle likes to read, go to the beach, and play with her baby boy, Tyrick.
Reflections on Jack Glidewell
~James G. Kelly

John C. Glidewell was born on November 5, 1919 in Okolona, Mississippi. He died on May 2, 2007 in Avon Lake, Ohio. Jack was an exemplary spokesperson for the founding of the field of community psychology.

I will mention several examples to affirm his pivotal role in giving the field credibility and intellectual clarity that made academic colleagues respect us because they respected Jack and his commanding high standards. His esteem was very high.

The staff of the National Institute of Mental Health wanted Jack to host what would become the Swampscoott Conference. Jack was on the faculty of Washington University in St. Louis, but he was unable to do so for health reasons. But he recommended the South Shore Mental Health Center in Quincy Massachusetts to be the sponsor. The planning evolved into joint sponsorhip with South Shore and Boston University.

Allan Barclay read Jack’s keynote address at Swampscoott. It was a scholarly, literate, and richly nuanced proposal for more understanding of the roles of psychosocial feedback in strengthening the helping roles in communities. He gave the deliberations at Swampscoott an elegant informed treatise that anchored the discussions and sanctioned innovation with discipline.

He continued his role of an elegant, humane, and incisive scholar in other writings like the chapter, “A Social Psychology of Mental Health,” in the 1972 Handbook of Community Mental Health edited by Stuart Golann & Carl Eisdorfer. In a commentary at the Austin Conference in 1975, Jack provided a heuristic guide for thinking about the complexities of community psychology. He pointed out that different topics like enhancing life goals, solving social conflict, addressing questions of injustice, or focusing on the distress of persons or communities, involved different approaches derived from varied skills and methods. He illuminated the complexity with precision and clarity. He gave the explorations of this new field a theoretical foundation for its intellectual expeditions. For the participants of Swampscoott, his pioneering work with the St. Louis County Health Department on the prevention of mental health problems in public schools was becoming an iconic reference point.

In 1970, MIT press published a small paperback Choice Points. This is the essence of Jack: insightful, self-revealing observations about real life topics from his own life. In this 144 page book, he focused on those topics that are basic: “when to fight and when to run away and how to fight and how to run away and when to be dependent and when to be dependable and when to offer love and when to seek love.” He accomplished his purpose with pithy, incisive, personally revealing anecdotes and stories that were rich, inspiring, and enabled the reader to dig into the basic topic of trust. It is still refreshing, comforting, and inspiring reading after 37 years.

Over the years being Editor of AJCP and participant in numerous conferences and serving as consultant to universities and training grant review panels, Jack was a treasured resource.

Murray Levine recalls Jack as:

an unfailingly courteous and a gracious gentleman.
He was important in shaping the American Journal of Community Psychology into a first rate journal with intellectual integrity during his stint as editor . . . he was a wonderful man and an important contributor to our field.

Julian Rappaport recalls that Jack Glidewell was:

a senior statesman for the field. When Jack became the second editor of AJCP, I appreciated his counsel on papers I submitted. When I followed Jack as AJCP’s third editor he was a most gracious and helpful colleague. He was kind, patient, and encouraging to a junior colleague who clearly knew a lot less than he did. I was always appreciative of his generosity with time and advice.
I first met Jack in the summer of 1960 at the National Training Laboratories in Bethel, Maine when Don Klein arranged a meeting to discuss the implications of the concept of community for the emerging national community mental health program. Jack stood out from the others in terms of linking knowledge to practice. He was a master process consultant, teacher, practitioner, and scientist all rolled up in one person.

Much later I was talking with Dean Hawely at Peabody about the recruitment of the Director of the Corporate Learning Institute. I told him about Jack. On the basis of Jack’s vita, the Dean immediately contacted him. I was astounded when it worked out that Jack joined the faculty at George Peabody College of Vanderbilt University.

At the time, Jack was editor of the American Journal of Community Psychology and I was editor of the Journal of Community Psychology. Fran Glidewell as assistant to the editor of AJCP was integrally involved with the journal as she was in all his work throughout his career.

I most remember Jack’s ability to spin a story. Aunt Maude figured in many of them to illustrate a particular point. I miss him, his warmth, and his wisdom.

From the time of his appointment to the University of Chicago as Professor of Social Psychology and Education in 1967 until his relocation to George Peabody College at Vanderbilt in 1981, as Chris Keys and Len Jason can attest, he was the intellectual and supportive anchor for the emergence of community psychology at the University of Illinois at Chicago and DePaul University. He was the intellectual guide.

I first met Jack in 1960. Over the next 47 years he was the person I turned to for intellectual validation, encouragement, and challenge. What is remarkable to me is that he was both an outstanding scholar and also an exemplary participant in real world dilemmas. He combined the quantitative skills of the empiricist with the humane caring and creative skills of a therapist. He was in demand by the National Training Laboratories (NTL) as a key resource.

He was no hyphenated psychologist; he was the premier participant conceptualizer in our field. We are all challenged to model ourselves and our work after him. I try myself to build on his talents. I have absorbed his core attitudes. We are all in his debt indeed.

For those who would like to read about his family roots, his early childhood, his marriage to Frances Reed for 66 years, his two daughters Pam and Janis, and his evolution from a social psychologist into a community psychologist, I refer you to his Division 27 award address for distinguished contributions to community psychology and community mental health. It was published in 1976 in the American Journal of Community Psychology, 4, pp. 221-242. The title of his address was “A Theory of Induced Social Change.” Still a classic.

I first met Don in the fall of 1958 when I began my Post Doctoral Fellowship at HRS (the Human Relations Service of Wellesley). Don was Executive Director of HRS and my supervisor. I was a new PhD in clinical psychology. HRS provided another paradigm for being a psychologist. This was exhilarating. Don was supportive and encouraging and validating. It was quickly apparent that he was a talented listener. So far in my career, I had not as yet met anyone who listened yet did not attempt to control or direct me.

That year and the next year, when I continued to be at HRS while working for a degree in public health, were the most important years of my evolving career. As a result of the opportunities that Don provided along with Erich Lindemann and Gerald Caplan, I knew that I was going to be involved in community work. Community psychology was not a field as yet.

Don was a role model for the coming field because he integrated being a clinician, a group process resource, and a person who valued other disciplines like sociology and geography. Most essential for an emergent field, Don expressed a genuine commitment to listen to and work with citizens as equal partners.

Along with 38 others benefitted from Don’s talents and group skills at the Swampscott Conference May 5th-May 8th 1965. Here the field of community psychology was defined. In my view the success of that conference was due to Don’s accomplished skills and commitment to have a conference beyond papers being read to an audience. There were small group and large group sessions with guided processes to keep making explicit and public what was being said in each and every session. As a participant, I really felt that all the others and myself were really being listened to and heard. Don, as a member of the six-person planning committee, was a big reason why the meetings were inspiring.

When Don’s book Community Dynamics and Mental Health was published in 1968, it was a profound addition. The book clearly represented a community, group process attitude that pointed the way for clinical psychologists to move beyond deficits and professional preciousness and illustrated useful concepts and methods that expressed the intellectual and personal joys of working in the community.

