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SCRA Interest Groups

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The Community Psychologist

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Editor's Column

By Paul A. Toro, Wayne State University, Detroit, Michigan

We have another “big” TCP for you, coming on the heels of the “very big” full issue that included the 2002 Membership Directory. In addition to a full range of columns (Policy, Students’, Women’s, Promotion, LGBT), we have 2 Special Features and additional pieces on science and social policy (by Keith Humphreys), the 2002 European Congress on Community Psychology in Barcelona (including photos), and services for immigrants in Spain (by Manuel Garcia-Ramirez & Yolanda Suarez). There is also a range of “SCRA Community News” items and we have statements for folks running for 3 SCRA offices: President-Elect, Treasurer, and Member-At-Large.

Breaking News: Our New TCP Editors! Joy Kaufman and Nadia Ward have agreed to serve as Co-Editors of TCP. I will be “passing the torch” to them after the Summer 2003 issue. Here is their contact information: The Consultation Center, Yale University School of Medicine, 389 Whitney Ave., New Haven CT 06511, e-mail joy.kaufman@yale.edu, nadia.ward@yale.edu. Contact them if you have any thoughts on future Special Features, etc. Nadia will be at the New Mexico Biennial too, if you want to meet her.

Special Feature #1: The 2nd Community Practitioner. We now have a new “tradition” in TCP. With this second installment of the Community Practitioner, David Julian has established this regular Special Feature. He has assembled another excellent set of papers on diverse topics for this installment and has other papers “in the pipeline.” Look for the Community Practitioner to appear at least once per year.

Special Feature #2: Cultural and Racial Affairs. Lorna London has assembled a nice set of papers on “cultural competence,” including one whose lead author is based in Hong Kong and another that provides an interesting discussion on how graduate training can better prepare us for culturally sensitive community work.

Register Now for the Biennial! Jean Hill has put together an informative sheet that you can remove and copy to share with colleagues. This sheet (the inner-most one in this issue, colored in blue) gives some highlights of the Conference program and details on the site in Las Vegas, New Mexico; along with the registration form. Note that you can either mail back the registration form OR register on-line at www.nmhu.edu/scraibiennial/. The deadline to register (without paying a late fee) is May 5th.

Introducing Meenakshi Nandjundeswar, Our New Production Editor. Midway through the production of the Summer 2002 issue, Meena took over the Production Editor position. She quickly picked up the skills needed to use the PageMaker publishing program and she has created the “smooth-running machine” we now have in place. With her help, the last three issues of TCP (including this one) have been produced “on time” (i.e., in your mailboxes 2-3 months after the initial deadline). Meena recently completed her Master’s degree in Computer Engineering, is now beginning her “practical training,” and will continue as Production Editor until this TCP Editor completes his term after the Summer 2003 issue.

SCRA WEB PAGE
http://www.apa.org/divisions

The SCRA Listserv enables SCRA members and others to engage in stimulating discussions and provides information on job postings, grant opportunities, and SCRA events. To subscribe, send your e-mail to: LISTSERV@LISTS.APA.ORG. Leave the subject area blank, and in your message area type: Subscribe SCRA-L <yourfirstname><yourlastname>.

The SCRA Women’s Listserv enables SCRA members and others to access the best source of information and comment relative to women in SCRA. It is also the main source of communication about issues relating to the SCRA Committee on Women. To subscribe, send your e-mail to: LISTSERV@LISTS.APA.ORG. Leave the subject area blank, and in your message area type: SUBSCRIBE SCRA-W <yourfirstname><yourlastname>.

The SCRA Student Listserv is student initiated, run and maintained and has “social coordinators,” who will implement special events on the listserv, like having a “guest of the month,” to elicit Q&A, etc. To subscribe, send your e-mail to: LISTSERV@LISTS.APA.ORG. Leave the subject area blank, and in your message area type: SUBSCRIBE S-SCRA-L <yourfirstname><yourlastname>.

If you ever wish to leave one of these SCRA listservs, simply send a note to LISTSERV@LISTS.APA.ORG with the message: SIGNOFF <LISTSERV NAME>.
President's Column

Regarding the Role of Cultural Diversity in Community Change
By Mel Wilson

As many of you are aware, I have been interested in the construct and principle of cultural diversity for a long time. This column, which is based on ongoing work and is written with Lydia Kyllos, discusses the association between cultural diversity and the community change process. We have been ruminating about the role that cultural diversity plays in the community change process. We assumed that the role of cultural diversity is central in highlighting community problems, values, and strengths, and in promoting organized change efforts.

Change is the movement or development of an organism from one state of being to another, and is a natural and expected part of the human experience. Human evolutionary theory indicates that our species developed over several millions of years through the natural process of adaptation and accommodation.

One may assume that we are naturally drawn to, and move seamlessly though the change process. However, this is rarely the case. Whether or not we recognize our actions, we naturally tend to resist change. We fight the forces of time that naturally bring about change for ourselves and for our species, striving to maintain “status quo.” The change process is defined as the way in which change or innovation comes about. In groups of people, or societies, the change process usually takes place through problem-solving, or “the process by which all people seek to satisfy their needs and live a better life” (Havelock, 1995).

In order to confront the change process, we find ways to adjust, adapt, and accommodate ourselves to new situations. One step forward in the change process is often met with an opposing force demanding one step back, thus maintaining equilibrium, or status quo. We often expend a great deal of energy resisting change. For example, members of a community who were previously uninterested with a particular practice might become staunch supporters of such practice when faced with the enforcement of an alternative practice. Overnight, these community members are forced into action. Maintenance of “status quo” is the agenda, and community “change agents” are met with an equal and opposite reaction for each action they may take in order to bring about the innovation.

One aspect of problem solving and of group process often overlooked is the cultural diversity that exists within American society. It is critical that cultural diversity and the change process be understood in tandem because much of the community action work in American society necessitates the resolution of issues between majority and minority group members. People may approac the change process in very different ways depending upon cultural context, or the society with which they identify. Lonner and Malpas (1996) recognized culture as the distinct and significant explainable differences observed among different groups of people. Culture characterizes the many complex ways in which people of the world live, and in which they tend to pass along significant meaning about the world to their offspring. Diversity is defined as differing from or another, or to increasing variety. Diversity implies appreciating the plurality of views and experiences in our society (Anderson & Collins, 1996). In the context of a change process, cultural diversity implies consideration of not only differing views of the problem but also unique traditions and perspectives of the participants.

Each person brings the social expectations, norms, and behavior inherent in his or her own culture to the problem solving process. When people of more than one culture come together as members of the group or community seeking to solve a particular problem, culturally inherent behaviors or concepts will be represented in ideas that each person brings to the group.

As people of various cultures join identifiable communities, the problem solving stage of the change process becomes increasingly complex. It is easier for the members of separate cultures to bar the door to the ideas and suggestions from people of other cultures, perhaps mimicking those who choose to avoid the change process altogether. However, a problem solving process that includes equal attention to input from people of all cultures representative of the community will ultimately create a more adequate and lasting solution.

Each person on the problem-solving team comes to the group identifying with his or her own culture. However during the group problem solving process a new type of culture emerges, the cultur of the group itself. This new culture is explained through the process of acculturation.

Acculturation defines the process by which groups of individuals, having different cultures, come into first-hand contact over time, resulting in subsequent changes in the original cultural patterns of either or both groups. Group acculturative changes include political, economic, demographic and cultural changes that vary from small to substantial.

Group changes may set the stage for individual acculturative effects; however, individuals are not all affected in the same way, and it is individual acculturation effects we are considering when bringing groups of different cultures together to begin the change process. For example, we cannot anticipate that the opinions or ideas of one African American minister represent the opinions or ideas of the entire congregation he serves, or of an African American community. An individual member’s opinions or attitude may change over time and become more accepting of the group as part of acculturation, however this reflects individual member change and not attitudinal or ideological changes of the identified cultural group as a whole.

In the process of defining a problem, and organizing a select group around the chosen intervention, there are several ways of creating barriers to the group process. Barriers are constructed when one member receives preferential treatment by being allowed to make decisions for the entire group, or when a member is treat poorly by the group, is not allowed to offer his or her opinion, or not given equal status and weight when offering opinions or ideas.
Barriers creating disenfranchisement and separation from the intervention may develop in one of several ways: a) the disregarded member may appear compliant, as the weakest member of the group, however the change process will occur in appearance only. The commitment for lasting change has not been established; b) the disenfranchised group member may report to the community she represents that the convening group is not sensitive to the particular problems faced in this community sub-set. She may encourage her identified community to disengage itself from the innovation or to turn it's back on the change process and become dissenters as the process is set in motion.

Alternatively, in a group where each member holds equal power, and in which each person's ideas receive equal weight (as measured by time and thorough consideration) by the group, a different type of group process occurs which will facilitate the change process in the larger community as well as within smaller community subsets. When group members are equally empowered, they come to represent not only their individual cultures to the convening group, but also the group to their individual cultures.

Egalitarian relationships cannot be established until group members recognize the different world-views, lifestyles, or perspectives they bring to the change forum. This recognition should occur during the group setting, in order for a confrontation of differences to occur. This process begins when group members are able to discuss cultural differences relevant to the innovation in a candid and open dialogue, highlighting critical aspects of the problem solving process that disturb them. The mere notion of change is threatening to most of us, particularly when presented by a person or group who we feel does not recognize or respect our current way of living. By creating an atmosphere of minimum threat and didacticism, where each group member is able to teach others about the community subset, or culture he or she represents, group members develop an equal sense of importance and significance within the group that extends to the larger community and creates an open causway for the change innovation.

References


End-of-Life Issues: An Arena in Need of Community Research and Action, Edited By Diane Castello, Kathy Hogan Bruen & Alison Martin

Why End-of-Life Issues Should be a Concern for Community Psychologists

By James L. Werth, Jr., Dean Blevins, & Christopher J. McNally

When people think of dying, they likely think of physicians working in medical settings and/or spiritual care providers working at the bedside. Although these types of professionals and these care settings certainly do have a place in addressing end-of-life issues, we would be selling ourselves short if we did not also identify and claim the important roles that psychologists can play in a variety of end-of-life situations, including those within the community.

Psychology as a field has been largely absent from the end-of-life arena and although individual psychologists have made contributions to the research and practice literature, members of our profession have not been invited to be involved in key activities such as serving on national commissions or testifying before Congress (Working Group on Assisted Suicide and End-of-Life Decisions, 2000). In fact, it is only recently that the American Psychological Association has become formally involved in the evolving discussion of end-of-life issues (see Werth, 2002, for a review of recent activities).

Even if someone does acknowledge that psychologists can assist dying people and their loved ones near the end of life, identified roles are typically more clinical and individual than research/advocacy-oriented and/or community-focused. Thus, the emphasis is typically on how psychologists can help the dying person with pain and physical symptom relief (e.g., Eimer & Freeman, 1998; National Institutes of Health, 1997) or assist loved ones with anticipatory and post-death grief and mourning (Neimeyer, 2001; Rando, 2000). Still, although these are important roles and areas for intervention, they are limited in their scope and effect, reaching relatively few people for a fairly brief period.

The fact is that all of us will die, most after a prolonged dying period involving significant suffering (Batin, 1994; SUPPORT, 1995; Working Group, 2000); most without having given our loved ones formal direction (in a way that they can understand) about what we want as death approaches (Fuglelir, Hawkins, Ditto, Schneider, & Smucker, 2002); and most receiving suboptimal care in institutional settings (Last Acts, 2002). Furthermore, when we look at the experiences of diverse groups in end-of-life-related areas, we see that older adults, members of ethnic minority groups, and women are less likely to receive adequate or optimal treatment (Werth, Blevins, Touissant, & Durham, 2002). All of these unacceptable facts are amenable to intervention through the research and advocacy of community psychologists. In fact, we, and others (e.g., Werth & Blevins, 2002; Werth, Gordon, & Johnson, 2002; Working
have emphasized that psychologists can and should be involved in these types of activities, and it is clear that community psychologists particularly have the training, experience and value set to make a true difference in practice and policy in this area.

For example, consider a recent national report issued by a national end-of-life advocacy organization (Last Acts, 2002). This document highlighted some of the problems in end-of-life care by providing a rating (from A to E) on various indicators of the care quality for each state and the District of Columbia. Although the report acknowledged the importance of psychosocial issues in the introduction and recommendations, none of the indicators used were from psychosocial assessments and the majority of the indicators that were used in the report were only indirect measures (e.g., number of deaths in hospitals as opposed to at home), probably due to the facts that neither non-medical interventions nor direct assessments have been evaluated on a large-scale basis. Thus, there is not only a need to begin directly assessing the quality of end-of-life care, but the development and refinement of psychosocial measures will be essential to any effort to monitor care provision. These are yet other areas where community psychologists are particularly well suited to apply their expertise.

Conclusion

The other two articles in this column provide specific examples of how community psychologists can be a part of the end-of-life arena by examining (a) a particular setting (nursing homes) and some of the pressing issues in those institutions, and (b) a particular issue (clinical depression) and how dispelling myths can improve the quality of the dying process. As you consider how to be involved in addressing the sad state of affairs related to how people die, we encourage you to contact either Werth (jwerth@uakron.edu) or Blevins (Dean.Blevins@med.va.gov) or the American Psychological Association (specifically, Dr. John Anderson, in the Office on AIDS). We also suggest that you review the American Psychological Association’s end-of-life website (http://www.apa.org/pi/edl/) and the site for the Working Group to Improve Psychosocial Care Near the End of Life (http://www3.uakron.edu/edl).

References


End-of-Life Care for Nursing Home Residents

By Dean Blevins & Marisue Cody,
Central Arkansas Veterans Healthcare System

The unprecedented increase in the life expectancy of the population has meant that people are living longer with chronic illnesses, are more likely to spend time in a nursing facility, and only after a significant period of illness (Iwashyna & Chang, 2002). One in three people over 65 will use a nursing facility at some point in their lives (National Center for Health Statistics, 2002). Over the next 20 years, it is expected that at least 40% of all deaths will be in nursing facilities (Brock & Foley, 1998). Thus, there is clearly a need for nursing facilities to be attuned to end-of-life (EOL) planning, as this is especially because people dying in nursing homes often die in significant physical and psychosocial distress (Mezey et al., 2000; Bartels, Moak & Dums, 2002). The present article discusses some of the barriers to providing quality EOL care in nursing facilities and the need for greater involvement of community psychologists.

End of Life Care

End-of-life care is defined as care provided for a patient and or his family during the terminal phase of an illness. Death has become an event of the aged, occurring mostly in institutions. Consequently, few people are prepared to face it. Healthcare professionals are not immune from this and may be even more uncomfortable with the topic as most of their careers are aimed directly or indirectly at preventing, or at least delaying, death. Death is an index of failure. With such a societal, and medical, approach to death, it is not surprising that the quality of EOL care abysmally throughout the United States (Field & Cassel, 1997).

Poor EOL care is also expensive. The last year of life among Medicare decedents has consistently cost five to six times that caring for non-decedents (see Lunney, Lynn, & Hogan, 2002), largely due to the healthcare system’s bias toward a curative model of care despite indications that further aggressive treatment would be futile. Such an approach can do more harm than good when
quality of life is sacrificed. To avoid such situations, palliative care can be chosen when death is imminent, offering terminal patients holistic comfort care, attending to the management of physical symptoms and the relief of psychosocial and spiritual suffering. Patient preferences are paramount and significant others are included in care as much as possible. Hospice is a particular application of this approach and is primarily provided in people's homes.

Reducing the costs associated with dying was one of the primary motivating factors in Congress' establishment of the Medicare Hospice Benefit in 1982. The Benefit covers the full cost of hospice care so long as recipients agree to forgo curative treatments; it has become the primary source for funding EOL care. To date, the Benefit and advanced care planning have been shown to save up to 40% in the patient's final month of life and 10% over the entire last year of life (Miller et al., 2002). However, the transition from curative care to palliative care is often difficult for families and nursing facility personnel. Palliative care professionals, including psychologists, can help this situation by assisting caregivers adjust their focus of care, attending to both the physical and psychosocial needs of dying patients.

EOL care in nursing homes is often difficult because of perceived legal and ethical barriers to transitioning to comfort care (e.g., withdrawing or withholding treatment). The US Supreme Court has ruled that patients have the right to refuse treatment of terminal illnesses and the Patient Self-Determination Act of 1991 translated the ruling into Federal law. Despite the law's objective to encourage advanced care planning and patient self-determination, most terminally ill nursing home residents still do not have their wishes specified and/or followed (Teno, Branco, & Mor, 1997). Nursing facility personnel are wary of withholding treatments such as nutrition and hydration for fear of reprisals from state surveyors, families, and increasingly lawyers.

This fear all too often translates into barriers to accessing hospice care even though such care has the potential to enhance quality of care at the end of life (Miller et al., 2002). For example, hospice patients have fewer hospitalizations, greater use of advanced directives, and better management of distressing symptoms (Volicer et al., 1994). Most nursing homes do not have special care units for those who are dying or a program of care that differentiates between curative and palliative approaches. Even facilities with hospice-designated beds often do not use them (Petricek & Mor, 1999).

Hospice and Dementia

In addition to the problem of access to hospice is the complicating fact that about 80% of all nursing facility residents have mental disorders. Of those requiring mental health services, less than 20% actually receive it (Bartels et al., 2002). Dementia is the most common disorder (Terlizzi, Podgorski, Blazina, & Lelibovici, 1993) and is directly linked to about 47% of nursing home deaths (Lunney et al., 2002). The prevalence of mental disorders, such as dementia, has created a barrier to nursing facility residents receiving specialized EOL care.

Eligibility for the Benefit requires that persons have a prognosis of 6 months or less to live, which is especially problematic for persons with dementia because it is extremely difficult to predict when they are going to die. If Medicare intermediaries disagree with the prognosis, the hospice can be refused reimbursement for any services provided to a patient with dementia. Thus, physicians are often unwilling to recommend dementia patients to hospice and hospices are increasingly skeptical about receiving them (Miller et al., 2002). In fact, dementia patients often have to have some other comorbid condition (e.g., cancer) that can be considered terminal to be admitted into hospice.