At the 1983 meetings of the American Psychological Association, Don and I worked together to arrange a symposium in tribute to Erich Lindemann. Erich’s widow, Betty, and their daughter, Brenda, were there in person. We presented them with a book of remembrances and tributes to Erich. Some of these contributions are published in the American Journal of Community Psychology in 1984. Don was a co-equal and creative colleague in this celebration.

We may forget that Don was involved in two books that have been very influential. His 1977 book with Steve Goldston, Primary Prevention: An Idea Whose Time Has Come, and Community Research with Edwin Suskind in 1985 were magnets for the field of community psychology.

Recollections of Don Klein
~James G. Kelly

Bob Newbrough fondly recalls Jack:
When Don received the award for distinguished contributions to the practice of community psychology, I was pleased that Don asked me to prepare the introduction. I contacted many. Their reports and anecdotes were insightful and humorous and captured the many facets of Don. His talk and introduction were published in the American Journal of Community Psychology in 1988.

When I was organizing a DVD of exemplars of community psychology, I invited Don and Lola to the University of Illinois at Chicago for the filming. It was inspiring to watch Don and Lola really connect with the students and engage with them in a very authentic way. There was never any academic pretense with Don. I also remember during this occasion how much he enjoyed paying a visit to Roosevelt University in downtown Chicago where he had received his BA degree just after World War II.

Whenever we saw each other which was not often enough, we would share our histories in radio announcing and our new hobby of drumming. Again, no need to impress or dominate.

When a book of mine was published in 2006 Don phoned to tell me how much he enjoyed it and found it to be a catalyst. No one else made the extra touch to phone. If I received other comments, they were emails. He modeled appreciation indeed.

On the morning of his death in Pasadena, we talked for about 40 minutes. We both commiserated about aging. But in “real” life Don was exuberant, optimistic, confirming and most assuredly validating of your being and your aspirations.

Knowing Don and being inspired by his talents enriched my life.

Reflections on Robert Reiff
~James G. Kelly

Bob was born in New York City on September 23, 1913 and died on May 10, 2007 in San Marcos California.

Bob Reiff was a major force in the founding of the field of community psychology. He gave a keynote address at the Swampscott Conference on May 5, 1965 titled, “The Ideological and Technological Implications of Clinical Psychology.” He focused directly on the paradox that as clinical psychology and clinical psychiatry were becoming so much a part of American society there was an increasing disconnect between these professions and services to lower socio-economic groups. He eloquently argued that mental health services for the poor had to be re-defined. His thesis provided a challenge: to bring an ideological focus to service delivery.

Rather than focus on deficits, Bob advocated for an increased understanding of the coping styles of low income persons. Then community psychologists could better respond to their need for more successful coping techniques. He advocated for an understanding of the circumstances of poverty and the impacts on their lives.

I still recall Bob at Swampscott taking on the limitations of the current public health concepts of prevention and arguing for a more radical approach to understand the culture of the poor. He wanted to create salient help with the poor rather than conceive of them as patients.

Bob, along with Frank Reissman and Art Pearl, proposed welcoming the indigenous non-professional worker who, among many functions, could serve as a communication link between the middle class professional and the poor. One of the sources for Bob’s ideas came from his work at Lincoln Hospital creating neighborhood service centers. Here the emphasis was on involving the poor in the solutions for the poor.

I have focused on Bob’s address at Swampscott because he almost single handedly helped the participants move away from extending clinical psychology into community mental health. He gave the participants an opportunity to re-define the mission of community mental health from clinical psychology to something else. With the clarity of his arguments and illustrations and the force of his personality, we in the audience were indeed freed up to create new definitions for a new profession. This was successful as a direct result of the participative sessions designed for the Swampscott participants by Don Klein. I really believe that at Swampscott Bob helped save community psychology from becoming just another profession.

Some of his early history is presented in Bernie Bloom’s introduction when Bob received the first award for distinguished contributions to community psychology in 1974. The award address, “Of Cabbage and Kings,” is published in the American Journal of Community Psychology 3, September 1975, pp. 185-196. On that occasion, Bob reaffirmed that community psychology should focus on the relationships between the psychological conditions of men and women and the social conditions of society. He illustrated a multi-leveled analysis and hoped for more attention to the economic and social institutions of society. He aspired for distributive justice.

In 1975, he gave a major address at the Austin Conference, “Ya Gotta Believe.” On this occasion, he appealed to the participants to help create a conceptual framework for the field that could include explicit values as the field focused on the qualities of the social structure. Most importantly, he continued to advocate for the field to focus on social problems and not just the plights of individuals. To meet these goals, he advocated for interdisciplinary education.

Here are comments from a few persons influenced by him:

Murray Levine writes:

Bob was a forceful personality who was farsighted in his advocacy of an enlightened community movement . . . his work on paraprofessionals and the helper therapy principle were two key ideas that helped shape some of my own work. I recall visiting him at his home on Cape Cod with its deck overlooking the bay. He seemed very much at home there with a fishing rod nearby. He enjoyed his home and sharing it with visitors.
Ramsay Liem describes Bob’s impact on him:

When I finished my degree in Clinical and Community Psychology at the University of Rochester, I was unable to completely invest myself in the standard job search in spite of a great deal of support from faculty advisors and peers. I was dragging my feet. It wasn’t until I learned about the Post Doctoral Fellowship in Community Psychology at Lincoln and Albert Einstein Hospitals directed by Bob Reiff and Hannah Levin that I fully understood my hesitation. Theirs was an atypical program to say the least, even for the newly emerging field of community psychology, where power, inequality, and community control of resources were the main concerns. I remember saying to Bob when I first met him that I couldn’t believe they were taking on these issues, as psychologists. The next two years of accompanying local activists in struggles for community control of mental health services in Hunts Point and the public schools throughout the city boroughs were invaluable. With Bob’s constant guidance, they were an education in activism and humility, and a chance to think with others about the possibilities and limits of professional psychologists working as allies with popular movements for racial and gender equality, economic reform, and an end to US militarism.

Those of us fortunate to have worked with Bob had the rare privilege to step back, take a breath, and consider how, as children of the 60s, we could serve the interests of our generation as psychologists and struggle against the contradictions inherent in our own profession and professionalism. I wish I had been in touch with Bob before he died to thank him for this opportunity and for pushing the limits on what we could imagine for community psychology.

A few comments about Bob’s early life and career may suggest some of the roots for his passion for an ideological basis in creating this new field. Growing up in the great depression, he dropped out of high school and rode the rails while educating himself. For a while, he worked as a community organizer in Youngstown, Ohio. He did return to New York City and began training as a welder. He was a B-29 flight engineer during World War II. After the war, he moved to Detroit and published an article, “The Politics of Psychoanalysis.”

With the benefit of the G.I. bill he obtained a BA degree from Wayne State University in 1950 and an MA (1953) and a PhD (1954) from the University of Kansas at the age of 41.

It was at Albert Einstein College of Medicine from 1963-1977 where, as Ramsay mentioned, he paved the way for a mature ideological focus for community psychology. Later, he was on the faculty of the University of Texas at Austin for a short time and then became affiliated with the California School of Professional Psychology in San Francisco.

I had the good fortune to share the platform with Bob when universities became curious about community psychology. While he was passionate about his ideas and a very incisive thinker, he was an excellent listener and could persuasively engage in civil discussions.