Additionally, by the time a person with dementia reaches a 6-month prognosis, the disease has usually taken away conscious thought and awareness, with patients and family members having spent years in significant distress. One of the most consistent recommendations from palliative specialists is the need to eliminate the 6-month criterion (Lynn, 2001). This has led experts in the field to begin discussing the greater need for palliative care soon after the initial diagnosis of dementia (Lynn, 2001). Whether such care actually occurs in the area will critically depend upon Medicare and Medicaid reimbursement policies to fund it.

One attempt to address this situation was offered by the National Hospice and Palliative Care Organization. An expert panel developed guidelines for hospice referral of patients with non-cancer diagnoses (Standards and Accreditation Committee, 1996); however, they have been shown to be ineffective for persons with dementia (Lynn, 2001).

Although these guidelines are under revision, they only address part of the problem. Barriers to hospice utilization often include patient and family knowledge of EOL options, professional care providers' willingness to work with hospice personnel, and cultural factors. However, it is also important to consider regional (e.g., nursing home bed availability; Steinhauser et al., 2000) and national influences (e.g., political administrations and regulatory agencies: Deason-Howell & Blevins, in press). Thus, improving EOL care in nursing facilities must be multidimensional and multidisciplinary (Bartels et al., 2002; Blevins & Deason-Howell, 2002).

Conclusions

Both physical and mental health issues have continued to be major problems in the quality of life among nursing home residents who are dying. Hospice care can improve quality of life and lower the costs associated with care provision; however, access has continued to be an issue. The vast majority of the medical and administrative personnel of nursing facilities have very little knowledge of EOL issues and the beneficial nature of hospice services. Consequently, not only are nursing facility residents not referred to hospice, their needs are often neglected because of both this lack of knowledge and the discomfort many caregivers have working with people who are dying. Thus, efforts to improve such care will require significant attention to education — of the needs of the terminally ill and of care providers' feelings of death and dying. In collaboration with hospice programs, psychologists can offer unique expertise in both of these domains, increasing the access nursing facility residents have to specialized EOL care by facilitating nursing home-hospice partnerships.

There are many ways psychologists can advocate for change; one of which is to direct attention to the Federal policy arena. Federal legislation to improve EOL care has been limited, however, there are a couple of examples that may provide guidance to interested advocates (see Weth & Blevins, 2002, for a review). One is a bill introduced by Senator Wyden ($1425) and Representative Hooley (HR 3492) entitled the Hospice Improvement Program Act. Although not directly focused on nursing facilities, the bill focuses
on removing barriers to hospice access, such as increased reimbursement for hospices to encourage enrollment, funding respite care, and easing the requirement that enrollees forgo all disease-related treatment when electing hospice.

Finally, collaborating with other EOL specialists is essential. Although notions of quality EOL care have varied in the literature, it is clear that a multidisciplinary approach is necessary to overcome the deficiencies in care provision. However, improving EOL care in nursing facilities must extend beyond direct care. A disturbing trend in good deal of the professional literature and the national policy agenda is the lack of consideration for the importance of mental health services (e.g., Saliba & Schnelle, 2002). Healthy People 2010 has acknowledged the current deficiencies in some limited mental health domains across the nation, but the vast majority of issues continue to be ignored. Thus, community psychology can be instrumental in effecting change in this situation via the unique ability to approach EOL care deficiencies from a public health perspective, while remaining attentive to the psychosocial and spiritual needs of individuals.

References


Clinical Depression Near the End of Life: Unusual and Unnecessary

James L. Werth, Jr. & Christopher J. McNally, University of Akron

As more attention is being paid to psychosocial issues near end of life, there has been increasing concern about the possibility that a dying person may be experiencing a clinical depression Major Depressive Disorder, according to DSM-IV terminolog American Psychiatric Association, 1994), affecting her or his quality of life and decision-making. This brief column is devoted to dispelling two of the most common myths about clinical depression near the end of life and to provide examples of ways in which community psychologists might help reduce the burden of clinical depression on the dying person and her or his loved ones. So the material in this article is from an amicus curiae brief sub to the Ninth Circuit Court of Appeals (see http://www.compassionindying.org/ashcroft_ruling/mentalhealth_brief.pdf)

Dispelling Myths about Clinical Depression

Myth: Clinical Depression is to be Expected Among Those who are Dying

Fact: Clinical Depression is Unusual in this Population
This prevalent myth likely comes from two sources: (1) a misunderstanding of what “clinical depression” is and (2) an assumption along the lines of “of course s/he is depressed, I would be too if I knew I was dying.” This myth has significant implications for the treatment that dying persons receive. If it is assumed that depression is normal for these individuals, methods of prevention and/or intervention are neither considered nor attempted. Therefore, it is crucial that community psychologists help to accurately educate the public, health care professionals, and dying individuals and their loved ones about the actual prevalence of end-of-life clinical depression in people who are dying.

Although readers likely know the difference between professional and lay understandings of clinical depression, for the sake of comprehensiveness, we will repeat some of the basics here. The label of “depression” is commonly misused by laypersons to describe a variety of moods ranging from common malaise to overwhelming grief. However, the term has a precise clinical meaning that represents a distinct and serious disorder that can be identified and diagnosed. The DSM-IV (American Psychiatric Association, 1994) lists nine criteria for identifying a Major Depressive Episode, five of which must be present during any single two-week period; one of the criteria met must be either depressed mood or loss of interest or pleasure. If fewer than five criteria are present, or if they do not occur within this time frame, then “depression” is not present as a psychological disorder. Thus, depressed mood is only one of the many symptoms of clinical depression and by itself is not sufficient for the diagnosis.

With this definition in mind, it becomes clear from scientific and medical research that clinical depression is not typical for dying persons. In fact, the majority of studies examining the prevalence of clinical depression among terminally ill patients demonstrate that less than half of the people examined could be diagnosed with major depression (Block, 2000). Though clinical depression is not normal among dying individuals, it has been said that grief is ubiquitous within this population. These results make clear the very important need for differential diagnosis between grief and clinical depression (Billings & Block, 1995; Block, 2001; Rando, 1984). Even though there is some overlap between symptoms of grief and clinical depression, the DSM-IV as well as the literature on work with dying individuals (e.g., Block, 2000, 2001) clearly differentiates between them. Psychologists also need to determine whether clinical depression, or hopelessness (or both) are present, because several research teams have found them to be distinct conditions, though they may at times coincide (Breitbart et al., 2000; Chochinov, Wilson, Erns, & Lander, 1998).

Though less than half of all terminally ill individuals may be accurately diagnosed with clinical depression, a large number of dying persons who genuinely suffer from the effects of clinical depression do exist. This being the case, an issue arises as to whether those who are clinically depressed may be effectively treated for this condition. This is the subject of the second myth.

**Myth:** Clinical Depression, When Present, Cannot Be Treated in Dying Individuals

**Fact:** Clinical Depression is Amenable to Treatment

Although the course of treatment may be different for those who are near the end of life, clinical depression can be successfully treated. Just as with non-dying individuals, both counseling and medication can be effective. Unfortunately, there has been little controlled research regarding the most effective and efficient approaches for use with people who are approaching death.

Still, both clinical experience and recent pilot studies have demonstrated the effectiveness of certain methods. Because of the several week delay that occurs from beginning treatment to its effectiveness, anti-depressants (e.g., selective serotonin reuptake inhibitors) typically are not the front-line pharmacological treatment for those with a short time left to live. If a person’s physical system can handle the effects, psychostimulants are preferred for their speedy effectiveness (i.e., one day) (Block, 2000). Because of the reciprocal nature of pain and clinical depression, other medical interventions include treatments designed specifically to relieve pain.

From a counseling perspective, cognitive-behavioral treatments may be effective, although this has yet to be demonstrated empirically for people who are terminally ill. Some have asserted that existential or meaning-oriented approaches may be a treatment of choice, and recent research appears to have substantiated this among participants in a structured group (Greenstein & Breitbart, 2000). Similarly, because most people who are dying have loved ones, some practitioners have asserted that a systemic, family-oriented approach can ameliorate depression by allowing unfinished business to be completed and by dispelling the dying person’s concerns about being a burden, as well as facilitating the loved one’s experience of anticipatory and post-death grief (Rosen, 1998).

Regardless of the approach used, it is most important that something be done to help the person who is dying and suffering from a clinical depression. The least favorable response is to merely accept the presence of the depression (Pessin, Rosenfeld, & Breitbart, 2002; Wilson, Chochinov, de Faye, & Breitbart, 2000). Passive acceptance of clinical depression by the dying person, loved ones, and/or the medical team must be aggressively countered by the suffering person’s psychologist-advocate. Research has demonstrated that physicians and nurses are poorly educated about caring for the physical needs of dying individuals (Field & Cassel, 1997). If these professionals are not receiving training on physical care of the dying, it is safe to assume they are also receiving very little training (if any) regarding the psychosocial aspects of dying, such as clinical depression.

**How Community Psychologists Can Help**

Because of their concern for prevention and their related education regarding community-based approaches to treatment, community psychologists can be key players in the amelioration of suffering caused by clinical depression in the end-of-life population.

Appropriate treatment for clinical depression is an important indicator of the quality of overall mental healthcare in the public health domain. Of all people diagnosed with clinical depression, only 23% actually received treatment in 1997. The U.S. Department of Health and Human Services has established a goal of raising this figure to 50% by 2010 (Healthy People Consortium, 2002), with older adults and people with serious medical conditions (among others) highlighted as populations where efforts should be particularly focused. Community psychologists interested in efforts toward improving the assessment and treatment of clinical depression could potentially work with government agencies, assisting in the design of preventive, community-based programs.
around this issue.

Additionally, community psychologists might usefully involve themselves in the enhancement of public awareness around such challenging issues as the difference between elderly dementia and clinical depression, or various ways in which members of different ethnic groups typically express or exhibit depressive symptomatology. Appropriate training for clinicians around end-of-life issues (in relation to assessment and treatment in both interdisciplinary and geriatric settings), research funding for the development and refinement of assessment protocols for people near the end-of-life, and mandatory depression screenings by trained professionals are merely a few of many potential areas of relevant work for community psychologists.

Finally, community psychologists can contribute meaningfully to the development of regulatory law and related public policy (Werth & Blevins, 2002). For example, psychologists are not currently a part of mandated hospice care teams and are therefore unlikely to be involved in the care of people enrolled in hospice. If current law were changed to enable psychologists to bill outside the hospice per diem (as physicians currently do), then the likelihood of psychologists becoming a part of care teams and using their significant assessment and clinical skills to identify and alleviate clinical depression would surely increase. Similarly, psychologists are rarely included in proposed legislation (unless a psychologist plays a part in the drafting process). U.S. Senator Ron Wyden (2000) has indicated that psychosocial issues, such as clinical depression, need to be considered in comprehensive efforts to improve end-of-life care. Psychologists may use this in their advocacy efforts with state and national representatives/senators. Readers can no doubt identify many other possible ways of becoming involved in the development of better policy responses to the issue of clinical depression near the end of life. If you want to discuss ideas, contact the first author at jwerth@askron.edu.

References


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Prevention & Promotion

Like other researchers, much of my time is spent ensuring that the studies I am involved in are well-informed by prior research and theory, methodologically sound, and carefully implemented. Early in the life of a study, many meetings and conference calls are dedicated to lengthy (and occasionally boisterous) discussion about the pros and cons of various research designs, effective intervention strategies, psychometric characteristics of measure and similar concerns that affect internal and external validity. As studies wind down, the discussions invariably turn to the complexities of data cleaning and analysis, preparation of journal articles, and the sometimes-sensitive issue of authorship.

In years past, these discussions involved relatively little attention to what should be the main reason for doing the study in the first place—to develop practical and sustainable tools that community members can use to improve their health and well-being. Sadly, some researchers and funding agencies have not demonstrated a strong commitment to making study findings available to community-based providers. This column is dedicated to some of the issues involved in the dissemination of effective HIV prevention interventions and highlights a few of the notable successes in this area. I have chosen to focus on HIV because what I know best—I hope that these hard-earned lessons can be useful to those working in other areas of prevention and health promotion. —Rich Wolitski

From the Ivory Tower to the Street: Translating HIV Prevention Science Into Community Action

By Richard J. Wolitski, Centers for Disease Control at Prevention, Atlanta

Ultimately, the reduction of HIV risk will depend on overcom­ing long-standing barriers to the dissemination, adoption, and implementation of effective interventions. The traditional approach to disseminating HIV prevention science—university researchers and public health officials presenting findings to multidisciplinary audiences—fails to reach the people who may benefit most from intervention strategies. For example, we might try to develop an intervention to reduce the number of sex partners a young man has, but if society at large does not support or culturally accept such a behavior, the intervention will fail. Like other researchers, much of my time is spent ensuring that the studies I am involved in are well-informed by prior research and theory, methodologically sound, and carefully implemented. Early in the life of a study, many meetings and conference calls are dedicated to lengthy (and occasionally boisterous) discussion about the pros and cons of various research designs, effective intervention strategies, psychometric characteristics of measure and similar concerns that affect internal and external validity. As studies wind down, the discussions invariably turn to the complexities of data cleaning and analysis, preparation of journal articles, and the sometimes-sensitive issue of authorship.

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of disseminating study findings in scientific journals may make information about new prevention technologies available to the research community but does little to make interventions accessible to health departments and community-based organizations that are responsible for implementing prevention programs (Kelly, Heckman et al., 2000). Community-based providers often turn to other resources for information about HIV prevention strategies. Goldstein, Wrubel, Faigeles, and DeCarlo (1998) found that the three most important sources of information for community-based providers were peers and colleagues, health departments, and the Centers for Disease Control and Prevention. The least important sources of information included scientific publications and government reports. Community providers who do look to scientific publications for this information can find a wealth of detail about how intervention outcomes were measured, analyzed, and differed between treatment conditions or over time. They would be hard pressed, however, to find very many specific details about the content of the intervention or how it was conducted in the field. This relative lack of information about the intervention itself is a significant barrier to the replication of effective interventions in the community. Characteristics of the interventions and how they were tested can also create barriers to adoption by community providers. For example, some research-based interventions that consist of 8, 10, or more sessions may demonstrate satisfactory participation rates by dedicating staff to locating participants and providing incentives for research activities. Community agencies may be unable to attract and retain participants in these interventions in a real-world setting because they lack sufficient resources.

Characteristics of community-based organizations also create barriers to the adoption of science-based programs. Many community-based programs currently do not have the resources and the technical capacity to implement complex interventions and maintain fidelity to the original intervention protocol (DiFranceisco et al., 1999; Kelly, Heckman et al., 2000). Somlai and colleagues (1999) assessed 77 AIDS service organizations and identified several factors (e.g., high staff turnover in management and intervention positions, budgetary constraints) that affect the ability of organizations to implement high quality prevention services.

These and other barriers have made it difficult for many community-based organizations to adopt science-based approaches to HIV prevention despite generally positive attitudes toward these interventions (DiFranceisco et al., 1999; Somlai et al., 1999; Valdiserri, 2000). Developing a better understanding of the factors that influence the adoption of an intervention is an important step in improving the adoption of science-based interventions. Factors affecting the adoption of HIV interventions were examined in a study of 38 providers of HIV prevention services in Illinois (Miller, 2001). This study identified criteria that providers used when adopting a new program: 1) the program’s compatibility with the organization’s philosophy and approach to HIV prevention, 2) its perceived relevance to local culture and context, 3) evidence supporting its use, 4) feasibility, and 5) its ability to address unmet service needs.

A process-oriented model developed by Kraft and colleagues (2000) provides a complementary description of the steps involved in the transfer of effective HIV interventions. This model was based on consultations with national experts and an extensive review of the literature from health promotion, business, and other areas. The model describes three phases in the technology transfer process: preimplementation, implementation, and maintenance and evolution. In order to successfully transfer effective HIV prevention interventions, improvements need to be made in each of these areas.

At the preimplementation stage, organizations and advisory groups identify the need for a new intervention, obtain information about existing interventions, select an intervention based on a formal or informal assessment of the ability of available interventions to meet local needs, and prepare the organization and staff for implementation of the intervention (Kraft, Mezoff, Sogolow, Neumann, & Thomas, 2000). Improving technology transfer at the preimplementation stage will require that information about effective interventions, including detailed descriptions of the interventions themselves and the resources needed to implement the intervention, be made accessible through alternative sources including practitioner-oriented publications, regional meetings, and the internet. Technical assistance from community psychologists and other professionals should be available to assist agencies with conducting assessments of local prevention needs, evaluating the ability of a given intervention to meet these needs, and training the staff responsible for conducting intervention activities. Additional research is needed to further our current understanding of the characteristics of organizations and interventions that facilitate the identification and adoption of these programs. A major study involving 74 community-based organizations across the United States found that providing a detailed intervention protocol, on-site training, and follow-up consultations by telephone led to greater adoption of a science-based intervention for gay and bisexual men compared to providing only the intervention protocol or the protocol and on-site training without on-going support by telephone (Kelly, Somlai et al., 2000). This study clearly indicates the level of commitment and on-going support that will be required to faithfully implement effective interventions.

During the implementation phase, organizational activities are focused on delivering intervention services. There is a need for improved technical assistance to support activities during this phase to ensure the quality of intervention services and fidelity to the intervention curriculum (Kraft et al., 2000; Kelly, Somlai et al., 2000). Community psychologists can play an important role by partnering with organizations and working with them on process evaluations to assess whether services are being delivered as planned and outcome evaluations to gauge whether interventions are having the desired effect. Evaluation data should not be static measures that are used to judge whether or not a program has performed adequately. These data should be part of a dynamic process of continued program improvement. Evaluation data should inform on-going and future activities, allowing the program to respond to feedback from participants and to reach underserved segments of the population. A critical research issue is the extent to which interventions can be adapted to meet local needs without jeopardizing their effectiveness. One strategy that has been used is to identify “core” components of an intervention that cannot be modified and other elements that can be tailored to meet the needs and preferences of the local community (Kelly, Heckman et al., 2000).