I have a very vivid memory from an APA meeting in San Francisco in the late 1960s. I chaired a session in which he interviewed the longshoreman and author Eric Hofer. The room was overflowing and there was electricity in the air as Bob and Mr. Hofer talked about the issues of the day. It was wonderful!

Fortunately for all of us, Bob had the tenacity, tough mindedness, and insight to help all of us in community psychology in our journey for action research and social justice.
Jack Glidewell was a good friend who, as Jim Kelly mentioned, helped provide the intellectual infrastructure to the emerging community psychology movement in Chicago and elsewhere. When I moved to Chicago in the mid 1970s, I felt very privileged to meet Jack, and I had many opportunities to talk about the field of community psychology, Jack’s early prevention work conducted in Missouri, and research that I was beginning at DePaul University. It was during informal occasions and lunch time meetings at the University of Chicago’s faculty club that I recognized the shaping influence that senior members of our field could have on junior faculty like myself. At this time in Chicago, Ed Zolik was organizing Division 27 events at the Midwestern Psychological Association convention; the Midwestern Ecological Community Psychology conferences were being organized by Ken Heller, Bill Davidson, and Chris Keys (among others); Julian Rappaport’s seminal community psychology book was published; and Jack was assuming the editorship of the American Journal of Community Psychology. Those were exhilarating times in Chicago and the Midwest, and Jack was always attentive and nurturing of these activities and milestone events.

In the late 1970s, Jack asked me to serve on the editorial board of the American Journal of Community Psychology, and I took on this assignment with enthusiasm. I had published my master’s thesis and parts of my dissertation in this journal, so I was immensely honored to be asked to serve on this board. During the first year of reviewing articles, Jack and I talked about involving graduate students in this review process. After we tried this out with several reviews, Jack decided to establish a student editorial board, and it has continued to provide new opportunities for subsequent generations of community psychologists. Several years later, Jack met with me and mentioned that Emory Cowen would be stepping down as Associate Editor of the journal. Jack wondered if I might be willing to take his place. As I was still a relatively new to the field, I was most honored to be selected for this important role. Having a chance to succeed my former mentor was extremely validating of my identity as a community psychologist.

I will always be grateful to Jack for creating roles for me during this early time in my career in Chicago. But that was Jack’s way of bringing people into the field that he loved and so passionately cared about. Jack will be missed by all those people who were touched by his brilliance, his generosity and his grace. 😢
Vision for SCRA

I had mentioned in my previous statement that went out to the student body that I wanted to focus on a few key areas during my term; I will highlight these areas below.

1. Increase student participation in conferences, both locally and internationally. Students need to have an avenue of support to help them present their research at conferences, learn to collaborate, and learn new and innovative ideas from taking part in conferences.

2. Encourage involvement in community action and promote community leadership that is mindful of cultural diversity and welcomes the opportunity this diversity brings.

3. Facilitate and increase communication between students in SCRA.

4. At the biennial, the issue of recruitment and retention was of vital importance. I understand that to sustain and achieve the objectives of SCRA, we need to recruit new members and retain those that are already part of the community. As such, I want to continue the work already begun by Mike Armstrong and Marco Hidalgo and work with the regional student coordinators in developing ways to recruit new students, introduce them to the community, and facilitate the transition of students from undergraduate to graduate school.

I recently visited Colombia and had the opportunity to meet with two student and two national representatives, as well as heads of the community psychology program at La Universidad Católica de Colombia and La Universidad Nacional Abierta y Distancia.

We discussed the options for collaboration between graduate students in Colombia and the United States. It was something that appealed to the representative and I think if we are going to recruit and retain our student colleagues, then we also need to look beyond the frontiers of the United States and reach out to other nations. I have been involved as an associate editor in the development of University-Community Partnership for Social Action Research (UCP-SARnet), an international project involving participants from Canada, England, Poland, Italy and the US. UCP-SARnet is a platform that brings together networks of community practitioners, students and university faculty for sharing knowledge, ideas, and best practices of university-community partnership. I think that it will be an important tool to be used to achieve the objective mentioned above. More information will soon follow, as we know exactly how to incorporate this tool into our plans and how each of the members of SCRA can help in attaining the objectives of the community.

I am thrilled with the opportunity presented and looking forward to meeting all of you through the course of my term. For more information, suggestions, or ideas about anything in my statement, feel free to contact me or Marco directly.

The Community Practitioner—

Edited by David A. Julian

An International Perspective and a Framework for Practicing Community Psychology

~David A. Julian, The Ohio State University

In the last year “The Community Practitioner” has featured a series of articles and commentary focused on defining and articulating skills necessary to practice community psychology. Julian (2006) defined community psychology practice in terms of strengthening capacity to assist members of communities in achieving their dreams and promoting well-being. Scott (2007) suggested several “core competencies” necessary to engage in practice consistent with Julian’s definition and argued that competency based education of community psychologists may provide a basis for developing a framework to guide professional activities, values formulation, and priority setting in the interest of enhancing community capacity and well-being.

Scott (2007) identified several categories of competencies for community psychology practice including advocacy, assessment, capacity building, consultation, communication, computer literacy, cultural diversity, group process, intervention, professional development, and research. The definition of practice, skills and implications of these ideas for graduate training (Hazel, 2007) garnered much attention at the Practice Summit convened prior to the SCRA Biennial Conference in Pasadena this past June. Informal conversation in a variety of settings suggested that international community psychologists may have a significant head start in considering practice from the vantage point of community change.

In the interest of continuing this important dialogue, the editors of the “The Community Practitioner” invited representatives of a European and Australian community psychology training program to describe how each of their respective universities address the issue of core competencies necessary to prepare students to practice community psychology. In the following pages, Donata Francescata provides a detailed description of the community psychology training program at the University of Sapienza in Rome, Italy. Francescata highlights several of the activities and corresponding competencies in which students are engaged. Several activities take the form of “labs” in which students have the opportunity to practice critical skills.

In addition, Cheryl Ramos, a community psychologist in Hawai‘i, proposes a framework for considering various domains and skills relative to community psychology practice. The editors’ intend to feature the Australian perspective later this year. As always, these materials are presented in an effort to stimulate debate and ultimately consider changes that might enhance practice and benefit community residents. I encourage you to join this discussion by authoring a paper or commentary related to practice issues. If you have any questions or would like to discuss a proposal for “The Community Practitioner,” please feel free to contact me: (julian.3@osu.edu).
Community Psychology Core Competencies Taught at the Undergraduate and Master’s Level in Some Italian Universities and in Most Non-Academically Based Master’s Programs

~Donata Francescato, University Sapienza, Rome, Italy

In Italy, there are about 30 community courses offered in university undergraduate Bachelor type (three-year) and Lauree Magistrali (a further two-year program) that result in a title similar to a US Master’s degree. We also have some two-year Master’s programs promoted by professional private associations, some of which have been in existence since 1982 and trained hundreds of community psychologists. We only have one doctoral program in community psychology sponsored jointly by the University of Lecce, Rome, Palermo and Torino. All doctoral students are prepared mostly for academic careers and are trained in group skills, action research and program evaluation. Quantitative and qualitative analyses are also core competences.