During the maintenance and evolution phase, organizations work to sustain intervention efforts and to adapt programs in response to changes in local need. Much remains to be learned about the organizational characteristics that are associated with the
successful maintenance of effective HIV prevention programs. Research on the prevention of cardiovascular disease suggests that in order to be sustained, programs must be institutionalized, or integrated into the mission of the organization, endorsed by leaders in the organization, and adequately supported by the agency's budget (O'Loughlin, Renaud, Richard, Gomez, & Paradis, 1998). In order for programs to be sustained, additional financial and technical resources may be needed by community-based organizations to allow them to maintain adequate levels of funding and retain staff with the education and training necessary to deliver high-quality intervention services. Building the capacity of community-based organizations will require a long-term commitment on the part of funding agencies to provide the resources needed to support this effort. In addition, universities and professional organizations can support this effort by encouraging and rewarding researchers and other professionals for contributing their expertise to the improvement and maintenance of community-based efforts.

In addition to the directions for research and action that follow from the model presented by Kraft and colleagues (2000), other changes need to occur in order to improve the dissemination and adoption of science-based programs. Researchers need to improve documentation of intervention activities and participate in the development of training materials for those interventions that are found to be effective. Without these materials it is impossible for agencies to replicate these programs with adequate fidelity to the original intervention protocol. One successful effort to support this process is the Replicating Effective Programs (REP) project that supports the development of intervention manuals and supporting materials that provide sufficient detail to allow community-based providers to select and implement effective interventions that are appropriate for their community (Neumann & Sogolow, 2000). A key feature of the REP process is the replication of the intervention by a community-based organization that receives technical assistance from the researchers who developed the intervention. Process data and feedback from the implementing organization are used to improve the final intervention package, refine orientation and training materials, and identify potential technical assistance needs. Additional information about the REP projects can be found at: http://www.cdc.gov/hiv/projects/rep/default.htm.

It is likely that the technology transfer process would be quicker and easier if community members and community-based providers were actively involved early in the development of interventions. By involving community members in intervention research trials, researchers could ensure that these interventions meet the needs of the community and are practical for community-based organizations to implement. Trickett (2002) provides a useful description of the ways in which the development of collaborative relationships between researchers and community members can improve the quality and ecological relevance of HIV prevention programs. Such collaborative relationships may benefit from the lessons learned in other collaborations such as the value-based approach to partnership proposed by Nelson, Prilleltensky, & MacGillivray (2001).

Collaboration between researchers and community-based partners is increasingly evident in HIV prevention work, and various models of collaboration have begun to emerge. Harper and Salina (2000) describe the developmental tasks of partnerships between university-based researchers and the staff of community-based organizations in conducting HIV prevention research. The six stages of their model are: 1) selecting a partner, 2) developing a reciprocal relationship, 3) deciding on a research question, 4) conducting research/evaluation, 5) analyzing data and interpreting results, and 6) disseminating findings. Another example is a consortium-based model based that brings researchers and community partners together (Sunstad, Stall, Goldstein, Everett, & Brousseau, 1999). This model is based on principles of empowerment evaluation and action research. It reflects "the idea that, when brought together in partnerships to pursue mutually goals, community and academic researchers form study teams that can open communication, connect science with service, share skills and information, and provoke new insights into HIV prevention" (p. 174).

An on-going effort to facilitate researcher-community collaboration that should be of particular interest to community psychologists is the American Psychological Association's Behavioral and Social Science Volunteer Group (BSSV). The BSSV is a network of volunteer behavioral and social scientists, who work in partnership with HIV prevention providers to plan, develop, implement, and evaluate intervention programs at the local level (American Psychological Association, 1998). The BSSV website provides additional information about the program and how to get involved. It can be accessed at: http://www.apa.org/pi/aids/bssv.html.

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**Women’s Column**

*Edited by Nicole Allen*

Community psychologists are frequently concerned with examining the contexts in which individuals live, work and play. Ideally, as we better understand the social contexts that shape the experiences of individuals and communities we better understand how to promote well-being. Michael Reich turns our attention to sexual harassment as a pervasive feature of the American societal context and explores the effects of sexual harassment on women’s lives. In particular, he expands the typical conceptualization of sexual harassment as confined to specific organizational settings and argues that American society is itself a “hostile environment” for women. Michael is a masters candidate at Pennsylvania State University Harrisburg. His current research is cross-cultural and focuses on eating disorders, with an emphasis on the role of culture and Westernization. His research interests also include sexual abuse/assault, gender, and refugees.

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America as a “Hostile Environment”:
The Culturing of Sexual Harassment of Females

By Michael C. Reich, Pennsylvania State University Harrisburg

As defined by law in the United States, sexual harassment exists in two forms. First, is quid pro quo sexual harassment, or “when employment decisions are based on submission to or rejection of sexual coercion.” Secondly, sexual harassment exists when “sexualized behaviors interfere with a person’s work or creates an intimidating, hostile, or offensive working environment” (Dougherty, 2001). These two legal forms have now become the standards for American society in defining acts of sexual harassment. Because they focus on harassment in employment situations and educational institutions by those in authority, many do not consider any behaviors outside of these perimeters as sexual harassment. As a result, most individuals and certainly no laws would include whistling or the uttering of sexually suggestive comments towards women at a shopping mall, bar, restaurant, street, and other such locations as sexual harassment. However, such behavior is certainly sexually harassing to its recipients. Women often cannot make it through a day without some sexual comment being directed at them. The American media and entertainment industry, along with the absence of laws including such actions, have taught men that such behavior is normal. As a result, these acts become not only culturally accepted, but also culturally expected.

While only workplaces and educational institutions can legally be defined as “hostile environments,” America itself could be conceived of as a hostile environment for females. One could assert that America is so offensive and hostile sexually towards females that it interferes with women’s lives at almost every occasion. By defining sexual harassment narrowly, its pervasiveness and the severity of its effects on women are neglected. Perhaps, for example, the unrecognized sexual harassment perpetrated by the American media, academic community, and government is principally responsible for the loss of self-esteem and development of problems of adolescent girls. The environment adolescent girls live in is now so overwhelmingly sexual that many may feel they have no other choice but to acquiesce to societal demands regarding their primary value as sexual objects. After all, American society has acquiesced to accepting such an environment.

American society’s acceptance of hostile sexuality results in socialization where sexual harassment becomes the norm and gender becomes a social institution where women are subordinate to men. As a result, anything that is female in a patriarchal society is, by definition, devalued (Risman, 1998). Often, the different occupational roles that women and men are supposed to acquire are blamed as contributing to gender inequality. Caution is urged, however, with placing culpability on structural factors rather than those who create such systems, men. It is not the occupations that women have that create gender inequality as women face sexual harassment no matter what occupation they have. In fact, women are sexually harassed before they even enter the working world in schools.

Incidents of sexual harassment are increasing in schools, which also reinforce gender inequalities by teaching the dominant culture’s values and biases (Sadker & Sadker, 1994). Lorber (1993) relates how gender inequality makes it irreverent what women actually do since it will be perceived as different from men, even if
what they do is identical. In other words, even if a woman is successful, it does not matter in a world where males are dominant and devalue women. A system is created where females are taught that they are valued only for their looks, while males can be valued for many qualities. As an example, a sixth grade teacher responds to a female student questioning why all inventors reviewed in class are males, with “Sweetheart, don’t worry about it. It’s the same with famous writers and painters. It’s the man’s job to create things and the woman’s job to look beautiful so she can inspire him” (Sadker & Sadker, 1994, p. 588). More frightening, perhaps, is the fact that this teacher must not have known he was sexually harassing this student, as he knew the researchers were monitoring him at the time. Or, perhaps alternatively, this teacher does realize that his comments are sexually harassing, but does not care, as such comments are normal in the “hostile environment” he has helped to maintain. Either alternative is distressing. Dougherty (2001, p. 375) found support for this theory in that men interpret fewer behaviors as harassing because “sexual harassment is normative in that it tends to be acceptable” for men.

Sadker and Sadker (1994) offer numerous examples of teachers referring to female students by cutey names such as “sweetheart” or “cookie.” After all, if it is a “women’s job to look beautiful so she can inspire men,” there is no reason to use girls proper names. Unfortunately, it is doubtful if many males realize or are concerned about the sexual harassment occurring to female students. Sadker and Sadker relate how male students barked and oinked when a heavy girl walked across the stage at a school assembly they observed, while a slender girl was the recipient of catcalls and whistles. At the same time, the school officials did nothing to stop these hurtful and degrading public evaluations of the appearance of these girls. What the school officials did accomplish by their inaction is send out a loud and clear message that if a girl is thin and beautiful, she will be accepted, yet objectified. The converse is that if you are heavy, plain, and female, you are worthless.

The media and advertising also fuel the objectification of women in the United States creating a “hostile environment” for women no matter where they are. Not only are women as a whole objectified, some subgroups experience unique forms of sexual harassment. For example, Espiritu (1997) found that Asian women in America are often reduced to one-dimensional caricatures reserved for sexual purposes in Western representation, are stereotyped in sexist cultural images that reinforce patriarchal domination, are eroticized as exotic “others” that are sensuous and promiscuous, and are portrayed as submissive and dainty sex objects. By stereotyping women in such terms, women are not viewed as people, but rather objects or things to possess and control. As Espiritu notes, “inconvertible, in appearance and norm, these women have no voice” (p. 356).

Having no voice leads to no or low self-esteem, a finding Sadker and Sadker (1994, p. 549) report, “As girls go through school, their self-esteem plummets, and the danger of depression increases.” Lorber (1993, p. 119) found similar results in relation to social categories that if “highly valued, they value themselves highly, if their social categories are low status, they lose self-esteem.” Since females are devalued, they feel low status in the hostile environments in which they work or learn. Dougherty (2001) found that sexual harassment itself leads to women having no voice as “an isolating environment” is created to silence sexual harassment victims. Thus, sexual harassment is actually a vicious cycle in which harassment leads to silence, and silence leads to more harassment, and so on.

As a consequence of the powerlessness of being unable to stop the sexual harassment and gender inequality they face, many young women develop eating disorders that are “rooted in the visual objectification of women and attendant slimness norms” (McLorg & Taub, 1987, p. 241). In fact, not only do more young women 15 to 24 years of age die from complications of anorexia nervosa than from any other cause of death, the rate is more than 12 times higher than the annual death rate due to all causes of death and more than 200 times greater than the suicide rate in the general population for this age group (Sullivan, 1995). At the same time, the death of a man from anorexia is extremely rare. Of course, a considerably more varied weight range is acceptable for men, as they do not face the same level of sexual objectification.

Applying Lorber’s (1993) analysis, females are gendered to be thin, beautiful, and sexual objects. If objectified, women cannot be sexually harassed as they are simply objects, not people. As a result, sexual harassment is ignored or women are actually blamed for “inviting” sexual harassment. In fact, Keyton et al. (2001, p. 45) found dress to be a problematic area for many female employees, many of whom choose to still dress “provocatively and unprofessionally” after receiving sexual harassment training. Although the authors state “No woman, regardless of her attire, should be subjected to sexual harassment,” they immediately continue “not sanctioning sexually or provocatively dressed employees runs counter to and could harm the organizational message of zero tolerance of sexual harassment.” The researchers had it right in the first statement, and the second statement is simply offensive. Apparently, part of the sexual harassment trainings they observed blamed victims for what they choose to wear. A dress code violation is just that, a dress code violation. Blaming victims for “causing” the harassment because of their dress is in fact sexual harassment itself. In effect, the victim is victimized, reports it, and is then revictimized.

This blaming of sexual harassment victims for their dress is akin to the blame many sexual assault victims face. In work as a sexual assault counselor, this writer has experienced countless victims in the hospital immediately after a sexual assault that are told or believe they are responsible for being raped because of what they were wearing. Comments by police officers or hospital personnel such as “well, what did you expect,” “can you blame him,” and “you need to dress more appropriately or this type of thing will happen” are heard all too often. After being told, “it does not matter if you were walking down the street naked, it does not give anyone the right to rape you,” most victims respond with something analogous to “well, you might feel that way, but no one else does.”

Regrettably, these women and children have internalized these societal messages that also decriminalize the behaviors of the male perpetrators. At its extreme, this message actually suggests that the perpetrators were somehow “forced” to rape the woman who was dressed so seductively that it is impossible to resist. As long as American society acquiesces to such messages, the United States will continue to be a hostile environment for women. Perhaps this description is too kind as the term “horrifying environment” is more accurate in many regards.
In conclusion, sexual harassment is overwhelmingly pervasive in America. Applying the definition provided by Keyton et al., (2001, p. 34) of sexual harassment as “any verbal or nonverbal act [that] could be considered by its target as sexual harassment if the behavior is sexually-oriented and unwelcome,” women face sexual harassment perhaps hundreds of times a day in the United States. Women are certainly harassed at work or school, but there is not even a haven in the car as they listen to the radio and see billboards or the home when the television is on. Until the definition of sexual harassment is widened to actually include all behaviors and venues that are sexually harassing to women, sexism will continue. At present, the narrow definition of sexual harassment is hampered further by the fact it is based on consequences versus the actual behaviors. Not even the small funnel of cases defined under the law is always enforced. As a result, the eradication of sexual harassment in modern times appears doubtful, as America will continue to be a hostile environment for half of its population. Dougherty (2001) found that “there is certainly research supporting [the] position...that the primary function of sexual harassment is to maintain systems of oppression.” Under this framework, change will be difficult. It will require societal changes in which men admit that they are the dominant and privileged gender and that women are disadvantaged. The road to change is simple: men need to change. All other theories are damaging to women in hopes of ending harassment, and are, in fact, a form of sexual harassment themselves as they continue to keep women subordinate and objectified.

References


LGBT Column

A Call to Action: A Brief Review of Current Heterosexist Public Policies and Laws

By Gary W. Harper, DePaul University and Bianca D.M. Wilson, University of Illinois at Chicago

Heterosexism in its many forms serves to subordinate and stigmatize lesbian, gay, bisexual, and transgender (LGBT) people, and remains a major oppressive force for all who experience it and perpetuate it. Gregory Herek has defined heterosexism as “the ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationships, or community” (Herek, 1995, p. 321). Joseph Niesen (1990) stresses that heterosexism emphasizes the power that major social institutions possess, and the way this power is used to subordinate any non-heterosexual lifestyle. LGBT people may experience heterosexism and oppression in multiple forms within various ecological systems, thus impacting almost every aspect of their lives.

Some forms of heterosexism are blatant and vengeful, whereas others may be more subtle (regardless of whether or not they are intentional), and perpetuated without the oppressor’s conscious recognition that she or he is being heterosexist. Many non-LGBT people are not aware of the heterosexist nature of most societies since heterosexist language, icons, images, and messages are so pervasive within various realms of our existence. Given the constant presence of heterosexist messages, some LGBT people may question the “normality” of their sexual attraction to, or love for, members of the same gender—an experience that most heterosexual people will likely never encounter.

The focus of this article is on one form of heterosexism that has been referred to as cultural heterosexism or institutionalized heterosexism (Blumenfeld & Raymond, 1993; Herek, 1992; Hunter et al., 1998). This level of heterosexism is promoted through various cultural rituals/customs and beliefs, as well as institutional and societal policies and laws, and is so integrated into the cultural fabric of most modern Westernized societies that it is taken for granted and rarely even noticed (Herek, 1995). Major macrosystemic and mesosystemic institutions such as government, the military, medical and psychiatric centers, schools, businesses, mass media, legal systems, and religion create policies and codes of conduct that reinforce heterosexist attitudes, values, and behaviors. These institutions have tremendous social power, and control their constituents through systems of rewards and consequences that create incentives for conformity to heterosexual norms (Blumenfeld & Raymond, 1988).
Discrimination enforced through legal mandates and public policies is the specific form of cultural/institutionalized heterosexism that we focus on here. In many instances LGBT individuals are not legally protected from abusive and discriminatory actions, as many oppressive legal ordinances and laws restrict LGBT-identified individuals from sharing the same basic human rights and privileges as those who do not identify as LGBT (Swan, 1997; Weitzel, 2001). Advocates for these laws have cited their belief that same-gender sexual conduct is immoral as justification for denying LGBT people civil rights protections (Feldblum, 2001). The aim of this paper is to provide a truncated history on national and international policies designed to impact LGBT lives in our efforts to raise awareness within the field of community psychology. Through our providing information and understanding, we hope to also encourage further action. In the following section, we demonstrate how several countries have made advances in laws and public policies that are beginning to provide LGBT people with the same basic civil and human rights as non-LGBT people.

LGBT-Related Public Policies and Laws: We’ve Only Just Begun

The United States is one country that has evidenced both recent victories in the fight for LGBT rights, as well as major setbacks. Although in 1961 Illinois became the first state in the United States to decriminalize same-gender sexual behavior by repealing its sodomy laws, it was not until 1982 that Wisconsin became the first state to pass a gay civil rights law. As of January 2003, there were only fourteen of the fifty U.S. states with anti-discrimination laws, all of which protect lesbian and gay employees, and some include additional discrimination protection (Lambda Legal Defense and Education Fund, 2003). Although the U.S. Supreme Court has only heard three cases related to LGBT rights in the past thirteen years (Feldblum, 2001), the weight of their decisions has had a tremendous impact on the way in which people view LGBT rights.

One significant case was the Supreme Court’s 1996 ruling in Romer v. Evans which struck down Colorado’s Amendment 2, which would have removed the possibility that LGBT people could be protected against discrimination in Colorado (Feldblum, 2001; Russell & Richards, in press). Supporters of Amendment 2 claimed that LGBT individuals receive “special rights” because they received discrimination protection under the law, not acknowledging that these laws merely allowed for the provision of “equal treatment,” not “special treatment.” The Romer v. Evans decision was considered by many to be a legal victory for LGBT individuals, and some LGBT civil rights groups such as the Lambda Legal Defense and Education Fund considered it to be the most important Supreme Court ruling in the history of the gay rights movement (Lambda Legal Defense and Education Fund, 1996).

State Supreme Court rulings also have been viewed as a measure of advances in the LGBT civil rights movement. In 1993 Brandon Teena, who was born Teena Brandon and raised as a girl, was living as a man in Falls City, Nebraska. When two of Brandon’s male acquaintances learned that he was biologically a female, they brutally raped him. Brandon reported the rape to the county sheriff who, instead of protecting him, told the two rapists that Brandon had reported the rape. These two men then shot and killed Brandon. The Nebraska Supreme Court held the county sheriff accountable for his failure to protect Brandon Teena, since the sheriff’s failure to protect Brandon based on his transgendered status led to his tragic death. This ruling is seen as strengthening law enforcement’s duty to protect lesbian, gay, bisexual, and transgender crime victims (Lambda Legal Defense and Education Fund, 2001).

Recent legal and legislative advances have occurred in many other countries besides the United States, demonstrating a global change in the way that LGBT people’s human rights are being viewed. For example, in 1996 the Republic of South Africa, which was quite oppressive toward LGBT people under apartheid, officially adopted a new constitution that guaranteed protection for lesbian, gay, and bisexual people, making it the first country in the world to include such specific protections for LGBT people. In 2000, the Netherlands became the first country in the world to legalize same-gender marriages. The Dutch law gives same-gender couples the right to legally marry, and provides for all of the same privileges and conditions as heterosexual marriages including divorce and adoption rights. On July 12, 2002 the Ontario Superior Court became the first Canadian court to rule in favor of recognizing same-gender marriages when it ruled that prohibiting lesbian and gay couples from marrying violates the Charter of Rights and Freedoms, and thus is unconstitutional. Unfortunately just seventeen days later on July 29, 2002 the federal government announced that it will appeal the ruling (Woods, 2002). The final action on this appeal has not been determined.

National and international human rights groups have addressed other LGBT civil and human rights issues elsewhere in the world. In 1994 the United Nations Human Rights Committee determined that the sodomy laws of the Australian State of Tasmania violated the country’s obligations under the International Covenant on Civil and Political Rights. The International Gay and Lesbian Human Rights Commission (1999) reported that this case was a landmark decision for international LGBT rights. Great Britain was recently charged by the European Court of Human Rights to lift its ban on LGBT people in the military, since this exclusion violated the European Convention on Human Rights (Lyall, 1999). In addition, the United Nation’s High Commissioner for Human Rights recently moved to increase their focus on human rights abuse and violations based on sexual orientation and gender identity. This is the first time that a non-LGBT specific group with such international presence and power has stated publicly that they are going to make LGBT issues a significant part of their international agenda.

Possible Social Change Strategies for Community Psychology

Considering the current state of balance between anti-gay and pro-civil rights legislation, which favors heterosexuals, we felt it was important to encourage further discussion and education of these issues in the community psychology forums. There are multiple strategies that community psychologists can use to confront current heterosexist policies, and to bring about positive social change. The strategies we suggest below can be used to affect change both inside and outside of the academy, and can be implemented by community psychologists with a range of backgrounds and levels of expertise in LGBT-related issues. Some of these actions have the potential to directly impact public policy and legal issues, whereas others can assist in thwarting the perpetuation of heterosexist actions that create environments that promote policies and laws that are oppressive toward LGBT people.

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1) Integrate, not just add on. LGBT issues and concerns into discussions of diversity within research forums, classroom discussions, departmental meetings, university events, and meetings/activities with community-based organizations. Whenever issues of diversity are addressed in these various venues and events, assure that sexual orientation is included along with the other forms of human variation that are discussed. Also, whenever general aspects of human diversity or issues specific to LGBT people are discussed (advertently or inadvertently) from discussions, be sure to elude them in the dialogue. In addition, given the pervasiveness of heterosexist rhetoric and policies in our society, we all must be willing to offer constructive feedback to individuals and/or institutions that make heterosexist statements or support heterosexist policies.

2) Consciously acknowledge that everyone has a sexual orientation, not just LGBT people. As researchers and practitioners, we often focus on heterosexual people as a target group, but do so without consciously acknowledging their sexual orientation. The result of not labeling or acknowledging sexual majority groups is the perpetuation of the idea that heterosexuals are the normal ones and sexual minorities must be labeled to indicate their deviance from the norm. An important step towards social change begins with changing our language and actions as individuals, which can then become actualized in our research.

3) Form collaborations with LGBT people, communities, and organizations in an attempt to combine our collective talents to promote existing oppression and discrimination. Community psychologists have been forming collaborative relationships with individuals and organizations from other marginalized groups for several years, and sharing their talents with various communities to bring about positive social change. It is time that more community psychologists join LGBT communities in their efforts to promote liberation and well-being of LGBT people through intervention activism at multiple levels.

4) Consider the political and legislative implications of the search that we do on the lives of LGBT people, whether or not LGBT people are included in a target group. That is, both the inclusion and exclusion of LGBT people in research inherently have consequences and may send messages to those who use research for glib debates, sometimes in ways that we did not originally intend. It is important to be proactive in considering and accounting for the potential negative and positive unintended effects and outcomes of our research.

5) Become involved in national and statewide coalitions and ink tanks that will influence legislation impacting LGBT people. Community psychologists have a unique perspective that focuses on understanding people within their ecological contexts and an emphasis on promoting wellness that could greatly contribute to the efforts in LGBT research. For example, Andrea Solarz, a community psychologist and past SCRA president, led the committee on Lesbian Health Research Priorities, convened by the Institute of Medicine and funded by the NIH Office of Research on Women's Health, which created and released its report, "Lesbian health: Current Assessment and Directions for the Future". The report has increased the national visibility and dialogue, and hopefully in turn funding opportunities, for lesbian health research.

We hope that this article has raised community psychologists' awareness of the social injustices experienced by LGBT people in the form of oppressive public policies and laws, and stimulated those from various backgrounds and sexual orientations to think about ways in which they can assist in efforts to improve the well-being of LGBT people everywhere. Basic human rights for all people, regardless of their sexual orientation, certainly do not exist within the United States—a country that claims to provide "equal rights and protections" for all citizens. Community psychologists, as social change agents, can assist in the fight for basic human rights for LGBT people through liberation efforts implemented at multiple ecological levels. Even seemingly small actions such as confronting heterosexist comments during meetings or challenging university policies that do not provide appropriate protections for LGBT students and personnel, can have a resounding effect on the ways in which society views and treats LGBT people. Every time heterosexist public policies and laws are challenged, progress is made toward ending the oppression of LGBT people. How will you help in the fight?

References
The Community Student

Edited By Michele Schlehofer-Sutton & Omar Guessons

Call for Grant Reviewers
SCRA Student Research Grant

We are seeking three student members of SCRA to serve on the grant review board for the SCRA student research grant. The SCRA student research grant is presented by the Society for Community Research and Action to supplement the financial needs of students' independent research projects. The goal of the SCRA Student Research Grant is to provide pre-dissertation level students an opportunity to devote themselves to a period of intensive research without additional employment obligations. Students serving as grant reviewers will be asked to review grants during the months of June to August, 2003 (with an award deadline of August 31, 2003).

Criteria for Becoming a Student Grant Reviewer. The following criteria must be met in order for a student to be eligible to become a student grant reviewer:

- Must be a student member of SCRA
- Must have obtained a Master's degree, or have completed two years' worth of graduate work, by June 1, 2003
- Must be available to review grant applications during the period of June to August, 2003

To Submit an Application to Become a Student Grant Reviewer. Application packets for becoming a student grant reviewer should contain 3 copies of each of the following:

- A cover page stating the applicant's name, mailing address, phone number, fax number, and email address
- A letter of support from the applicant's academic mentor, department chair, or supervisor (if housed in a non-academic setting) stating the applicant's standing in their university, college, or apprenticeship
- A vita or resume
- A one-page statement of interest

Please send grant reviewer applications by April 1, 2003 to:
Michele Schlehofer-Sutton, M.A.
Department of Psychology
Claremont Graduate University
123 E Eighth St.
Claremont, CA 91711

Applications for grant reviewers will be reviewed by a committee comprised of: the two current SCRA student representatives, one past SCRA student representatives, and one other member of the executive committee. Applicants will be notified of the status of their application by May 1, 2003.

Integrating quantitative and qualitative methods in community research
Daniel J. Kruger
Institute for Social Research, University of Michigan

Practitioners of community research hail from a number of academic fields with diverse theoretical orientations and training in research methodologies. The variety of perspectives has the potential to strengthen community research by providing broad approaches to issues and multiple forms of analysis. As community researchers, we are challenged to integrate this diversity into both a coherent theoretical framework and effective research and dissemination strategies.

One of the current debates in the social sciences involves the evaluation of quantitative and qualitative research. All of the articles in the December 2002 issue of the American Journal of Community Psychology present quantitative analyses, ranging from frequency tables to hierarchical multiple regression and factor analysis. I found this surprising, considering both the abundance of qualitative methodologies in the conference presentations of community collaborations I have attended, and the presence of examples of qualitative works in previous AJCP issues (e.g., Rappaport, 2000).

Each type of methodology has advantages and disadvantages. Quantitative methods allow us to summarize vast sources of information and facilitate comparisons across categories and over time. Comparisons are necessary to evaluate improvement, a critical criterion for community interventions and funding agencies. However, quantitative methodologies can be quite complex and require considerable investment for proper understanding and use. Community members (and undergraduates, etc.) may “tune out” elaborate statistics, creating difficulties in the utilization of the products of research.
Critics of quantitative methods have also commented that it is difficult to get the “real meaning” of an issue by looking at numbers. Aggregate statistics are a relatively recent arrival in human history, which might explain our difficulties in comprehending probabilities and other statistical phenomena (Gigerenzer, 2000). It is apparent that we must devise ways of translating statistical information into a form comprehensible to our target audiences.

Qualitative description provides a rich flavor for issues and circumstances. Some psychologists have suggested that people organize their experiences in the form of narratives. It certainly seems reasonable to suggest that one may have a better understanding of a community member’s situation by reading a descriptive passage than just looking at demographic statistics. However, it may be difficult to generate substantial project funding or otherwise convince others of the value of an intervention based on a few anecdotes.

Unfortunately, the conference presenters I have encountered appeared to fall into two methodological camps, each extolling the benefits of one approach and deriding the other. These are not mutually exclusive techniques. Not only can one use multiple methodologies in the same research project, one may even be able to synthesize quantitative and qualitative approaches to gain the benefits of both techniques and reduce the drawbacks.

There are several ways to combine quantitative and qualitative techniques, ranging in ease and complexity. One basic approach would be to generate areas of concern from a focus group. For example, neighborhood residents could respond to quantitative items on how well public transportation operates in their neighborhood and how important this issue is to them. Residents could also describe some of their experiences with public transportation. The research team could then examine the distribution of responses and select a few passages representative of various viewpoints across the spectrum.

For a more sophisticated approach, one could code the frequency of each type of statement and create a few prototypical responses with statements in proportion to their occurrence in the larger sample. This would enable readers to gain an understanding of the variety of perspectives without having to read hundreds of passages. This technique could also be used to sort evaluative statements along the dimensions of positivity and negativity. One may also create a correlation matrix for the appearance of statements, to determine how beliefs are interrelated.

There is a false dichotomy between using either quantitative or qualitative methods. Our research projects would be strengthened by making use of the range of available methods. Quantitative methods facilitate an understanding of the distribution of views in the population, which would be quite useful in a needs assessment of a community. These techniques are invaluable in evaluations of interventions and other types of comparisons. Qualitative methods allow one to capture the subtle nuances of a situation and present information in a way that the general population can relate to. Combining quantitative and qualitative techniques would provide a comprehensive description of an issue in a format that can easily be digested by a diverse body of stakeholders.

References


On Knowledge, Power, Empowerment, Secrecy, Corruption, Democracy, and Politicization (in less than 800 words)

Brian Christens
Vanderbilt University

"Absolute power corrupts absolutely" – Lord Acton, 1887

It is my intent to quickly discuss the United States government’s recent activity regarding knowledge and government secrecy in terms of psychological and political empowerment, in hopes that it will add to the ongoing conversation around the potential for political stances for students of Community Research and Action.

At the time that this article is being written, Americans have been in disagreement over the government’s proposed solution of a preemptive strike to alleviate an alleged threat to national security in Iraq. The U.S. government has stated that it has information that justifies its actions, but that this knowledge is not to be shared with its employers – the American public. Simultaneously, in the wake of the terrorist attacks and the continued threat of terrorism, the U.S. government has passed legislation that increases its own access to information that was previously private property, deatably at the expense of American civil liberties. Thus the government has increased its own access to knowledge while limiting that of its constituents.

In an explanation of interactional empowerment, Speer (2000) states that it addresses “one’s ability to develop a critical understanding of the forces that shape their environment and knowledge of the resources required and methods to access those resources to produce social change.” The theme of understanding what is in one’s control as an integral part of the process of empowerment is consistent across much of the writing on the topic. Knowledge is power, at least to some degree, both psychologically and politically. Applied to the policy issues mentioned above, the American public, then, is being disempowered, while the government is empowering itself further.

The lack of knowledge about critical issues that is being inflicted on the nation reduces us, many times, to forming our opinions of policies based on our perceptions of individual leaders and their motivations. In this position, we cannot even argue forcefully that certain information ought to be shared with us because we have few valid responses to the assertion that its sensitivity necessitates secrecy (for our own safety, we are told). Historical precedent has demonstrated violations of ethics, human rights, and international law associated with such government secrecy in the United States (i.e., Sorsese, 2002).

With regard to the government’s access to information, on the other hand, we can argue that there is insufficient evidence for the government’s need for an increased spectrum of informational access, but that its recent intelligence failures should demonstrate the need for more effective and careful analysis of the information it is getting from sources it already has access to.

As students, we should inherently crave the knowledge that we are currently deprived of. And, as individuals devoted to the pursuit of knowledge, we are aware of its power and consequently might
rightfully be somewhat suspicious of those who hoard it in mass proportions.

Many community scholars, especially students, seem to be trying to find the degree to which personal and professional politicization is appropriate — both in theory and in practice. Some express their desire that entire professional societies of community scholarship adopt stances on particular political issues, including the aforementioned preemptive strike. I have taken part in discussions with other students, all of us struggling to reconcile our roles as opinionated individuals and objective scholars, to whatever degree the latter is feasible. As Prilleltensky (1994) points out, community psychology could increase its ability to promote human welfare by becoming more politically radical. On the other hand, the field risks increased marginalization and internal division by doing so.

Being currently involved in the formative stages of personal political opinion, I have been somewhat uncomfortable with the notion that I might be spoken for by a scholarly or professional society before I have been able to form a solid opinion on any given issue myself. Among the reasons for my hesitance to commit to a position on policies, however, are the realms of controversy in which reliable information is simply not available, or is being deliberately kept from American citizens.

It recently occurred to me that, paradoxically, this issue of knowledge is one on which I could take a stance as a scholar. To the highest degree possible, I am for an informed American public because I believe that it leads to an empowered citizenry and the proper functioning of democracy. I am also for the preservation of a certain level of privacy, since its destruction can lead to corruption and overly empowered government agencies. It makes sense to me that these issues of knowledge and power would be of particular relevance and concern to us, students of a field interested in “change toward a maximally equitable distribution of psychological as well as material resources” (Rappaport, 1977, pg. 3). I offer these ideas and look forward to future discussion that I hope it sparks. Feel free to contact me:
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References


The Community Practitioner

David A. Julian, Editor

This issue of the “Community Practitioner” includes three articles focusing on unique aspects of community practice. The first article by Borg presents a number of observations related to an organizational intervention following the September 11 terrorist attack in New York City. The second article provides some guidelines for community planning for youth development services and the third article describes how evaluators acted to enhance a state level substance abuse prevention project in Kentucky. Tacks independently, these articles provide some description of what are clearly important and useful community projects.

Viewed as a whole, the articles published thus far in the two issues of the “Community Practitioner” (including these 3) have the potential to inform some aspects of community practice. The articulation of themes and values related to community practice is one of the key contributions to be made by publishing accounts of community practice. In my estimation, the following themes/values emerge from material published thus far in the “Community Practitioner.”

1. Community practice is complex and often riddled with contradictory goals, convoluted processes and most often “small wins.”
2. Inhabitants of the various settings where community practice takes place are best positioned to develop and guide community interventions.
3. The community practitioner’s role usually involves facilitation and problem solving among diverse groups of stakeholders.
4. Practitioners must acknowledge their own positions in and influence on systems targeted for change.
5. Practitioners must take care not to let “helping” roles interfere with the progression of community change.
6. Planning and evaluation appear to be key technical skills necessary for effective community practice.

In the coming months, I hope to add to this list of themes/values as additional articles and/or other materials about community practice are published in the “Community Practitioner.” Again, I want to encourage practitioners to write about their experiences as to submit short case studies for review. On behalf of the editorial team of the “Community Practitioner,” I would like to encourage a
discussion of alternative formats for facilitating our review of issues related to community practice. Please look for a number of events related to community practice and the "Community Practitioner" at the Biennial Conference in June.

Observations from a Post-September 11 Intervention

Mark B. Borg, Jr.

Responding to the impact of a disaster requires the collective resources of a community, whether it is a neighborhood, town, city, or organization. In this short paper, I will present a brief case study of a community intervention that addresses some of the most common issues faced by community practitioners in the context of large-scale trauma. My emphasis here will be on personal/community/organizational resources—especially social support and empathy—as well as the willingness to address the personal impact of a disaster on victims, their families and friends, and community practitioners.

The members of the multidisciplinary, community crisis intervention team I belong to have expertise in areas ranging from public law to community and organizational psychology to psychotherapeutic treatment. Our consultations during a number of long- and short-term community interventions have primarily addressed the ways in which communities are impacted by acute and chronic trauma. In our work, we have observed that acute trauma often serves as a symptom that if used skillfully, can help a community diagnose and increase its awareness of more chronic etiologies (Borg, Garrod, & Dalla, 2001). The guiding principle that has evolved through previous and ongoing projects is to help communities develop collaborative solutions and strategies for working through trauma, both current and historical.