In most undergraduate and Master’s level programs, students learn action research, planning and evaluation, facilitation of small groups and some form of community analysis and networking. Some programs focus more on prevention planning, health and emergency psychology skills. Core competences are generally taught in “labs.” For instance, at the University of Cesena which has been named the top psychology faculty in Italy, community psychology students can attend a lab for facilitating focus groups, one on planning and evaluation and one on empowerment training.

There is still no formal agreement across universities about what should be taught. Community psychology professors in Italy are mostly self-taught and possess widely different skills coming from clinical psychology, organizational psychology, social psychology and other backgrounds. Training issues have been debated extensively, even presently since universities in Italy are redefining their degree programs in 2007 based on reform that took place in 2001. The Division of Community Psychology in the 1970s and 80s and SIPCO (Italian Society of Community Psychologists) have discussed training issues in many meetings and have proposed a list of core intervention skills that distinguish community psychologists from other kinds of psychologists.

The Italian Psychological Order (the legal professional association) lists community profiling, multidimensional organizational analysis, consultation, action research, networking, planning and evaluation of projects as professional competencies of community psychologists with suggested payment fees for each type of intervention. Since planning and evaluation and action research are widely known around the community psychology world, I will describe less well known core competencies which have been more developed in Europe as they are currently taught at my university.

Meta Competencies Developed Primarily in Europe

These meta competencies involve mastering specific methodologies which include the opportunity for community psychologists to play various roles and use several different skills as described in the sections below. They enable community psychologists to promote “amelioration” and “transformational” kinds of changes at the local community, organizational, small group, and individual level and promote both socio-political empowerment and sense of community and social capital at all these levels.

These core competencies are acquired in “labs” in which trainees, under guided supervision and in face to face or online small groups, have the opportunity to learn by “doing” and by critically reflecting on their personal and collective experiences. At my university, for instance, psychology students can choose to take part in an “Action Research Lab” in which they practice community profiling and network building, working in teams of three or four and actually carrying out interventions in a local community of their choice.

They can also attend a “Multidimensional Organizational Analysis Lab” where they learn this core competence by actually using this methodology in a community organization of their choice ranging from business firms to non-governmental organizations (NGOs) or non-profit organizations. Students are also encouraged to take “Small Group Labs” in which they learn how to facilitate small group functioning and how to promote new self-help groups. Finally they can take part in an “Empowering Training Lab” in which they learn how to empower other persons through working on their own socio-political empowerment.

Promoting New Self-Help Groups and Empowering Existing Small Groups

In community psychology, group skills are crucial since most of our interventions from action research, to program planning and evaluation, to consultation, to empowering organizations and communities are very often done in small groups and involve networking among these groups. Promoting social capital also requires an understanding of small group processes. These skills are therefore emphasized in almost all community psychology courses in Italy.

Our empowering group training tries to help students who are invited to take a two month long, group lab either face to face or online to learn: (1) to evaluate weak and strong points of group functioning; (2) functions which help group processes and tasks and which hinder group development; and (3) advantages and disadvantages of

References


various methods of group decision making, problem solving and conflict resolution. These skills are supposed to be shared with existing community groups to empower them to function better to meet their goals. Students also learn how to promote new self-help groups, assisting them in their first three or four meetings and then offering consultation when needed.

**Community Profiling and Network Building**

Community profiling and network building, initially developed in Italy by Martini & Sequi (1988), further redefined in Austria (Ehmayer, Reinfeldt, & Ghotter, 2000) then modified by Francescato, Tomai, & Ghirelli (2002), is a methodology which facilitates consideration of a local community from different points of view and therefore encourages *pluralistic interpretations of local problems that integrate objective and subjective knowledge.* It employs tools from different disciplines and activates forms of participation that acknowledge the importance of “local knowledge.”

Community profiling is a structured participatory action research method that can be used to find out what particular problems and strengths characterize a local community in the eyes of different groups of residents and their most desired changes.

Community profiling has been used to enhance sense of community, social capital and participation in decision making in local programs sponsored by the European Union to Promote Better Health (Healthy Cities); to protect the environment (Agenda 21); and to help local municipal officials and service agencies assess the needs and wishes of community residents (Prezza & Santinello, 2002; De Piccoli & Lavanco, 2003; Mannarini, 2004). The community profiling process is described below.

A core group of citizens is formed and made up of at least one local expert for each profile, community psychologists and representatives of the service agency or political body sponsoring the research. This core group, through a brainstorming technique, does a preliminary analysis on perceived strong and weak points of their community. They also furnish access to key people who are interviewed and can provide expert interpretations about “controversial data” (i.e., pollution levels, number of legal immigrants).

These experts’ evaluations are compared with the perceptions of weak and strong points of the community obtained through different focus groups whose members are chosen to represent both dominant and marginalized individuals. Sometimes, we also build specific questionnaires based on problems, assets and desires for changes that emerged through the interviews and the focus groups and distribute them to a representative sample of the population (Mannarini, 2004).

For the anthropological, psychological and future profiles, we use a variety of more subjective, small group techniques from community narratives to movie scripts to explore the affective components of community belonging (i.e., shared values, feelings about living in certain neighborhoods, fears and hopes for the future) so crucial in motivating or discouraging people to participate in empowerment projects. For example, we might ask different target groups which during the examination of the first five profiles have been shown to be important in that specific community to develop a plot for a movie script about their community.

They have to pick a genre of movie (e.g., historical, science fiction, comedy, detective story, etc.) and come up with a title, a plot, main characters and dramatizations, if they wish, of particular relevant scenes. Most groups choose to dramatize their “movie” in front of other groups who are then encouraged to say what emotions they felt watching the performance. It seems that emotional sharing in a protected environment promotes bonding and bridges social capital by building a climate of trust in which even conflicts can be openly expressed and accepted. During a final meeting, in which all the people who participated in the research are urged to attend, the interactions among main strengths and weak points, emerging in all eight profiles, are discussed as well as priorities for feasible changes. Goals and activities are also formulated and responsibilities for implementation are assigned.

Many important competencies are required to carry out a profiling analysis including group facilitation, interviewing skills, networking, action research skills, public speaking, qualitative and quantitative data analysis, conflict resolution, project management and skills related to communicating with
Different audiences. We have found that participating in a profiling project sharpens students’ skills and increases self-efficacy, beliefs and sense of empowerment and social capital. Some students even find placement opportunities or paid jobs in the process.

Multidimensional Organizational Analysis

Trained in the US as a community psychologist, I learned many important competencies such as mental health consultation, program evaluation and community development. However, at the organizational level, I was left with a huge lack of both theoretical and practical knowledge. When I returned to Italy, I became even more convinced of the need to acquire more skills in this domain. I was very happy to see that Nelson & Prilleltensky (2005) devoted a chapter on this topic since most community psychology textbooks including several Italian ones tend to neglect this issue.

Organizations are crucial for our well-being since most of us live a large portion of our lives in them. An empowering organization can increase personal well-being, augmenting workers and service recipients’ knowledge of the various aspects of organizational functioning and involvement in decision-making. They may also promote relational well-being; improve communication among different stakeholders; promote bonding and bridging social capital; and give voice to marginalized and less powerful groups. They can, furthermore, foster collective well-being when members become aware of political, economic and social forces imposing on their organization.