In the weeks following the September 11 attacks, we contacted the New York State Psychological Association to volunteer our services. We began a series of weekly meetings to determine what resources were required to sustain a long-term community intervention in response to the crisis. The following week we were contacted by the vice-president of a public service agency that works on housing issues associated with New York's mentally ill, homeless population. She explained that five of the organization's 30 operational units were in the immediate vicinity of the World Trade Center, and that members of her staff were beginning to display dramatic reactions to the crisis. Many employees had resigned and those who had not were refusing to commute to Manhattan from their homes in the Bronx, Brooklyn, and Queens; this was adding to the workloads and stress levels of those staff members who were willing to work on-site. The vice-president and her unit managers were concerned with the overall functioning of their organization and in addition to the emotional well-being of individual employees.

The unit managers were dividing their time and resources between responding to their employees’ stress-related symptoms and trying to maintain an acceptable level of performance in terms of client service. It became increasingly clear that at the same time the managers were dealing with traumatized staff members and organizational problems, they also had personal needs that were associated with the traumatic events of September 11. A number of unit managers had already been in contact with the vice-president to encourage the establishment of a forum to address the disaster's impact on their organizational community.

It was therefore suggested by the vice-president that the unit managers contact our team and make use of our services at times and in ways that they deemed appropriate. We in turn, proposed a very general and flexible format for staff participation that reflected several of Zimmerman's (2000) criteria for organizational empowerment: a) staff-initiated decisions on how to organize and facilitate the intervention; b) shared responsibility for initiating, sustaining, and assessing progress; and c) shared leadership in facilitating the intervention and empowerment processes.

We received our first call two weeks after our last discussion with the vice-president. Since then, we have worked with various groups within the agency to identify means for collaboration in achieving their goal of reconnecting with each other and with the larger organizational community. The employees we worked with clearly viewed themselves as members of a community. Yet as much as they came together and helped each other during the weeks immediately following the disaster, many acknowledged a painful severing of affective ties as time wore on.

All 30 organizational units in Manhattan had put in requests for "crisis debriefing" immediately following the attacks. In addition to the five units in the immediate vicinity of the World Trade Center, a single unit was located near the Empire State Building which was also considered a prime target for terrorism; these 6 units requested more long-term intervention. Initially, the groups that were formed consisted primarily of African-American and Latino women. They later took it upon themselves to "recruit" their male co-workers with moderate success. The stated goal for these groups was to understand the impact of the disaster on the organization as a whole as well as upon individual staff members. Much time was spent on identifying symptoms associated with Post-Traumatic Stress Disorder (PTSD). As part of our intervention team's standard approach, we told group members that they would eventually establish more specific goals and agendas as our work continued.

One goal that emerged was for staff members to use their attack-related trauma to deepen awareness of the more chronic difficulties that their homeless and mentally ill clients lived with on a daily basis.

During the first six months, intervention team members facilitated one 90-minute group session per week with members of each of the six units. Average group size was 30 with each session facilitated by 4 practitioners. The group size demanded that we use a combination of large- and small-group formats to examine the impacts of the disaster on individual group members, organizational units, and the overall organization. After approximately three months, average group membership fell to 15 and the number of practitioners was reduced to 2 per group. The staff members told us that they considered themselves to be the representatives of their respective units. The groups were considered diverse in terms of age, ethnicity, and organizational roles (e.g., managers, receptionists, and secretaries); as the intervention continued, they became increasingly balanced in terms of gender.

In the first few meetings, many participants described their experiences with emotional breakdowns with several reporting numerous instances of "unbearable" feelings that were made more intense by their need to provide support for their traumatized
lients. For many employees, those demands created a sense of "overload" that preceded breakdown and the need to completely move themselves from their work environment even to the point of considering quitting their jobs. As mentioned above, some of these emotional breakdowns were the root of the workers' chronic sense of daily trauma that was not associated with the September 11 attacks. Therefore the acute terrorist-related trauma actually encouraged staff members to reconsider the empathy they held for their clients' predicaments.

Those staff members who continued to work with our team developed community focus groups based on the goal of reestablishing connections among themselves as well as within the larger organization. Due in part to their collective self-identity as members of a community, staff members were able to tap into aspects of their large-group identity that they had historically relied on for support. They were thus empowered to reestablish their bonds with one another and with their clients and to some extent establish new bonds with the intervention team members.

Many participating employees found that the intervention process allowed them to confront the impacts of the disaster by helping them create a sense of safety and support within their work environments. This in turn led to the creation of forums wherein they could implement self-defined and mutually supportive solutions to problems associated with the crisis. Group members acknowledged a sense of mutual support in the recovery processes of others as a key factor in their own recovery efforts. The original members of the focus groups were willing to voluntarily initiate and lead similar efforts in other organizational units.

Throughout the intervention, employees have voiced a need for support. As this sentiment developed during group meetings, intervention team members became increasingly aware of the same need among themselves as they planned their next steps. We discussed how our own sense of collaboration helped us become more aware of the ways that we were impacted by the September 11 attacks. We became increasingly aware that any success in empowering agency employees required that intervention team members become acutely aware of our own reactions to the tragedy. Similar to the unit managers, we were in the position of performing our own job duties while dealing with the personal impacts of a traumatic event. Exploring our own experiences in team meetings reminded us of the need to sustain a critical stance toward our efforts in creating and maintaining—and occasionally losing and re-establishing—a sense of collaboration among ourselves as well as with members of our respective groups.

After one year, the six groups decided to collaborate on a monthly forum for ongoing discussions of the issues they had raised as well as to perform some outreach work with others who had been affected by the disaster. In addition to encouraging participation by other employees in their organization, group members invited their own clients to discuss their experiences of acute and chronic crises. Group members also scheduled a number of retreats and workshops to share what they had learned; one event was attended by survivors of the Oklahoma City bombing who described the ways that they and their similarly traumatized organizations dealt with that event. Intervention team members continue to serve as voluntary consultants as needed, and have been invited to participate in the forums and retreats, but for the most part it is the group members themselves who are responsible for managing these projects.

An important area of resistance to the intervention was apparent in both the organizational groups and our own intervention team: the difficulty of giving up our roles as practitioners, facilitators, and helpers long enough to acknowledge our own reactions to the traumatizing event. The agency's overriding purpose is to give help to the homeless and mentally ill and the guiding principle of the intervention team is to give help to communities undergoing some form of change. Therefore, it was easy for everyone involved in this project to step into the role of "helper" and to dismiss their own support needs as part of their personal and professional/occupational lives. Intervention team members speculated that much of the attrition that occurred early in the project was tied to the use of customary organizational and care-giving roles as defenses against the emotional impacts of the tragedy.

As the acute crisis evolved into a more chronic state of concern over such ongoing incidents as anthrax scares, potential terrorist acts in enclosed spaces such as subway stations, and increased police activity, the sense of urgency associated with service-oriented intervention work began to subside. This change occurred despite our professional recognition that trauma treatment requires long-term patience, persistence, and collaboration (Herman, 1992, Tedeschi, Park & Calhoun, 1998; van der Kolk & McFarlane, 1996). Problems associated with long-term intervention include time and resource (mostly financial) commitments, maintaining emotional investments in goals that require delayed gratification, and uncertainty about the changing compositions of organizations and communities. To this list of issues we must add the need for practitioners to commit themselves to maintaining clear connections with their own experiences of trauma, especially if they are impacted by the same events that affect their clients (Borg, 2002a).

Our intervention efforts have been influenced by the work of Harry Stack Sullivan (e.g., 1940, 1953), especially his idea of participant-observation and his commitment to supporting the indigenous resources of individuals—an idea that we have expanded to include the internal resources of communities and organizations. Although Sullivan's interpersonal/cultural theory was specifically designed for use in clinical treatment, we believe his model can be adapted and applied to organizational and community settings (Borg, 2002b; Borg et al., 2001). I contend that when collaboration serves as a framework for community crisis intervention, practitioners are better equipped to confront the above-described tendency to hide behind help-giving roles and to look instead at the ways they have been touched by a traumatic event. By sustaining our own channels of giving and receiving support, members of my intervention team were able to maintain a process in which group members eventually created their own agenda. In the absence of such awareness, there would have been greater potential for the help-giving role to be used as a defense against the sense of frailty that everyone in this project experienced when the towers fell.

In the current context of fighting a "war on terror" and considering the possibility of a military invasion of Iraq, we believe that forums of the type described in this paper are a timely response to the needs of individuals and organizations facing trauma-induced stress. These support systems seem as relevant to us now as they did last September, even though the initial acute crisis has evolved into a much more chronic form. In this particular instance, community intervention work entails creating and maintaining collaborative processes, tapping into indigenous resources, and sustaining
participant-observer stances within our own team, between our team and the organization, among members of that organization, and between organization staff and their own clients. One of the best lessons that emerged from this intervention concerned the efforts of both the helpers and the helped to acknowledge the effects of a traumatic event.

**References**


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**Community Planning for Youth Development Services:**

**Ohio’s Partnership for Success Initiative**

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Partnerships for Success (PFS) is a third generation community planning process sponsored by the Ohio Department of Youth Services and Ohio Family and Children First. In this case, planning can be thought of as a future oriented activity in which potential actions are evaluated against the prospect of achieving desired results (Alexander, 1979; Julian & Lyons, 1992). Ohio State University’s Center for Learning Excellence developed PFS based on a review of theory and prior experiences in comprehensive community planning including a federal initiative known as Comprehensive Strategies (Wilson & Howell, 1993). The purpose of this paper is to briefly describe the role of the PFS Academy and the development of the PFS process and guiding principles. Analysis of the PFS model, guiding principles and the services provided by the PFS Academy represent a unique opportunity to consider the role of the community practitioner in facilitating community change.

**The Role of the PFS Academy**

The specific role of the PFS Academy is to assist Ohio counties to develop and implement strategic plans focused on youth development. Youth development is defined as the processes of enhancing aspects of young people’s lives that serve to protect them against negative outcomes (Reed, 2000). For example, the Office of Juvenile Justice and Delinquency Prevention (Wilson & Howell, 1993) propose several risk and protective factors for youth and Benson, Roehlkepartain & Leffert (1997) identifies 40 assets that appear to be associated with positive outcomes for youth. For example, access to firearms is considered a risk factor for juvenile crime and family support is defined as an asset associated with positive youth development.

The PFS initiative is based on the premise that local communities can plan, implement and evaluate comprehensive youth development services and activities that will counteract many of the negative outcomes that impact young people. Specifically, PFS is designed to address several youth development problems (although not all at the same time). These problems include: delinquency, school success, teen pregnancy, substance abuse, violence, school and civic involvement and behaviors associated with mental illness. PFS Academy staff developed a planning model based on constructing explicit theories of change (Connell & Kubisch, 1998) that is currently being used in ten Ohio counties. Lessons learned from the Ohio experience with several Comprehensive Strategies (CS) pilot counties are particularly important to the current version of PFS.

**Comprehensive Strategies**

CS was developed by the federal Office of Juvenile Justice and Delinquency Prevention and was designed to provide the opportunity to create local plans to prevent and control juvenile crime (Office of Juvenile Justice and Delinquency Prevention, 1993). The CS planning process consisted of four basic steps: community mobilization, assessment, planning and implementation. Five Ohio counties along with other jurisdictions in the United States developed plans based on the CS model during the late 1990s. The CS effort in Ohio produced a number of “lessons learned” that provided a starting point for developing PFS.

Lessons learned from comprehensive strategies. Ohio officials and PFS Academy staff reviewed documents and spent countless hours engaged in conversations with county personnel and community volunteers charged with implementing CS. This review resulted in nine lessons that are summarized in Figure 1. The lessons ranged from dedicating specific resources such as a staff coordinator to the planning process, using community volunteers to supplement paid staff and never losing sight of the desire to implement planning decisions.

Lesson 1 suggests that community planning for youth development is a major undertaking and deserves dedicated and paid staff. The PFS Academy suggests that such planning activities require the attention of at least a half-time coordinator. Lesson 2 indicates that early buy-in from stakeholders is critical to the success of the project. Similarly, lesson 3 requires a wide range of community participation in the planning process. Lesson 4 provides for data collection and needs assessment as a fundamental strategy. However, many CS key informants felt that data collection and needs assessment can become ends unto themselves and may detract from the ultimate aim of developing a meaningful strategic plan.
Lessons 5 and 6 focus on recruiting "strong and dependable" volunteers and creating a steering committee to provide support to the entire planning process. Lesson 7 suggests that the planning process will take considerable time and will be quite labor intensive. Lesson 8 indicates that lack of financial resources may hinder planning and implementation and lesson 9 suggests that a focus on implementation must not be lost. Many CS planners pointed out that the development of a plan is meaningless unless key strategies and recommendations can ultimately be implemented.

Based on their review of community level planning and intervention for youth development, the PIS Academy staff defined two additional "lessons." First, there is at least some level of agreement that risk and/or protective factors provide a viable framework for considering youth development initiatives (Benson, Rochelkepartain & Leffert, 1997; Carnegie Council on Adolescent Development, 1992; Larson, 2000; Wilson and Howell, 1993). Second, procedures associated with results based accountability may provide a vehicle for assessing the impact of community level initiatives such as PIS.

**Partnerships for Success**

In response to lessons learned, the PIS Academy developed a highly prescribed planning process guided by six basic principles. Academy staff believe that these "guiding principles" established PIS as a state-of-the-art process that may provide a basis for the development of meaningful local plans to guide youth development activities over the next three to five years. The PIS planning process consisted of four basic steps including community mobilization, needs and resource assessment, gaps analysis and development of strategic planning recommendations. A full description of the planning process is beyond the scope of this paper. However, a review of guiding principles will allow interested readers to understand the unique aspects of PIS.

Guiding principles are indicated in Figure 2. These guiding principles address all of the lessons learned described previously and are currently being used to guide planning in ten Ohio PIS counties. The first basic principle focuses on full community participation in PIS activities. In order for PIS to be effective, all sectors of the community must be involved in planning, implementing and evaluating programs, services and activities. There are a number of ways individuals and various constituencies may be involved in PIS including data collection, planning and/or advocating for the cause.

The second guiding principle states that activities should be data informed. In this case, the emphasis is on collecting a wide range of data about important issues in the community and using that data to inform rather than drive decision making. The PIS planning process consists of formal needs and resource assessments that are based on the collection of key indicator data. The third basic principle requires planners to give attention to both risk and protective factors. PIS outcomes should specify the risk factor to be reduced and or the protective factor/asset to be enhanced. In general, this principle requires that the concept of risk reduction/asset building be a central part of community planning for youth development.

The fourth basic principle requires planners to consider evidence and feasibility when making planning decisions. Evidence-based practices are those that are determined through research and/or or evaluation to be effective in achieving desired outcomes. In some cases, there are clear standards of evidence that can and should be used to judge whether or not an approach works. At the same time, not all evidence based approaches are feasible in every community. Feasible practices are those that can realistically be implemented in a particular community. The factors that influence feasibility such as cost and staff expertise can be assessed as readily as those that are used in judging evidence and must be part of the community process for making decisions.

The fifth basic principle guiding the PIS planning process states that planners should strive to develop a comprehensive continuum of services related to youth development. The principle goes on to state that a continuum of services should be available in the community beginning with primary prevention and ending with interventions aimed at youth with serious and chronic problems. Prevention should be made available to all youth in the community prior to the emergence of problems. Early intervention should be directed to youth judged to be at risk before problems become entrenched and finally, systems of care or remedial programs should be provided to deal with youth with the most serious problems. The sixth and final principle requires that outcomes be developed to guide interventions and that evaluation be conducted to determine progress toward meeting stated goals.

PIS represents a full scale public health approach to dealing with youth development. Larson (2000) indicates that much of the malaise and boredom experienced by today's adolescents is rooted in lack of initiative. Proponents contend that positive youth development activities can promote initiative and protect youth from many of the negative outcomes associated with adolescence such as violence, drug abuse and teen pregnancy. PIS represents a concerted effort to address such problems. PIS can be thought of as the latest generation of a series of theory and research based community level interventions such as Communities that care and Comprehensive Strategies aimed at promoting positive youth development. Through the application of such practice, many local communities ultimately develop the capacity to effectively address many problems associated with adolescent development.

**References**


Evaluation Use in a State-Level Substance Abuse Prevention System

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Note: This article stems from the work of the authors on the Governor's Kentucky Incentives for Prevention project (Grant# 1: UIF SP08109) funded by the Center for Substance Abuse Prevention to the Kentucky Office of the Governor and administered through the Division of Substance Abuse.

A three-year, state-level system change initiative (Kentucky Incentives for Prevention [KIP] project) launched in late 1997 provides a textbook case study of evaluation results in action (Bryant, Johnson, & Collins, 2001a,b). The Center for Substance Abuse Prevention (CSAP) funded this large-scale initiative ($9 million over a five-year period) and it was implemented by the Kentucky Office of the Governor and the state's Division of Substance Abuse (DSA). Forty-one other states have received similar grant funds from CSAP since 1997, but Kentucky leveraged additional funds for evaluation that exceeded most states. The decision to increase evaluation funding beyond the grant period stemmed from the value the DSA placed on research and evaluation for shaping policy and program development.

THE KIP PROJECT AND ITS EVALUATION

The state-level KIP project consisted of four activities: (1) establishing the Governor's Advisory System, (2) engaging in system-level comprehensive planning, (3) providing training and technical guidance and (4) improving linkages among the Governor's Advisory System, the Governor's Office, and the State Legislature. The Governor's Advisory System made recommendations to the governor concerning how to coordinate, leverage, and/or direct funds and resources for youth substance abuse prevention and how to create adequate capacity, policy and infrastructure enhancement for sustaining change. The Governor's Advisory System included other interagency work groups composed of governmental and nongovernmental officials. Comprehensive planning entailed the development of a strategic plan for youth substance abuse prevention, formal adoption by the governor and implementation by state agency members of the Governor's Advisory System. Training and technical guidance provided by the state DSA and CSAP's Southeast Center for the Application of Prevention Technologies occurred throughout the grant period. Governor/legislator linkages were strengthened by various project activities to foster the Governor's involvement, beginning with the announcement of the grant. Legislator linkages were fostered in the latter part of the KIP project's third year when the plan for sustaining the infrastructure created by the grant was implemented.

The evaluation of the state-level KIP project focused on an assessment of process and outcomes. The process evaluation, which included examination of the preceding four activities, used a case-study design and quantitative and qualitative methods. This part of the evaluation provided results throughout the project to make KIP project-related changes. The outcome evaluation consisted of an examination of the following: (1) the psychological readiness of...
stakeholders to change the system, (2) collaborative behavior among key stakeholders in the system, and (3) infrastructure capacity-building changes in the youth substance abuse prevention system (YSAPS). A multifaceted outcome evaluation using quasi-experimental methods produced results showing that the KIP intervention strengthened Kentucky’s YSAPS.

**ALURATION USE IN THE WORLD OF PRACTICE**

In an effort to optimize use of the KIP evaluation results, the evaluators developed a plan early in the KIP project implementation. The types of evaluation use were identified as important. Evaluation use as enlightenment refers to results that gradually clarify insights, theories, concepts, and ways of looking at the world. Evaluation use is defined as an evaluation result that is used only as a basis for negotiating the presentation of material. Practice use occurs when a result is used to change in individuals, organizations or systems of practices. Six types of agencies or groups were targeted as potential users of the results—CSAP staff (funding agency), Kentucky Governor’s Advisory System, Governor’s Office, Kentucky Division of Substance Abuse (agency administering the P project), KIP project staff and National Prevention Network (substance abuse prevention practitioners).

During the first three years of the KIP project, process- and outcome-level results were produced and disseminated at the end of each year through technical reports, executive summaries, meeting presentations and conference presentations. All groups were sent for exposure to the process and outcome study results in one form or another.

In terms of use, representatives of all six groups were enlightened** by hearing or reading about KIP evaluation products. Here is tangible evidence provided below that the results were used to persuade policymakers on key decisions concerning substance use prevention in Kentucky. In terms of practice use, there were sorts of documented use by the Governor’s Advisory System and P staff. Most important, in project Year 2, a special subcommittee of the Advisory Committee was formed to examine the structure and formalization of the Governor’s Advisory System sed on Year 1 process evaluation results and recommendations. In dition, both the KIP Project Director and Associate Director were introduced to the evaluation results.

Illustrative results and documented use by the Governor’s Advisory System and the KIP staff are highlighted below. The evaluation result is cited and used of the result is presented. Each evaluation shows the type of evaluation use in parentheses.

**Process Evaluation Result.** Members of the Advisory committee said they did not understand how CSAP works and what sources are available to assist with promoting KIP at the local level. KIP Decision (Enlightenment). The CSAP Project Officer provided a presentation on CSAP and briefings at other Advisory committee meetings.

**Process Evaluation Result.** Turf issues and political objections threatened among state agencies. Some agencies were not supportive of the KIP initiative. KIP Decision (Persuasion Use—Political/Tactical). Project staff conducted a briefing with members of the Governor’s Executive Cabinet and met with individual cabinet heads.

**Process Evaluation Result.** In Year 1, the overarching KIP interagency committee (Advisory Committee) was perceived by the membership as too large. The group's role was to be broad-based, where some agency representatives did not feel comfortable expressing opinions. KIP Decision (Practice—Structural Change). An Ad Hoc Organizational Committee used the Year 1 process evaluation results as the foundation for forming recommendations for major changes in the Governor’s Advisory System. These changes were made in Year 2.

**Process Evaluation Result.** Members stated that there were too many objectives and action steps. KIP Decision (Practice Use—Planning). Priorities for the comprehensive prevention strategy were set through a three-stage process: e-mail, ballot, and an open meeting.

**Process Evaluation Result.** Members expressed the need for training in various areas, with a priority on overcoming organizational barriers to change and working in political systems. KIP Decision (Practice Use—Training). CSAP’s Southeast Center for the Application of Prevention Technologies and the state DSA provided additional training to members of the Advisory Committee and other interagency work groups.

**Process Evaluation Result.** Members of the Governor’s Advisory System perceived strong support and commitment from the Governor throughout the project. In Year 3, the KIP Advisory Committee was reorganized into two bodies: a Commonwealth Coalition, which was a broad-based consumer/field advisory group, and the Governor’s Council (12 state government cabinet heads and one consumer representative). In interviews with the council members, some members indicated that they thought the success of the KIP project was mostly due to its being the Governor’s initiative and because the Governor mandated cabinet and subunit head participation. KIP Decision (Persuasion Use—Legitimization). The Governor’s commitment was affirmed, which strengthened future KIP initiatives that involved the governor. The Governor’s knowledge of this support in Year 2 (Governor’s Advisory System members sent letters of appreciation, and his Cabinet Secretary was briefed) influenced his decision to mandate cabinet and subunit heads in Year 3 to implement the YSAPS strategy as appropriate and to participate fully in the Governor’s Council. This is an illustration of Practice Use.

**Outcome Evaluation Result.** Results concerning empowerment to engage in youth substance abuse prevention (produced by a pre-post, comparison group design) showed a decrease from Year 1 to Year 2. KIP Decision (Enlightenment). Evaluation results were presented to an interagency work group for consideration and proposed action. However, the decision was made to take no further action since the initial level of empowerment was moderately high.

**Outcome Evaluation Result.** The KIP intervention produced positive impact on stakeholder readiness to engage in youth substance abuse prevention, interagency collaboration, and youth substance abuse prevention funding. KIP Decision (Persuasion Use—Legitimization). KIP staff used outcome results to document why the KIP infrastructure, with some modification, should be sustained. Although only a small influence on the political process, the KIP structure was continued beyond federal funding by state legislative action that established the Kentucky Agency for Substance Abuse.
Policy (KY-ASAP) with a $5 million appropriation for two years. KIP Decision (Persuasion Use—Political/Tactical). During implementation the KY-ASAP, the positive outcome results were used in presentations to the KY-ASAP Board to persuade members who were reluctant to adopt some of the KIP infrastructure elements. Even so, some members continued to express reluctance at using KIP infrastructure as the prototype for the KY-ASAP.

LESSONS LEARNED ABOUT EVALUATION USE

Lessons learned about evaluation use that stem from the KIP project are many. Several of the most noteworthy are highlighted below. Foremost, we learned that the integration of science into practice within a state-level substance abuse prevention system could be the rule rather than the exception. In addition, state-level practitioners were able to use evaluation results in a variety of ways including practice, persuasion, and enlightenment. Further, process evaluation results were used more frequently than outcome results. These conclusions about evaluation use in the state-level substance abuse prevention system under study supports our previous studies of evaluation use among organizations in state and county government and human service agencies concerned with crime and violence.

Four factors were identified in the KIP project evaluation as being important in stimulating use. First, a collaborative strategy that maximized evaluator-practitioner interaction and practitioner involvement was implemented throughout the KIP evaluation. This entailed frequent, positive involvement of practitioners in the evaluation process in which their needs were a priority. Practitioners were key decision makers in the development of the evaluation framework. They also reviewed all products (evaluation instruments and reports) and had the opportunity to comment and make suggestions for language changes, as long as the result and the content remained intact. This included adding caveats to final products where appropriate, such as reasons why particular expectations were not met. Further feedback was routinely provided.

Second, use of rigorous evaluation methods to produce high-quality results was successfully employed, although at times, some members of the Governor’s Advisory System complained there were too many surveys. In our evaluation, we used multiple quantitative and qualitative methods to produce process results; for the outcome evaluation we employed comparison groups and alternative qualitative methods to produce outcome results. There was positive feedback about the quality of the outcome results throughout the evaluation by KIP staff and a state-level substance abuse prevention panel consisting of researchers from six major state universities.

Third, we successfully used multiple dissemination methods, including: (1) face-to-face meetings with practitioners, (2) interim reports, (3) research bulletins that presented highlights, and (4) research monographs that presented more details about the evaluation methodology. In addition, a number of conference presentations were made by the evaluators and practitioners during the project period at regional and national conferences.

Fourth, employment of an inside-outside change agent strategy was successful. The evaluators, considered the outside agents, promoted the use of evaluation results throughout the KIP project by assisting in translating results into practice. They were encouraged throughout the project to provide explicit, written recommendations that suggested use of the evaluation results. In addition, the key inside agents (KIP Project Director, Associate Director and the Governor’s representative) increasingly championed evaluation use as recommended by the evaluators.

A final lesson worth noting is that it takes extensive commitment and planning to continue evaluation beyond the project timeline. This is especially challenging when existing resources are scarce. As an exception, the KIP project evaluation at the state level took on a “life after KIP.” Follow-up evaluation activities occurred because of the practitioner commitment to develop and sustain an evaluation model for the substance abuse prevention system at the state and local levels. Current support for these evaluation activities comes from state-level evaluation funding and involvement in an innovative sustainability project being directed by CSAP’s Southeast Center for the Application of Prevention Technologies. Eventually this evaluation system will be integrated into a larger evaluation system for substance abuse prevention and treatment.

In conclusion, this paper documents that extensive evaluation use can take place in a state-level substance abuse prevention system. Strong evidence is also presented that a collaborative partnership between evaluators and practitioners significantly contributes to success in getting evaluation results used. It is hoped that the evidence will challenge others to promote evaluation use through an evaluator-practitioner partnership.

REFERENCES

Special Feature

Cultural & Racial Affairs
Introduction by Lorna H. Landon

One of the basic tenets of community psychology has been to respect and embrace those from diverse backgrounds. Integral in our training is the need to approach community-based work from a perspective that is inclusive and non-hierarchical. We often hear of the importance of working from a culturally competent perspective, and this holds true for all aspects of our work as psychologists. Whether we are teaching or conducting research in academia, designing and implementing community-based interventions, or providing direct service, we have a personal and professional obligation to approach each interaction as culturally competent professionals.

When considering culture, it is important to remember that we are not simply referring to a client’s or participant’s race or ethnicity. Culture is a broad concept and our understanding of it needs to be inclusive of the diversity it represents. When we speak of working with people from different cultures, it is important that we consider a person’s race, ethnicity, gender, age, religion, sexual orientation, economic situation, native language, marital status, geography, and...
bility level. Even this list is not exhaustive. It is important to
member that even within culture, there is diversity, and not every
erson from every cultural group will present similarly. Respecting
diversity is a hallmark of our work as community psychologists.

It is also important to emphasize the “competence” in cultural
mpetence. If we intend to work within our culturally
eterogeneous society, we need to be well informed and prepared to
so. This begins with our training at the graduate level, and should:
 a continuous process throughout our career. Just as clinical
ychologists need to demonstrate competence in their abilities to
eass, evaluate, and intervene with clients, so should they exhibit an
ility to meet or exceed expectations with reference to cultural
rk. One could argue that all of our work is cultural, as we are
rking with people who are from varied cultures, and who have
ried cultural experiences. As such, it is in our best interest, and in
best interest of our clients, to strive to be as competent as we

The accompanying articles are examples of some of the work
ar colleagues are doing to explore the issue of cultural
mpetence. In one article, the challenges of working from a
urative perspective are evidenced at the community level. In
other article, we see how cultural competence plays a role in a
tal health setting. And finally, the third article discusses the
porance of examining our educational system, to see that
rms are in place to prepare future psychologists for culturally
itive work.

These articles remind us of the importance of our work as
mmunity psychologists. They also underscore the complexities
nd in this work, and encourage us to continue to seek ways to
ive toward greater cultural competence in all aspects of our work.

Challenges in implementing culturally competent services for youth
with severe emotional disturbance in California

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Considerable progress in understanding and treating mental
orders in children has occurred in the last two decades. More,
ever, still needs to be done. Although between one in ten and
e in twenty children have diagnosable mental disorders combined
ith moderate to severe levels of impairment, the majority of these
uth do not receive specialty mental health services (U.S.
apartment of Health and Human Services, 1999). The cultural
versity of the United States poses particular challenges to the
tribution and delivery of mental health services. Despite the
nowledged presence of cultural diversity in the child population at
large, there remain significant disparities in the utilization of human
services, including mental health services. As an example, although
epidemiological studies indicated minimal differences in the
valence of major psychiatric disorders among diverse youth
(Costello et al., 1996; Roberts, Attkisson, & Rosenblatt, 1998;
Roberts, Chen, & Solovitz, 1993), youth across ethnicity, gender,
age, and socioeconomic status differ in patterns of mental health
utilization as well as their admitting clinical diagnoses.

Consequently, many initiatives designed to reform and improve
ervices to youth with mental disorders pay special attention to
ressing cultural diversity. One example of such a reform effort
is the movement toward creating “systems of care” for youth with
severe emotional disturbance (Stoutl & Friedman, 1996).

Spearheaded initially by the National Institute of Mental Health
(NIMH) and now by the Center for Mental Health Services (CMHS),
the principles and objectives of systems of care require sweeping
changes in service systems, including changes in how services are
derivered to culturally diverse populations. A central goal of this
itive is the provision of “culturally competent” services
designed to meet the needs of youth from diverse backgrounds.
Although there is nearly universal agreement regarding the need for
ich services, there is limited information on how service systems
ctually interpret and implement the principles behind the provision
of culturally competent services.

This report describes how counties in California implement
culturally competent services within a system of care approach.
California provides a useful environment for better understanding
the provision of culturally competent services because the state is
both culturally diverse and has extensive experience in
lementing systems of care. According to the United States
ureau of the Census (2000a), California is the most ethnically
diverse state in the nation. It has the largest population of European
mericans, Latinos, Asian and Pacific Islander Americans, and
ative Americans, and second largest African American population.
Various ethnic groups in California also experienced a population
increase in the last decade (1990-1999), with European Americans
growing at a rate of 8.4%, Latinos at a rate of 35.8%, African
mericans at a rate of 7.7%, Asian Americans at a rate of 36.8%,
and Native Americans at a rate of 9.4% (U.S. Bureau of the Census,
2000b).

California was one of the first states to experiment with
forming services to those youth with severe emotional
and its California Children’s System of Care (CCSOC)
is now entering its second decade. Prior to recent statewide budget
cuts, the system of care model in California was the largest, in
terms of scope, numbers of youth served, and numbers of
lications, for such single effort in the country. The system of
care planning model as implemented in California is based on a
 planning process that contains cultural competence as core
ponent (Jordan, 1998). Although cultural competence is
idered a key component in the California system of care model,
actual implementation across the system remains unclear. This
udy surveyed coordinators and evaluators from 41 California
onties implementing the system of care model.

Continued on Page 33
Continued From Page 28

Method

The administration of questionnaires was completed in two waves, which was initiated in December of 1999. The questionnaires were mailed to coordinators and/or evaluators of systems of care at 41 California counties. The response rate was good (82.9%). A second wave of questionnaires was mailed to the remaining 17 counties eleven months later, of which 10 counties and two districts (70.5%) responded.

Results

Counties receiving System of Care funding in California are charged with meeting the needs of their ethnically diverse populations. Out of the reporting counties, 78.1% have established a Cultural Competence Advisory Committee designed to help guide the service system toward providing culturally relevant and sensitive services. Not surprisingly, more ethnically diverse counties were more likely to have a cultural competence committee, as were longer-standing systems of care and larger counties. Nevertheless, system of care maturity was not related to staff’s satisfaction with cultural competency training.

The majority of coordinators felt that their staff was somewhat adequately trained in competency issues (M = 3.4, with 3.0 being sometimes and 5.0 being always). All reporting counties identified Latinos/Spanish speakers as meeting the criteria for threshold language populations whereas, 22% of the counties reported Asian/Pacific Islander populations to be above their language threshold. The Asian/Pacific Islander populations are highly diverse. They are comprised of groups who speak Cantonese, Vietnamese, Korean, Thai, Cambodian, Hmong, and Mien.

A summary of major barriers faced by local county systems of care in achieving cultural competency and their strategies used to address those challenges are described in Tables 1 & 2. Although responses varied across counties, the majority of counties specified they need to improve the language capacity and ethnocultural diversity of clinical staff. County administrators were also concerned about underutilization of services by ethnic minority groups and a lack of outreach into diverse communities. County administrators were clearly aware that they needed some revamping of their services to better meet the needs of their clientele.

In terms of strategies for addressing the barriers, many county systems actively recruit and hire bilingual and bicultural staff. In areas where such staff is unavailable, they contract with community providers and access interpreters to maximize their capacity. Most of the counties specified regular cultural competency training as a means to raise staff awareness of cultural and linguistic issues. They also designed and adopted ethnic-specific programs to meet the unique needs of different populations. Counties are putting these strategies into policies or mandates to ensure continuity and responsiveness of services. Nevertheless, based on this study, it is evident that county systems acknowledge that they have much room for improving the cultural competency of the services they deliver.

However, many counties were somewhat dissatisfied in their efforts to promote and sustain cultural competency among their staff. Counties reported having much work to be done to integrate cultural competence throughout all levels of their service system.

Culturally and linguistically appropriate services have been found to be effective in retaining ethnic minorities and in improving outcomes (Yeh, Eastman, & Cheung, 1994; Yeh, Takeuchi, & Sue, 1994). Implementing such services in public mental health systems remains challenging. To further such goals, the California Department of Mental Health established the Office of Multicultural Services in December of 1997. The goal of the Office of Multicultural Services is to monitor and guide California’s public mental health system in implementing culturally competent mental health services. Guidelines are incorporated in the development of Cultural Competence Plan for each county. Each county system of care must document annually its specific policies and strategies to achieve cultural competence among staff. Culturally and linguistically sensitive standards must also be in place throughout the treatment process, including assessment, treatment intervention, and other services.

At state and county levels, California demonstrates a strong commitment to the goal of providing culturally sensitive and relevant services. Practical and programmatic problems such as staffing, outreach, and human resource shortages make achieving such goals a challenge. As is the case for any type of service reform, translating goals and ideals to real world change is not easy, even when resources are present and the will and need are high. What is clear is that in California, as in much of the country, demographic trends continue to highlight the need to continue to improve and evolve services to culturally diverse children and their families.

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Footnotes
1 Distincts possess funds designated for health care (e.g.
children's mental health care) separate from their parent counties. In
the cases of Berkeley and Tri-City, CSOC funding for these regions
is separate from funds allocated to the county.
2 Threshold language populations are based on numeric
identification on a countywide basis. 3,000 beneficiaries or five
percent of the Medi-Cal beneficiary population, whichever is lower,
whose primary language is other than English, for whom
information and services shall be provided in their primary language.