Also, frequently, one has to promote organizational as well as personal or group changes in order to implement durable modification. Therefore, several European community psychologists have attempted to develop strategies to promote organizational empowerment (e.g., Stark, 2000; Francescato, Tomai & Ghirelli, 2002). One tool, developed by Francescato & Ghirelli (1988), is called multidimensional organizational analysis (MOA) and involves people on all hierarchical levels in a specific organization.

For instance in a school, students, parents, teachers, janitors and office staff, together will analyze their organization across four dimensions (structural-strategic, functional, psycho-environmental and cultural). These four dimensions follow a continuum that varies from dealing with “hard” objective variables (market share, increase or decrease in number of students, legal forms, age and educational level of staff, etc.) to “soft” subjective perceptions (unconscious representations of work settings, attitudes toward power, inter-group conflicts, level of satisfaction, etc.).

The core representative group starts an MOA by narrating the strategic history of their organization, when it was born, what goals and visions it had and how strategic goals have changed over time. Then, they do a “positioning exercise” in which they choose criteria on which to evaluate their organization’s performance in the recent past. Sometimes, we divide the core group into smaller homogenous subgroups (students, teachers, parents, etc.) to see what each different group selects as criteria for evaluation. Then, the groups come together and confront their visions. Taking into consideration legal, economic and other structural limits, the core group defines strategic objectives for the immediate future and for the next five years and also the weak and strong points of this dimension.

Next, the functional dimension is examined: What tasks have to be completed to meet goals and what are weak and strong points? We use different methodologies taken from sociology and organizational disciplines to examine activities and detect where problems and assets may lie. Next, the group examines the cultural or psychodynamic dimension using a variety of tools drawn from cultural psychology, cultural anthropology and social analysis. This process explores group and individual emotional variables which are often not consciously discussed, basically using group drawing, recurrent jokes, favorite anecdotes, things hung on walls, etc. to explore affective and power relations.

To capture problem solving styles, we again use the movie script technique. Members of the organization are divided into two or more groups according to some criteria that have emerged as crucial during examination of the first two dimensions (in a hospital, they may be professionals and administrators and nurse aides; in a service organization, they may be old timers and newcomers; and in another organization, they may be men and women, migrants and local workers etc.). The members of each subgroup make up their script and recite some significant scenes to the other groups. Then all participants discuss, in lively and often amusing ways, the problem solving styles adopted in the movie script and how they remind them of the emotional climate of their own organization. Sometimes, just the title of the movies is very illuminating. If one group chooses “Titanic” or “Star Wars” as a title, one can often guess what emotional assets or liabilities are perceived in their organization.

Finally, the psycho-environmental dimension is explored, which basically measures the fit between individuals’ expectations and organizational pressures. Generally, we use tools taken from organizational psychology to measure perceived leadership styles, communication and conflict resolution patterns, etc. Taking into account weak and strong points emerging in all four dimensions, the group looks for crucial interactions. For instance, how a task defined in the functional dimension relates to interpersonal conflicts or how financial problems in the economic dimension increase levels of anxiety in the psychodynamic dimension, etc. After weaknesses and strengths have been identified by the various organizational actors, they formulate different narratives and preferred visions of the future. In some cases, each person gets to say what preferred function she may want to exercise in the future and whether she has the necessary skills to perform it or how she may learn them.

At the end of the analysis, participants formulate plans for desired changes that can be achieved through the resources available within the organization and outline the problems or solutions that cannot be tackled without intervention at another level. Focusing on feasible change favors empowerment and increases the capacity of organizations to foster creative change. The strongly participatory nature of this methodology makes it unsuitable for highly hierarchical organizations, unless top managers allow workers at all levels to participate.
However, it is a very appropriate tool for all organizations where members elect their leaders such as unions, volunteer organizations, professional groups and cooperatives. Evaluation of the efficacy of this tool has been carried out on more than 140 organizations ranging from unions to schools and from party organizations to hospitals (Morganti, 1999; Francescato, Tomai, & Mebane, 2006). Students mastering MOA learn several key competencies including group interviewing and facilitating, and creative techniques such as brainstorming and problem solving, qualitative data analysis, and personal and social competencies (such as the ability to mobilize self and others, to understand other viewpoints and to promote collaboration and cooperation and constructive ways to handle conflicts).

Affective Education and Empowering Orientation Training

This intervention strategy integrates concepts and tools from the affective education movement and community psychology. From affective education, Italian community psychology borrowed the idea that the learning process can best take place in a context of positive interpersonal relations. We have applied the “circle time” technique, which favors emotional sharing with different kinds of groups: from elementary classrooms to high schools to teams of workers to self-help organizations to volunteer and political groups (Francescato, Tomai, & Ghirelli, 2002).

In our university, students meet in small groups about ten times, for three-hour long workshops, facilitated by a community psychologist. Students first participate in awareness raising activities by exploring how their needs and wishes are influenced by mass media, talking about their favorite songs, movies, internet sites and what values they convey. They also talk about their political socialization in the family, peer groups, school and through mass media. The students explore assets and liabilities their past may have provided them with according to the position they occupy in our hierarchical society. Then they are invited to imagine themselves working as a community psychologist in a setting of their choice.

They have to reflect in pairs to determine if they possess the skills needed to do their desired job or if they need more knowledge or competencies. Then, they are asked to use the group schema provided in the group labs and in their community courses to detect strong and weak points in the small groups of which they are members (family, class, work or volunteer groups) and to reflect on how these groups impact their personal, relational and collective well-being. Students are asked what role they personally could play in these small groups to transform them into empowering groups for all members. Then, students go through the same reflective process using MOA schema for an organization in which they all share membership.

In general, they choose our psychology faculty and we get very revealing movie scripts indeed! Finally, using the profiles, they explore what they know and do not know about the community where they might want to work. They also discuss how the organization or community may be affected by broad cultural, economic and political trends. In the final two meetings, students try to assess the congruence between their desires and competences and what the outside world seems to offer and require. They also identify priorities for personal and collective changes. In the last case, they are invited to identify other people, groups and/or institutions with whom they have to network to achieve the collective changes desired.

All four meta competencies noted above can be increased through Computer Supported Collaborative Learning (CSCL) as I have verified in several pilot studies available in English (Francescato, Tomai, & Mebane, 2006; Mebane et al., in press; Solimenno, Francescato, Mebane, & Tomai, in press). In fact, I recommend strongly that we take into account the wonderful opportunities provided by virtual communities to train community psychologists. Teaching community psychology online to promote social capital and socio-political empowerment in educational and professional settings is possible.

In Italy, we have an undergraduate degree in psychology taught entirely at distance. In addition, community psychology is one of the courses included in the three-year Bachelor’s degree program offered by a consortium of four psychology faculties of major Italian universities. The distance course includes several community psychology core competencies including community profiling, networking, self-help group promotion, small group facilitation, multidimensional organizational analysis, action research, planning, evaluation of prevention programs, affective education and empowerment training. I strongly feel that all community psychology students should have the opportunity to learn these core competencies. I have seen in my 30 year experience in training of community psychology students that the advantages of having a set of competencies greatly outweigh the disadvantages.