Table 1. Major Challenges in Meeting the Needs of Threshold
Language Populations

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Tally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing (51.85%)</td>
<td></td>
</tr>
<tr>
<td>Language capacity of staff</td>
<td>14</td>
</tr>
<tr>
<td>Culturally/ethnically representative staff</td>
<td>12</td>
</tr>
<tr>
<td>Recruitment difficulty</td>
<td>8</td>
</tr>
<tr>
<td>Cultural awareness of staff</td>
<td>5</td>
</tr>
<tr>
<td>Staff retention</td>
<td>2</td>
</tr>
<tr>
<td>Funding for staff</td>
<td>1</td>
</tr>
<tr>
<td>Subtotal</td>
<td>32</td>
</tr>
<tr>
<td>Client-related issues (35.80%)</td>
<td></td>
</tr>
<tr>
<td>Access/Undenitication of services</td>
<td>0</td>
</tr>
<tr>
<td>Outreach</td>
<td>6</td>
</tr>
<tr>
<td>Diversity and dispersion of ethnocultural</td>
<td>5</td>
</tr>
<tr>
<td>communities</td>
<td></td>
</tr>
<tr>
<td>Stigma of mental health services</td>
<td>4</td>
</tr>
<tr>
<td>Cultural mistrust</td>
<td>2</td>
</tr>
<tr>
<td>Religion</td>
<td>1</td>
</tr>
<tr>
<td>Immigration concern</td>
<td>1</td>
</tr>
<tr>
<td>Compliance with complex service plans</td>
<td>1</td>
</tr>
<tr>
<td>Subtotal</td>
<td>29</td>
</tr>
<tr>
<td>Services (12.35%)</td>
<td></td>
</tr>
<tr>
<td>Shortage of cultural resources</td>
<td>5</td>
</tr>
<tr>
<td>Large service area</td>
<td>2</td>
</tr>
<tr>
<td>Need of community-based services</td>
<td>1</td>
</tr>
<tr>
<td>Flexible programs</td>
<td>1</td>
</tr>
<tr>
<td>Western medical model vs. spiritual model</td>
<td>10</td>
</tr>
<tr>
<td>Subtotal</td>
<td>10</td>
</tr>
<tr>
<td>Total (100%)</td>
<td>81</td>
</tr>
</tbody>
</table>

Table 2. Major Strategies in Addressing Challenges in Cultural
Competence

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Tally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing (31.86%)</td>
<td></td>
</tr>
<tr>
<td>Hiring of culturally diverse staff</td>
<td>19</td>
</tr>
<tr>
<td>Access to interpreters</td>
<td>7</td>
</tr>
<tr>
<td>Recruitment of culturally diverse staff</td>
<td>4</td>
</tr>
<tr>
<td>Contracting with community providers</td>
<td>4</td>
</tr>
<tr>
<td>Sharing of resources with other agencies/departments</td>
<td>2</td>
</tr>
<tr>
<td>Subtotal</td>
<td>36</td>
</tr>
<tr>
<td>Training (26.55%)</td>
<td></td>
</tr>
<tr>
<td>Cultural competency training</td>
<td>26</td>
</tr>
<tr>
<td>Sponsorship of cultural programs</td>
<td>3</td>
</tr>
<tr>
<td>Culturally sensitive supervision</td>
<td>1</td>
</tr>
<tr>
<td>Subtotal</td>
<td>30</td>
</tr>
<tr>
<td>Services (24.78%)</td>
<td></td>
</tr>
<tr>
<td>Ethnic-specific programs</td>
<td>12</td>
</tr>
<tr>
<td>School-, community-, and/or home-based services</td>
<td>4</td>
</tr>
<tr>
<td>Language appropriate materials</td>
<td>4</td>
</tr>
<tr>
<td>Outreach</td>
<td>4</td>
</tr>
<tr>
<td>Participation in local networks</td>
<td>2</td>
</tr>
<tr>
<td>Intervention team</td>
<td>1</td>
</tr>
<tr>
<td>Incorporation of cultural issues in clinical interview</td>
<td>28</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
</tr>
<tr>
<td>Administration (16.81%)</td>
<td></td>
</tr>
<tr>
<td>Establishment of policies/mandates</td>
<td>11</td>
</tr>
<tr>
<td>Active cultural competence committee/dept</td>
<td>5</td>
</tr>
<tr>
<td>Research on needs and outcomes</td>
<td>3</td>
</tr>
<tr>
<td>Subtotal</td>
<td>19</td>
</tr>
</tbody>
</table>

| Total (100%)                                   | 113   |
Comparing Provider and Client Perspectives on Cultural Competence

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Julie A. Slay, University of Hawaii, Manoa

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Rapidly changing demographics in the United States have led to a clarion call for cultural competence in mental health service delivery. Yet, it is still unclear as to whether, and to what extent, this all is being heeded with regards to attitudes, policies, and practices. One reason is that the construct itself has not been clearly operationalized and tends to be a “black box” in the research literature (Abe-Kim & Takeuchi, 1996). The present study attempted to address gaps in the cultural competence literature by exploring the conceptualization, implementation, and perceptions of cultural competence at multiple levels. Specifically, the purpose of the current study was threefold: a) to examine the conceptualization and implementation of cultural competence in the mental health system from the providers’ perspectives; b) to investigate clients’ experiences of cultural competence (or lack thereof); and c) to compare these two perspectives for any areas of congruence and/or discrepancy.

Two models of cultural competence informed the present study Abe-Kim & Takeuchi, 1996; Cross, Bazron, Dennis, & Isaacs, 1989). Both models emphasize the importance of examining cultural competence at multiple levels and within broader contexts (i.e., institutions and communities). Consideration of culturally-based variables and proximal processes related to positive treatment outcomes (Sue & Zane, 1987) also guided the study. The context of welfare reform afforded a unique opportunity to study a particularly vulnerable group (i.e., women coming off TANF rolls) with poverty-related stressors, which may increase use of mental health services.

Method

A two-phase process was used to compare providers’ and clients’ perspectives on cultural competence at community mental health centers in Florida. In Phase I, nine administrators from five organizations were interviewed using a previously developed protocol (Ngo, 2001). In Phase II, 215 ethnically diverse former welfare recipients, who were served in the same system of care as administrators in Phase I, were interviewed about their experiences related to cultural competence, cultural identity, satisfaction with mental health services, barriers to service use, mental health outcomes, unmet mental health needs, and quality of life (Phase II was part of a larger study for which a more detailed description is available in Boothroyd, Slay, Kim, & Ort, 2001).

Results

The findings revealed areas of congruence and discrepancies between the provider and client perspectives. First, in terms of their similarities, both providers and consumers reported a generally high degree of cultural competence in mental health services. In addition, there was some overlap between providers’ and clients’ conceptualization of cultural competence. Specifically, they agreed that values, beliefs, language, and ethnicity were aspects of cultural competence. Providers’ definitions of cultural competence tended to be sociocultural, involving values, beliefs but in their implementation, perceived barriers, and "wish list", were more attentive to ethnicity and language. However, innovations such as the use of traditional healers/cebt and alternative means of treatment were less common among the providers.

Second, there were several interesting discrepancies. Providers said very little about assessing cultural identity as part of their efforts to implement cultural competence. However, results from Phase II revealed that cultural identification influenced clients’ perceived cultural competence. Specifically, higher Anglo identification (among ethnic minority clients) was significantly related to lower perceived cultural competence of mental health services. One explanation for this finding may be that therapists are using stereotyped cultural knowledge of their ethnic minority clients, regardless of the degree of acculturation or, as defined in this study, Anglo identification. Bicultural individuals who identify strongly with both Anglo and their own ethnic cultures may be improperly identified as monocultural and treated as such. This type of overgeneralization on the therapist’s part may contribute to the client’s perception of a low degree of cultural competence. This mismatch was not detected among White clients, for whom the relationship between Anglo identification and perceived cultural competence was non-significant.

Another discrepancy involved the finding that minority status moderated the relationship between perceived cultural competence and unmet mental health needs. Ethnic minority clients with unmet mental health needs tended to give significantly lower ratings of perceived cultural competence than those without unmet needs. No such differences were found among Whites. By examining access and entry points to mental health services for untreated patients in the community, it may be possible to identify potential barriers to service which may explain the low levels of perceived cultural competence among those with unmet mental health needs.

Discussion

The findings from the present study suggest that at-risk clients (i.e., women transitioning from welfare to work) are experiencing mental health needs, some of which are currently unmet. At the same time, care providers are reporting the need for more funds for training in cultural competence, consultation, and workshops or general information on working with diverse populations. If these conditions are left unchanged, ineffective and inefficient care will result in higher financial costs to the mental health care system (Muñoz & Sanchez, 1996).
Several policy implications exist. At the administrative and care provider level, it is recommended that both managed care organizations and community mental health centers develop clear definitions and guidelines for cultural competence in order to improve quality of care for all clients. The findings from the present study indicate that there is often an uneven development of cultural competence and its importance within one agency or group of agencies. By clearly conceptualizing cultural competence, care providers can more easily reach consensus on its implementation.

Providers also expressed the need for more diverse staff. It is recommended that human resources departments emphasize both recruitment and retention of diverse staff members. In addition, providers in the current sample emphasized their desire for more training, especially more specific training related to specific populations. At the same time, very few agencies acknowledged or recognized the importance of consulting with stakeholders or outside consultants. By capitalizing on the latter, agencies would be able to fulfill the former need for training. By creating links with community stakeholders and consultants with expertise in working with diverse populations, more tailored training programs targeted at meeting a particular client population’s needs may be developed.

Several providers’ responses in the interviews referred to their need or desire for better self-evaluation methods or assessment tools for cultural competence. A self-evaluation mechanism could help mark progress (or lack thereof) towards increased cultural competence if measured consistently and accurately. Cross et al. (1989) refer to this process as “cultural self-assessment.”

Some of the most striking findings from the consumer perspective reveal the importance of identifying potential barriers and pathways into the system of care. Minority clients with unmet mental health needs were more likely to perceive the mental health system as being low in cultural competence. Thus, it is recommended that policy-makers, agency administrators, and researchers work together to identify and eliminate barriers to services and facilitate access at non-traditional points of entry which may be more frequently used by low-income/ethnic minority populations. The findings also challenge stereotypes of clients based on their race or ethnicity. Thorough assessments of clients on culturally-based variables, such as cultural identity, may prevent “pigeon-holing” and increase cultural competence. Without such assessments, pitfalls are more likely, such as using overgeneralizations based on clients’ demographic characteristics. These kinds of errors may lead to ruptures in the therapeutic alliance, misdiagnosis, and poor clinical judgments.

Finally, further research is needed to empirically test models of cultural competence and to examine how culturally competent mental health services impact treatment outcomes. By building up the knowledge base on cultural competence, researchers can then help inform the decisions of policy-makers and administrators regarding cultural competence guidelines, training policies, and other adaptations to diversity. With this type of feedback mechanism between all levels of the system (e.g., researchers, policy-makers, administrators, practitioners, and consumers), the development of cultural competence in mental health care may be more feasible and facilitate progress towards the goal of equal access to the highest quality of mental health care for all individuals.

References


Reclaiming the Dream: Training and Social Change in Latino/a Communities

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Gary W. Harper
DePaul University

The development of Community Psychology has been based upon the premise of serving and addressing the needs of the underserved. This can only be accomplished by providing quality culturally competent training that prepares psychologists to address the many needs and barriers faced by these communities. Although
Although the discipline's focus on diversity, empowerment, primary prevention, action research, social change, advocacy, and policy make it a prime candidate to lead the way in addressing the needs of Latino/a populations, the scarcity of professionals who are truly competent in this area may hinder the accomplishment of these goals. The purpose of this article is to give voice to the concerns of current and recent Latino/a graduate students in Community Psychology graduate training programs regarding Latino/a-specific cultural competency issues, and to offer recommendations for how graduate training programs can be better prepared to work with Latino/a graduate students and communities. The first section of the paper summarizes qualitative work directed by the first author (Eduardo) that was focused on Latino/a graduate students' thoughts and reflections regarding Community Psychology training programs, and presents an overview of training concerns and recommendations. The second and third sections of the paper then address two of these recommendations in greater detail—curricular changes and increased mentoring support—and are based on the second author's (Mariza) experiences in receiving integrated training in Latin American models of Community Psychology and North American models of Community Psychology, and the third author's (Gary) experiences in providing cross-cultural mentoring to Latino/a graduate students.

Training Through the Eyes of Latino/a Students

The goal of this qualitative study was to gather information on Latino/a students' perceptions of the effectiveness of programs in addressing their needs and preparing them to work with Latino/a communities. Two focus groups were conducted with Latino/a students from three major Midwestern U.S. universities. Four different questions were asked: (1) How good of a job do you feel your program does in recruiting Latino/a faculty/students? (2) How satisfied do you feel with the way that issues impacting Latino/a communities are addressed in your program? (3) How satisfied do you feel with the supervision that you received around Latino/a issues? (4) How well do you feel your program prepares you to work with Latino/a communities?

Analysis of focus group data provided a series of concerns and recommendations. The first concern centered on issues of recruitment of Latino/a faculty and students. Overall, students felt that in recent years programs have made strides in their efforts to recruit Latino/a faculty and students. In spite of this, students felt that more needs to be done and that the low number of Latino/a faculty creates a series of problems for their professional development. These students felt that, in particular, the scarcity of Latino/a faculty creates a situation where students lack the resources to access the communities that they are interested in researching and servicing (in situations where there are not any non-Latino/a faculty working with Latino/a communities). This has led many students to pursue dissertation projects that are not in their area of interest. The students that have decided to pursue their interest often experience a lack of institutional support, which results in a longer time for the completion of their projects.

Another situation that results from the scarcity of Latino/a faculty is that students are placed in positions of "experts" on Latino/a issues. This was a strong concern for all of the students, who felt that although they know about their own specific culture, they lack the knowledge of the cultural, historical, and social characteristics of
third, there needs to be an increased focus on enhancing the cultural competence of all faculty members. This can be accomplished by traditional means such as continuing education courses or by creating and promoting different opportunities to interact with members of the Latino/a community. Fourth, it is important that more programs adapt a multidisciplinary curricular approach to promote the participation of students in courses related to cultural and medical anthropology, sociology, history, political science, and Spanish. Such an approach will serve both students and faculty in developing a better understanding of Latin American people.

Fifth, efforts are needed geared toward creating community-university partnerships with organizations in Latino/a communities to provide the structure for students to access the communities they are interested in and develop further social, academic, and research opportunities. Finally, programs in the U.S. would benefit from an increased collaboration with Social Community Psychology programs in Latin America. Programs could develop student exchanges and summer research programs to provide students with cross-cultural research opportunities and linkages with prominent researchers from Latin America. Also, programs in the U.S. could consult with programs in Latin America to improve program structure and to integrate Latin American models of Social Community Psychology with U.S. Community Psychology models.

In the past, prominent Latino/a psychologists have suggested some of the recommendations offered by the focus group participants (e.g., Bernal & Encautegui de-Jesús, 1994; De La Canela & Guzman, 1991). These authors further recommended actions such as using a preventive model in working with Latino/as; incorporating folk healers, priests, and ministers into mental health training programs; and teaching psychologists to work within natural support systems such as bodegas, social clubs, and beauty and barber shops. In addition, they have recommended establishing linkages and participation in organizations such as the Interamerican Society of Psychology, which could serve as a means for political action, cross-cultural research, and the development of a culturally diverse non-ethnocentric Community Psychology. They also have suggested increased collaborations between different Latino/a groups and other ethnic minority groups that already exist within the American Psychologic Association structure. These authors have recommended that the agenda for the future needs to move toward the construction of a psychology rooted in socio-historical contexts and grounded on the issues of class, race, gender, sexual orientation, age, culture, and language.

Certainly the issue of improving Community Psychology's training and practice efforts related to Latino/a communities is a new concern. Yet we have not taken the necessary steps to close the gap between the rhetoric and its practice” (Bernal & Encautegui de-Jesus, 1994). The following sections offer specific recommendations for how to better address the needs of Latino/a students and communities in our graduate training programs in Community Psychology.
I believe as a discipline, we could enrich our knowledge by discussing and integrating Latin American models into our training. Integration could take place in a more formalized way through (1) incorporating Latin American theories, methodologies and intervention in the curriculum; (2) formalizing student and faculty exchanges; (3) giving Latin American Social Community Psychologists a more prominent role in professional conferences and (4) capitalizing on a new generation of community psychologists that have trained in both models. This integration would be a positive step in addressing the needs of the growing Latino/a population.

Cross-Cultural Mentoring of Latino/a Students

To address the needs of the growing number of Latino/a students in Community Psychology programs, faculty members need to become more culturally competent teachers, supervisors, and mentors. Given the low number of Latino/a faculty members, many Latino/a students will be mentored by non-Latino/a faculty members. Thus, the focus of this portion of the article will be on cross-cultural mentoring, and will explore ways that mentors can become educated about their students’ cultural heritage and traditions.

To be an effective mentor, it is important to keep in mind that graduate school is a challenging experience on multiple levels for all students. In addition to the demands associated with coursework, research, teaching, and comprehensive exams, there are the interpersonal and environmental challenges of developing relationships with diverse individuals in a range of community venues and attempting to apply classroom knowledge in these “real world” settings. Simultaneously, many students face the challenges of adjusting to a new city and state, and for some Latino/a students, a new country. This process may entail purchasing clothing that is appropriate for a colder climate (an expensive endeavor for students who are trying to survive on small stipends), speaking day-to-day in a second language, shopping in grocery stores that do not carry foods they typically enjoy, using a new form of currency, and watching television or listening to the radio without recognizing shows or songs.