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A Conceptual Framework for Community Psychology Practice

~Cheryl M. Ramos,
University of Hawai‘i at Hilo

The past three issues of “The Community Practitioner” included a great collection of writings related to community psychology practice. After reading each article several times, it occurred to me that the very point at which our discussion began, namely the definition of community psychology practice, held within it several key elements that relate to the themes presented in the writings that followed.

The key elements of the definition proposed by Julian (2006) include: (1) the community as our target; (2) the promotion of well-being, social justice, economic equity and self-determination as our goals, which also reflect the values and principles of our field; and (3) the domains of our practice which include systems, organizational and individual change. The themes presented in articles from the Fall, 2006; Winter, 2007; and Spring, 2007 issues of “The Community Practitioner” also represented these elements.

Several authors emphasized the need for understanding and staying closely connected to the community of interest, each with its own historical, geographical, social and cultural context, resources and challenges. Others reminded us of the strong base of psychology values and principles on which we stand that has been further strengthened by the values and principles promoted in the discipline of community psychology.

Many of the authors shared their experiences as community psychology practitioners and described the domains, areas or jobs in which they and others work. In addition, many authors advanced the discussion with a description of specific skills, techniques and competencies (Scott, 2007) that are important for working in each domain of community psychology practice. Finally, attention was given to the personal characteristics, beliefs and abilities that each of us possess and bring to our practice.

Based on this categorization of themes or elements, I have attempted to develop a conceptual framework for community psychology practice (See Figure 1), expanding on the model for community psychology practice that I previously proposed (Ramos, 2006). The framework begins with three key elements: (1) the community; (2) the values and principles of psychology and community psychology; and (3) the personal characteristics, beliefs and abilities of individuals. The model then highlights various domains of community psychology practice and various skills that are essential for working in each domain. The foundational values and principles of our field, as well as our personal beliefs and abilities, provide the lens through which we view, understand and contribute to the communities in which we work (see Figure 1).

Attempting to define and delineate the domains or areas of community psychology practice is certainly a challenge. Domains are closely related to skills and it is easy to entangle and confuse the two. As I tried to operationally define a domain or skill, the questions that came to mind were “Where in the community do community psychologists work?” and “What job has (or could) a community psychologist be hired to do?” We hope to one day no longer have students ask the question, “Can I get a job with this degree?” However, the fact of the matter is that this question is valid—it’s reality.

Unlike a school of business that graduates its students with degrees that identify them as “accountant” or “economist,” students leave community psychology programs with more obscure titles. For a definition of “domain,” I referred once again to the definition of community psychology practice Julian (2006) proposed which states that we strive to bring about change at the individual, organizational and systems levels. I have added family and community level domains to the framework and operationally defined a domain as a job position or area for which someone would be contracted for work. From this perspective, the domains of community practice have been defined as: (1) prevention & intervention (e.g., direct service to individuals and families); (2) education and training; (3) program development and management; (4) organization and community consultation; (5) evaluation and research; and (6) social action, advocacy and system change. Domains and skills are summarized in Table 1 (see page 54).

Within each domain, there are ranges of skills that are essential for the job. Skills may be acquired through classroom instruction, observation, on-the-job training and through trial-and-error practice. An individual’s level of competency in each skill will develop over time. The domains of community psychology practice are certainly not areas for which only community psychologists are qualified to work. However, given our grounding in the psychological theories of behavior change, principles of community psychology, and competency in the range of skills essential in each domain, community psychologists are well-positioned to work and practice in these areas.

The discussion of skills and competencies has generated concern about the training of community psychology practitioners as well as the assessment of competency (Hazel,
Can we expect an undergraduate or graduate program to offer training experiences for all skills in all domains? I think not. However, understanding the essential skills necessary for working in each domain of community psychology can help training institutions align their curriculums and practica accordingly. In addition, students will better understand the range of skills they should acquire to work effectively in each domain.

With respect to “competency,” how should that evaluation be done? Certainly some assessment can occur during the course of training. However, as with any practice, I believe the marketplace will decide. My hope is that the conceptual framework for community psychology practice proposed will serve to integrate the discussion that has taken place in recent issues of the “Community Practitioner.” Reflections and contributions from others would certainly help to advance this framework.

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I spent three weeks of one the hottest summers in recorded history in one of the hottest, southern most cities in the United States. There, as an intern for a federally funded research project on the effects of poverty on adolescence, I walked around public housing communities recruiting youth ages 10-18 to fill out a survey with over 500 items. The survey’s focus was to examine the factors within low-income neighborhoods that contribute to the risky behaviors of the adolescents living in them. The results of which helped to inform two locally run programs as well as research within the field.

My partner and I would walk door to door in these neighborhoods ringing doorbells, trying not to scowl as the glaze from the sun blinded our eyes and it’s heat beat down on our heads. The few trees we found were viewed as respites and a cool breeze was undoubtedly a blessing from God Almighty for which we dutifully bowed our heads and said short prayers of thanksgiving. Yes, we were in the Deep South and it was hot, yet in the midst of “Hades” and my sweat soaked t-shirt I found myself made more uncomfortable by issues that had nothing to do with the weather.

We entered people’s homes. Some had the smell of stale smoke and old air but most were warm and comforting. All of the residents were people who looked like me, yet they all knew that I was not from there. “Where you from?” was the question I received all the time from the children, their parents, and people in the neighborhood. Their question, however, was never asked with any mal-intent. They were not trying to make me feel like I did not belong. It was just an obvious fact that made me acutely aware of how they viewed me. To them I was an outsider, a tourist just passing through, and it was then that I realized that the deep sense of discomfort that I felt came from the fact that they were correct.

As a native of The Bahamas I know a tourist when I see one. The Bahamian economy is based on the fact that people from other countries come to our country, for specific periods of time, soak up what they can afford, and then they leave. They may form relationships with some of the locals and truly fall in love with the place but in the end, they go home. Knowing this to be true, I have developed a love/hate relationship for tourists. I love them because they bring money to the country but I begrudge them because they chew up little pieces of my culture and spit the rest out, in the end truly believing they tasted all that we had to offer. The children in the neighborhoods knew that I was a tourist. They knew that I would smile and talk to them but never have enough time to truly learn their names. They knew that I would read to them the survey questions and gather the data but never really learn about the origin of their answers. They knew that eventually I, and the rest of the interns, were going back home to tell stories of what we did on our summer “vacations” and possibly write or give presentations sharing what we had experienced of their culture when in fact we had only chewed on the little pieces.

My tourist status was confirmed when one of the African American interns, who had been working on the survey project for a month before my arrival, told me that at the beginning of the internship the project arranged a “tour” of the local “ghettos” in which they would be working. “Do they think they are going to observe people as if they were in a caged zoo?” she proclaimed. “I know what the ghetto looks like Niambi. I told them that I wasn’t going.” Hurt and offended, she and some of the other African American interns did not participate. Unfortunately those interns that went on the tour, along with the program director that guided them, never knew that she was offended or even suspected that she might be. After all most of the “tourists” for that day were Caucasian underclassmen at prestigious, majority white universities and had never been to the “ghetto.” Didn’t they deserve a preview of the places in which they would be working and interacting for the next two months? Were they also experiencing the same feelings of uneasiness as I and wonder why we were really here?

When I verbally posed the question of our purpose to the program staff the answer, came quickly and freely. “We’re here to help,” they would respond almost incredulous about the audacity of my inquest. Some of the interns in Mobile openly admitted that they were there to do a job, but the African American interns with whom I interacted seemed to have a slightly different answer. It may have started off as just an internship but working day after day with children who could have been their sisters, brothers and cousins had an affect, and for them it became personal. This is not to say that some of the White and Asian students were not personally affected. In fact, in my conversations with several of them, they revealed lessons learned about themselves, African Americans, and life in America through this “tour of poverty.” To be sure, many of us were there because we were learning about ourselves by learning about our “communities.” However, as a community researcher, and in the context of the research study we were working on, the question remained: Why were we really here?

Early on in my stay in Mobile an older graduate student intern quoted Trech from Naughty By Nature as she was referring to some of the interns, she said, “If you ain’t never been to the ghetto don’t ever come to the ghetto cause you won’t understand the ghetto.” When she first told me this I thought her remarks to be exclusionary but after observing the interactions of those who had obviously never been to “the ghetto,” I realized the validity of her statement. I think that too often we as social scientists bust into communities like “social ill-busters” and presume to know what’s going on because we have conducted a thorough literature review. The project director of our program had been established in Mobile for the past eight years, but his interns had not. For some, this was the first time that they had interacted with such a large number of African Americans on a daily basis. Should their introduction to Black culture be one of poverty and despair? How could we truly say that we were there to help if we didn’t even have the time to ask the people if they wanted our help, and then, what did they need our help with? Were we, as mere interns, to assume that these questions had already been asked and answered? Were those who were not from “the ghetto” really not capable of doing research in “the ghetto?”

My head was filled with so many questions, and I wondered if the Institutional Review Board that approved this project, the project coordinators, or even the large agency who funded the project had asked the same questions?
We as interns would often go home at the end of a long day of administering survey after survey knowing that the children completing them were only there for the fifteen-dollar incentive. They didn’t really care about the survey and they certainly were not going to read about the results in some academic journal. Parents who had lived in the neighborhoods long enough to be familiar with the project would regularly ask, “How much y’all paying this year?” The survey project had been in operation consistently for the past eight years, yet parents were not asking “What programs are you providing for the children this year?” because the project had never implemented any programs. No summer camps, no tutorial services, no fun summer activities, nothing. I wondered if they felt about us, the researchers, the same way that I felt about tourists. Did they love us for the fifteen dollars that we were paying that year and hate us for peeking into their lives? Did they even care one way or another? Sometimes parents would ask me about our purpose and I would answer as everyone else did. “We’re here to help the children,” I’d respond. But the more I was asked that question the more I questioned the authenticity of my answer.

One of the most bizarre things that I observed during my internship occurred while driving through one of the most dilapidated neighborhoods in the county. Going from house to house, doing some follow-up work we noticed a small, all White group of people picking up trash in the neighborhood and in people’s yards. They were well-intentioned and diligent in their attempts to clean-up the area, but the incident seemed so bizarre because they were clearly not from that neighborhood and nobody from the neighborhood was helping them. In fact people sat on their porches and watched as these “good Samaritans” clean up their environment.

Watching the scenario from the backseat of a car I felt like I was in The Twilight Zone. The other interns in the car applauded the works of these “good Samaritans” and even stopped to tell them that they were doing a good job, but I remained in the back dumbfounded. I couldn’t comprehend why someone would pick up the trash in someone else’s neighborhood while the residents of the neighborhood simply observed. If none of the locals were invested in the outsiders beautification efforts of their neighborhood then how could their efforts be sustained? I thought the “garbage cleaners” to be silly; then I realized that the program I was involved in was doing essentially the same thing. We purported that this research would help to “clean up the garbage” endemic in low-income, inner cities, and we had the best of intentions but we were not establishing any system to create or maintain change once we left. Again I found myself with the awkward discomfort of being confronted by my tourist status. Tourists don’t make sustainable connections with the locals; they don’t setup programs that will last and be beneficial because they are only there for a tour and will eventually leave. We did not employ local people in our efforts or make sustainable, meaningful connections with those in the community. We did not implement summer programs for the children from whom we were obtaining the data. We (the survey project) had been there for eight years, but what did the community really have to show for it? In essence we were picking up the garbage in a stranger’s yard without making any provisions to first turn the stranger into a neighbor and second to make sure that the neighbor’s yard would remain clean. But then again, why would we? We were tourist who would eventually go back home.

**COMMUNITY NEWS & ANNOUNCEMENTS—**

**American Journal of Community Psychology—Call for Papers**

*Special Issue: Community Psychology and Global Climate Change*

**Guest editors: Manuel Riemer, Vanderbilt University & Stephanie M. Reich, University of California, Irvine**

**Community Psychology and Global Climate Change**

Global climate change affects many aspects of our society and is receiving increased international attention. While not currently a prevalent topic in the field, Community psychology (CP) could play an important role in societal efforts to deal with this crisis. As such, the purpose of this special issue is to discuss the contributions community researchers and practitioners have made and can make in the context of global climate change and, thus, draw attention to this important and timely topic. Our goal is to provide an interdisciplinary perspective given the multifaceted nature of the problem and the needed multi-layered prevention and reaction efforts. We invite contributions from all fields including, but not limited to, law, economics, environmental sciences, social work, psychology, sociology, and anthropology. Contributions may include such topics as discussions of how global climate change will affect aspects of our communities, how to apply CP theories, methodology, and techniques in the context of prevention and reaction to the global climate crisis as well as examples of successful collaborations with communities to address environmental issues. To summarize, this collection of papers will make a case that community psychology should be involved and will offer suggestions for how community psychology might be involved in addressing global climate change and environmental issues more generally.

We invite detailed outlines or lengthy abstracts (max. 5 pages) detailing the potential contribution (including a tentative title). We welcome research papers, discussions of action projects, and theoretical contributions relevant to the topic described above. A subset of abstract submissions will be selected to be developed into full manuscripts. All manuscripts will then be blind-reviewed before final acceptance for inclusion into the special issue. Electronic submissions (as an email attachment) are preferred. Please feel free to contact us if you have any questions or would like more information.

**Deadline for abstract submission is November 15, 2007**

**Deadline for manuscripts is February 15, 2007**

Please send submissions to:
Manuel Riemer, PhD
Vanderbilt University, Peabody #151
230 Appleton Place, Nashville, Tennessee 37203-5721, US
Tel: 01-615-322-3390
Fax: 01-615-322-7049
Email: manuel.riemer@vanderbilt.edu
The Society for the Psychological Study of Social Issues 7th Biennial Convention

Disparities across the Globe: Place, Race, Class, Ethnicity, & Gender

June 27th-29th, 2008
Roosevelt University—Chicago, Illinois

We are very excited to invite you to the SPSSI biennial conference in Chicago, June 27th-29th, 2008 at Roosevelt University. Chicago is a wonderful city known for its architecture, its amazing world renowned collection of museums, and a rich music heritage. We have lined up number of outstanding scholars to present their ground breaking research on various aspects of the conference theme. In addition, the program will include symposia, interactive discussions, 15-minute presentations, and poster presentations.

KEYNOTE SPEAKERS INCLUDE:

- Alice Eagly, Northwestern University
- Michelle Fine, Graduate Center, City University of New York
- James Jackson, University of Michigan
- John Jost, New York University
- Daniel Perlman, SPSSI President, University of North Carolina, Greensboro
- Mark Snyder, Kurt Lewin Award Recipient, University of Minnesota
- David Takeuchi, University of Washington

NEW ADDITIONS

We are also pleased to announce that Best Poster Awards will be chosen at each poster session to recognize outstanding research. The Interactive Discussion provides a new presentation option for presenters to engage conference participants in a facilitated discussion of a topic connected to the conference theme.

In support of early career scholars, we will offer several events focusing on professional development such as discussions on teaching social justice and surviving the first years on the tenure-track. We strongly encourage both junior scholars and graduate students to attend and take advantage of the various career enhancement events.

CALL FOR PROPOSALS DEADLINE: January 12, 2008

- Symposia (90 minutes)
- Interactive Discussions (1 hour) NEW!
- 15-minute Presentations
- Poster Presentations

For more information, please visit: http://www.spssi.org/convention.html

APA’s Public Interest Directorate Appoints Clinton Anderson Liaison to SCRA

Gwendolyn Puryear Keita, Executive Director of APA’s Public Interest Directorate, has appointed an official liaison from that office to SCRA. Clinton Anderson, Director of APA’s Lesbian, Gay, and Bisexual Concerns Office, who is also a member of SCRA, will fill that role. He will bring news of the Public Interest Directorate to SCRA’s Executive Committee meetings and keep the Directorate informed of SCRA’s research and action programs and other SCRA developments. Dr. Anderson’s liaison role began at the San Francisco APA Annual Meeting.

New SCRA Teaching Resources Webpage!

Teaching a course in community psychology or a related area?

Are you seeking:

- Help in developing your course?
- New ideas for your course?
- Sample course syllabi?
- Ideas on integrating community action or service learning into your course?
- In-class exercises to enliven discussions or illustrate concepts?
- Course projects to engage your students and deepen their understanding?
- Video or web resources?
- Lists of key journals, books, reference books and textbooks?
- A book-length study of a particular community for student reading?

The new SCRA Teaching Resources webpage features:

- Articles on teaching innovations from “The Education Connection” column of The Community Psychologist
- Sample course syllabi for graduate and undergraduate courses in community psychology and in specific topics such as community intervention and change, social policy, social problems, and community research
- Samples of in-class exercises
- Descriptions of course projects and paper assignments
- Articles on integrating community service learning into courses
- An annotated list of video/DVD resources
- Lists of books, journals and websites helpful to teachers and students, including book-length community studies
- And links to other teaching resource websites

And when you have created your own syllabus or teaching resource, you can add it to the Teaching Resources webpage!

Check it out in the Resource section of the SCRA website: (www.scra27.org) or at: (www.igloo.org/scracommunity).

Content for the Teaching Resources webpage edited by Jim Dalton. Web construction by Scot Evans.
SOCIETY FOR COMMUNITY RESEARCH & ACTION
An invitation to membership . . .

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 & Community Activists
- Program Developers and Evaluators
- Psychologists
- Public Health Professionals
- Public Policy Makers
- Consultants
- Students from a variety of disciplines

Interests of SCRA Members Include:

- Community Mental Health
- Consultation & Evaluation
- Culture, Race & Gender
- Empowerment & Community Development
- Human Diversity
- Prevention & Health Promotion
- Self-Help and Mutual Support
- Social Policy
- Training & Competency Building

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 all cultures
- To promote the development of careers in community research and action in both academic and applied settings

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 electronic mailing list for more active and continuous interaction about resources and issues in community research and action
- Numerous activities to support members in their work, including student mentoring initiatives and advice for new authors writing on race or culture
SOCIETY FOR COMMUNITY RESEARCH & ACTION
Membership Application

Name: ____________________________________________
Title/Institution: ________________________________________________
Mailing Address: ________________________________________________
______________________________________________________________
Day phone: ________________________________________________
Evening phone: ________________________________________________
Fax: _________________________________________________________
Email: _______________________________________________________

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 or committees you would like to join:
☐ Stress & Coping Interest Group
☐ Students of Color Interest Group
☐ Undergraduate Awareness
☐ Women’s Committee
☐ Committee on Women
☐ Community Action Interest Group
☐ Community Health Interest Group
☐ Cultural & Racial Affairs Committee
☐ Disabilities Interest Group
☐ Interdisciplinary Linkages Committee
☐ International Community Psychology Committee
☐ Lesbian, Gay, Bisexual & Transgender Concerns Interest Group
☐ Prevention and Promotion Interest Group
☐ Rural Interest Group
☐ School Intervention Interest Group
☐ Self-Help/Mutual Support Interest Group
☐ Social Policy Committee

The following questions are optional, but they do help us to better serve our members:
What is your gender? _______________________
Your race/ethnicity? _______________________
Do you identify as a sexual minority? __________
Do you identify as disabled? ________________
How did you hear about SCRA membership?
_____________________________________________________________________

Membership Dues:
☐ SCRA Member $60.
☐ Student Member $30.
☐ International Member $50.
☐ Senior Member $15.
You must be 65 or older, retired, and a member of SCRA Division 27 for 25 years to qualify for this rate.
Senior members will receive The Community Psychologist but not American Journal of Community Psychology.

Payment:
☐ Check enclosed (payable to SCRA)
☐ Charge to credit card: ☐ Visa ☐ MasterCard
Account #: __________________________________________
Expiration date: _________________________________
Authorized signature: ________________________________
Signature of applicant: ________________________________
Date: __________________________

Please mail this form along with payment for your membership dues to:

SCRA
16 Sconticut Neck Rd. #290
Fairhaven, MA 02719
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 individual authors and do not necessarily reflect official positions taken by SCRA. Materials that appear in The Community Psychologist may be reproduced for educational and training purposes. Citation of source is appreciated.

To submit copy to THE Community Psychologist:
Articles, columns, features, “Letters to the Editor,” and announcements should be submitted, if possible, as Word attachments in an email message to: ethomas@uw.b.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 disk or as a hard copy by conventional mail to Elizabeth Thomas, University of Washington Bothell, Box 358530, 18115 Campus Way NE, Bothell, WA 98011-8246. You may reach the editor by phone at (425) 352-3590 or fax at (425) 352-5233.


Subscription information: The Community Psychologist and the American Journal of Community Psychology are mailed to all SCRA members. To join SCRA and receive these publications, send membership dues to SCRA, 16 Sconticut Neck Rd., #290, Fairhaven, MA, 02719. Membership dues are $30 for student members, $60 for United States members, $50 for International members, and $15 for Senior members (must be 65 or over, retired, and a member of SCRA/Division 27 for 25 years; senior members will receive TCP but not AJCP). The membership application is on the inside back cover.

Change of address: Address changes may be made online through the SCRA website, www.scra27.org. Address changes may also be sent to SCRA, 16 Sconticut Neck Rd., #290, Fairhaven, MA, 02719. Email: office@scra27.org. APA members should also send changes to the APA Central Office, Data Processing Manager for revision of the APA mailing lists, 750 First St., NE, Washington, DC 20002-4422.