This process also typically involves developing new social networks that serve to provide needed social support and to enhance students’ social, family, spiritual, and cultural lives. This is an especially daunting task for students who come from Latin America and have left behind their family and social support networks. Students’ searches to find spiritual and cultural communities that share their same beliefs and values may be challenging and stressful especially when they attend school in regions that have few residents who share their culture. Another significant concern for many Latino/a students is the issue of writing and speaking in English if this is not their first language. It is important for mentors to understand that English to Spanish translation not only involves the transformation of individual words, but also the restructuring of the manner in which concepts and ideas are expressed through the two languages. This consideration should be kept in mind when offering feedback to students on their written work, and on their verbal performance in class or during presentations.
Culturally competent mentors can assist Latino/a students in adjusting to these challenging demands as they provide academic guidance and professional development support, thus increasing the likelihood that these students will complete their graduate studies. This may be a difficult yet rewarding task, and requires both time and commitment from faculty members and their departments. An effective mentor needs to invest time and effort in understanding the specific competing demands experienced by his/her students. Given the multiple levels of needs that the student may require at various times throughout her/his training, mentors should be willing to play different roles depending on the student and the context (e.g., teacher, advisor, moral supporter, coach, confidant, etc.). It is also important for mentors to learn about their students’ specific cultural group, as Latino/a students are extremely diverse with regard to their country of origin, generational/immigrant status, experiences of colonization, level of biculturality, level of bilingualism, and other characteristics.

There are several ways in which mentors can work to increase their understanding of and sensitivity to their Latino/a students’ cultural background. Since some Latino/a students may feel that they are constantly being placed in the role of an “expert” on Latino/a cultural issues (as was revealed in the focus groups discussed earlier), it is beneficial if the faculty member does not rely solely on the student to learn about the student’s culture. Thus, it is important for mentors to learn about the culture through a combination of reading about various aspects of the culture and history, and through experiential activities such as attending community-based and university-based cultural events. Participating in these activities may help mentors attain a better understanding of the culture’s rituals and traditions, including information regarding special holidays, foods, and language variations of that specific ethnic group. For some faculty members, it may be feasible to visit the student’s community or even country of origin. Some universities offer opportunities to visit Latin American countries as part of cultural and/or language immersion or exchange programs, and these are excellent opportunities for mentors to learn about cultural factors that may be impacting their students from an experiential perspective.

In addition to these types of experiences, it is important for mentors to listen carefully when students tell personal stories and share aspects of their cultural and community narratives. Issues of religion and spirituality may be an integral part of these discussions, given the intersection of culture and religion. This information is helpful in better understanding how the student’s life history, culture, and current interactions impact their progress in the program, and may facilitate the development of a stronger relationship with the mentor. In addition to listening to the students’ narratives, it may also be important for mentors to share their own personal stories and cultural narratives with the student. Although discussions regarding personal aspects of culture and religion may not be common in more traditional Euro-centric mentoring relationships, they may be critical to developing the type of relationship that some Latino/a students may need in order to feel comfortable and supported in their graduate training.

We recognize that some of these suggestions cannot be developed and implemented in a vacuum of institutional indifference. Mentors often must juggle the multiple demands of teaching, supervising, mentoring, and conducting research and action work while attempting to attend to their own personal lives as well. Because of this, psychology departments and universities need to support faculty members who are attempting to become more culturally competent mentors. Thus institutions may wish to do the following in order to facilitate more appropriate mentoring of Latino/a students: (1) provide faculty members with training related to mentoring; (2) provide compensation for mentoring; (3) provide funding for activities related to increasing mentors’ understanding of various cultures; (4) provide or support cultural events or speakers on campus and; (5) build linkages with ethnic-specific universities and centers. These and other suggestions may help to provide the structure for mentors to increase their competence in mentoring Latino/a and other culturally diverse students.

References


The summary statement can also be converted into a 5-minute, in-person, presentation to a policy maker or legislative staff member, and into well-crafted letters to relevant officials and newspaper op-ed columns. These approaches have more chance of informing policy debates than does publishing a long scientific manuscript. The best scientific dissemination effort I observed during a recent sabbatical in Washington, D.C., was a scientific panel on welfare reform presented in the Dirksen Senate Building by The Robert Wood Johnson Foundation. Panel members provided brief, clear, policy-relevant summaries of their research on substance abuse treatment for welfare recipients. The panel organizers were also attuned to prosaic but important realities: They held the panel in a convenient location during lunch, and provided food. A large number of congressional staff attended, and exchange of information between the panel members and policy makers is ongoing as of this writing.

The welfare reform panel exemplified the general rule that the impact of scientific information is enhanced by positive personal contact between researchers and policy makers. Like all human beings, politicians have more faith in information that comes from a known, respected person (Weiss, 1981). Networks of such individuals exist for all important social policy issues (e.g., drug treatment, alcohol control, community mental health etc., Weiss, 1987). Policy network members share information and ideas with policy makers and with each other, often over a period of many years. Researchers connected to such networks are more likely to have their scientific work considered in the policy process, and to understand precisely what scientific information is important at each stage of policy development. Becoming established in a policy network requires sustained commitment to an issue and to a set of personal relationships; in short, the very same investments legislators have to make if they want to effect major policy changes. This principle has an important corollary for the policy-minded researcher: Do not expect to make a difference quickly or without the aid of a network of informed people (Carnevale, 2001).

Political realities

Frustration is a common experience among those who would influence policy (Carnevale, 2001; Reuter, 2002), including when it seems that a policy maker "just doesn't get it" even though clear scientific guidance is available. Policy makers do sometimes ignore scientific information, for example when a powerful constituency threatens anyone who would challenge an ineffective program or agency (Weiss, 1981). On other occasions though, policy makers "don't get it" because researchers have communicated the wrong scientific results, or have done so in an ineffective fashion.

The career demands of politicians differ markedly from those of researchers. Politicians can be fired without explanation every few years by a group of people (i.e., the voters) who are not specialists in their area. Continued success for researchers depends on the approval of fellow experts (e.g., grant review panels, journal editors), so they may not appreciate that politicians face significant risk when making nuanced decisions that must be explained to a broad audience. Much of what researchers deplore in politicians, including their sloganeering and simplification of complex issues, is a rational response to the demands of their job (just as is researchers’ using arcane theoretical terms to impress their fellow scientists). Researchers should therefore present policy makers not only with findings an expert would appreciate (e.g., "This program

Disseminating science to policy makers

Research on addictive and psychiatric disorders is typically presented in lengthy articles published in academic journals. This method of scientific knowledge dissemination almost never influences policy. Policy makers rarely search actively for new data (e.g., have a staff member conduct a library search) because their attention is already more than consumed by the flood of information that comes to them constantly from fellow politicians, grassroots advocacy organizations, lobbyists, and individual constituents (Weiss & Bucuvalas, 1980). Even were a policy maker to come across an article in an academic journal, they would likely be frustrated at the length, jargon, and lack of policy-relevant conclusions of most scientific articles (the average congressional representative has less than 15 minutes of reading time per day, Weiss, 1987).

Several dissemination strategies are more effective. All of them depend on brevity because politicians usually have only a small amount of time available to absorb information about each of the myriad policy decisions they must make. Researchers should begin by boiling down the essentials of their latest findings to a one or two page summary with major points in bullet format. The summary can serve as the basis of a press release. Many universities, hospitals, and a few scientific journals have media offices who can assist with the development and distribution of a release. If major outlets pick up on the press release and report on the researcher's study, it will acquire political weight simply because policy makers will know that their constituents and colleagues have learned about the research as well (Weiss, 1987).

Author's note: Peter Reuter made helpful comments on a draft of this article. The author was supported by grants from the Veterans Affairs Mental Health Strategic Health Group and the National Institutes of Alcohol Abuse and Alcoholism. This article does not represent an official policy statement of those agencies. Address correspondence to: Keith Humphreys, Ph.D., VAPAHCs (152), 795 Willow Road, Menlo Park, California. Phonic: (650) 617-2746. Email: KNH@Stanford.edu

Mental health research can inform federal policy only if scientists understand the policy development process. This column provides some initial guideposts for researchers who are novices at working with policy makers, from the perspective of someone who is only slightly more than a novice himself. The basic ideas presented here have been heavily influence by Dr. Carol Weiss's pioneering research on knowledge utilization; more policy-experienced researchers should consult her writings directly for a more advanced course in influencing policy than I am qualified to provide.
increases self-efficacy for abstinence among opiate-dependent patients who have Hepatitis C") but also some with broader appeal e.g., “This program will reduce the amount of tax money we spend on Medicaid by $2 million, and, will lessen property crime in your congressional district”).

Finally, policy-minded researchers should be willing to "reach across the political aisle" to achieve shared goals for policies related to addictive and psychiatric disorders. The mental health fields are composed primarily by individuals who have much more sympathy with the Democratic Party than with the Republican Party (Redding, 2001). Homogenous groups are vulnerable to perceptual errors about outsiders (Schneider, Hastorf, & Ellsworth, 1979), which may explain why it is taken for granted in many mental health settings that “Republicans just don’t care about people who have substance abuse and psychiatric problems.” This viewpoint promotes cynicism about applying science to policy because about half of all policy makers are written off as hopeless a priori. Further, it is an over-generalization, as evidenced by President Nixon launching the most progressive drug treatment policy in modern U.S. history (Massing, 1998), Senator Strom Thurmond leading the effort to remove deceptive alcohol consumption-promoting labels from wine bottles (Abramson, 2000), Senator Pete Domenici spearheading the drive for mental health parity in insurance, and President Bush recently announcing a $1.6 billion expansion of drug treatment.

In my experience of working with members of both major political parties, politicians’ views about individuals who have addictive and psychiatric disorders are as strongly influenced by personal experiences as by party affiliation. Some Republican politicians, as well as Democrats such as President Kennedy, Senator Joseph Biden, and Senator George McGovern, were moved toward proposing compassionate mental health policy in part by the experience of a loved one being chemically dependent or seriously mentally ill. Substance abuse and psychiatric problems do not discriminate between political affiliations; as a result all political parties include some people who care deeply about mental health policy. Researchers will have a greater chance of improving policy if they communicate with all decision makers who care about mental health policy, rather than focusing only on those within their own political party. Scientists who lack this flexibility may be accused of being driven by ideology despite their putative commitment to data.

Injecting scientific information into mental health policy development is not easy. It requires learning new ways of disseminating information, building new alliances, and making a sustained commitment over time. Yet such large expenditures of time and energy are more than justified by the potential benefits of improved public policy towards the millions of citizens who have substance abuse and psychiatric problems.

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The Role of Community Psychologists in a European Model of Support Services for Immigrants

By Manuel García-Ramírez, Universidad de Sevilla, Yolanda Suarez-Balcazar, University of Illinois at Chicago, and Julia Martínez-García Universidad de Sevilla

The immigration trend of residents from North Africa and South America to European countries has increased at alarming rates during the last few years. One of the many challenges that immigrants face is finding meaningful employment and occupations. The European Union (EU) has funded a project called Equal to provide resources to facilitate the job placement of legal immigrant populations. This project embraces a comprehensive perspective by supporting multiple areas that impact employment, such as housing, language and culture learning, childcare, and other support systems necessary for transitioning into the new country. This project reflects the vision of the EU by providing a broad sense of communality, bringing in the strengths of the different cultures, countries, languages, and traditions while fostering a larger sense of European community.

The Equal project is being implemented in three countries including Spain, Italy and Belgium, with a multidisciplinary and international perspective. In each of the countries, the program is being adapted to the needs and contextual characteristics of the community and the immigrant population. One of the benefits of this program is that it has allowed for university faculty, students, and community representatives, union representatives and city representatives to form a coalition and work together towards a common goal. In addition, it has provided the opportunity to connect and establish strong connections with faculty from other universities in Europe and the U.S.A. as international consultants.

Because of easy access to the “European Dream” Andalusia, the region south of Spain has turned into the gate of entry into Europe for North Africans looking for better opportunities and quality of life. Immigrants often become victims of discrimination and are perceived by local residents as a threat. Although the unemployment rate in Spain is one of the highest in Europe, at about 13%, immigrant populations are likely to take on jobs such as street vending, and others that local residents don’t want like farming and house cleaning. Characteristically, these jobs offer low-wages, no
benefits and very little opportunities for improving the workers quality of life. Immigrants face many challenges when coming to this region to find employment and establishing themselves in a new society with a different language, customs and values. According to Spanish policies, immigrants who work are eligible for welfare benefits, which entitle them to social services, job placement assistance, and health benefits. The Equal program, which began in 2002 in Andalusia, provides funds to support the job placement and job maintenance of immigrants with legal work permits.

The program consist of providing information and resources to immigrants for finding employment, and providing services to overcome barriers to employment such as transportation, child care, as well as training in the host language and culture. Furthermore, immigrant residents who hold jobs and have adjusted to the new society are trained as mediators and coaches to facilitate the implementation of the program with new immigrant populations. Their role is seen as critical in facilitating the sustainability of the program over time in the community.

The roles of community and social psychologist have involved designing, planning and implementing a participatory evaluation of the program. This project involves a number of stakeholders. In Andalusia, Spain, immigrants belong to a union and organizations that provide protection and support. So, the unions of immigrants are represented in the coalition as well as other workers unions and neighborhood associations. The coalition also includes program funders from the European Union, city representatives, local business, leaders, resident organizations, university researchers, service providers, and new immigrants themselves. All of these stakeholders are part of the coalition named Movacito (Mosaic). Stakeholders hold different expectations about the program, implementation, and measurement/methodological issues resulting in potential areas of conflict. However, from an empowerment perspective conflict is not necessarily avoidable or destructive but, in this case, has resulted in a process of growth and transformation for those involved. The rights and voice of the immigrants are highly represented by unions and immigrant organizations. This context is what makes the project complex. For instance, it has taken many meetings over a period of six months to plan the design, implementation and evaluation of the program.

Furthermore, this project has resulted in a close partnership with other universities outside the European Union, such as the University of Illinois at Chicago. Researchers from UIC are assisting in the evaluation process. Given the complexity of this project we as researchers find ourselves protecting the voice of those with less power so that they are not overshadowed by those with more power. To facilitate the participatory approach, the project staff will use an adaptation of the Concerns Report Method (see Balcazar, Keys, & Suarez-Balcazar, 2001; Suarez-Balcazar, 1998), which has been used with a variety of minority populations in similar situations of oppression. Within this approach, then, community researchers will facilitate focus groups with the different group of stakeholders to identify the concerns and issues regarding services to support immigrants. The information gathered in these focus groups will be condensed and integrated with evidence-based knowledge in order to design services accordingly. In addition, focus groups will be used to identify the process and outcome indicators of the program.

A variety of stakeholders will participate in different ways in the collection of data. An example of this is that service providers will assist with service related data collection. Data collection will last about two years and once the information has been gathered, public forums and town meetings are planned. These meetings will allow the coalition to present the data back to all the stakeholders and discuss ways to improve the European model of Equal, disseminate the information, and contribute to the impact of community intervention science.

We are currently in the process of designing the implementation and evaluation components of this project. If you are interested in learning more about the program, obtaining information, or connecting with the program faculty, please contact Manuel Garcia-Ramirez at magarcia@us.es or Julia Martinez-Garcia at fgarci@us.es.

Manuel Garcia is currently enjoying a three months visiting professor role at the University of Illinois at Chicago, after having played the role of host for two faculty members from the University of Illinois at Chicago 18 months ago during a summer visit. UIC researchers had a great opportunity to meet Manuel’s group of highly enthusiastic colleagues and students at the University of Seville, and consult on this and other similar projects.

References


Fourth European Congress on Community Psychology
Barcelona, Spain, November 6-8, 2002
Reflections and Photos edited by Paul A. Toro

Below are two “reflections” from the Fourth European Congress on Community Psychology, which was held at the Mundet Campus of the University of Barcelona in November, 2002. We also have printed a group of photos from a party held after the second day of the three-day conference. The Congress had a total of 18 sessions that involved 65 different presentations. There were substantial numbers of participants from Spain, Italy, the United Kingdom, and South American nations (e.g., Argentina, Chile, and Brazil), as well as representatives from Germany, Portugal, Norway, Denmark, Greece, the US, and Australia. Most sessions were simultaneously translated in both English and Spanish. A future issue of the Journal of Community and Applied Social Psychology will include three additional reflections from British community psychologists, one by Jim Orford, current Coordinator of the European Network of Community Psychologists (ENCP), one by Paul Dackett, and another by Steve McKenna.
An American Perspective on the Fourth European Congress on Community Psychology
by Paul A. Toro and Carolyn J. Tompsett,
Wayne State University, Detroit

We were two of only three Americans attending the Fourth European Congress on Community Psychology held in Barcelona (the other was Ken Heller). Despite our “minority status” at the Congress, we were made to feel very much “at home.” The conference was small enough (about 200 attendees by our estimation) to allow for many informal conversations during coffee breaks, between sessions, etc. The setting, at the University of Barcelona, was gorgeous. Nestled in the hills overlooking the city and the Mediterranean Sea, we had lovely weather and palm trees, flowering plants, and other beauty all around us. Most foreign attendees stayed at the many moderately priced hotels in the center of the city, a short metro-ride from the University. The city offered great and inexpensive restaurants, interesting “street life” (including dozens of creative street performers), and many sites to see (including the strange and beautiful cathedral and many other buildings designed by Gaudi, an architect native to Barcelona). We both enjoyed our experiences in Barcelona at the same time we were learning so much about what community psychologists have been “up to” in Europe.

As someone who has followed, largely from afar, the development of the field in Europe for many years, I (Paul) had the distinct feeling as the Congress unfolded that community psychology had clearly “arrived” on the “right bank” of the Atlantic. The European Network of Community Psychologists (ENC) that runs this biennial conference has established a clear track record with this, the fourth, such event. While I suspect that each of the four conferences so far has had its own special “flavor,” in part because of the wide diversity of settings and nations in which it’s been held (including Norway, Italy, and Portugal before Spain), I had the feeling that my European colleagues had developed into a well-organized professional society from its beginnings as a loose-knit group. While some ENCP members are worried that the more organized they become the further they are likely to abandon their most noble community values, I see these developments as part of a natural and positive progression.

As a student interested in hearing perspectives often de-emphasized at American universities, I (Carolyn) particularly relished the camaraderie of informal social gatherings with other conference attendees. While such gatherings were naturally limited to groups able to converse in the same language, long afternoon coffees and typical Spanish late-evening dinners facilitated the open discussion of work taking very different approaches than most I usually hear about in the United States. Both informal conversations and conference presentations focused more on values and theories than on practice or data, clearly placing greater emphasis on philosophical debate than found in most American classrooms or conference halls. Whether gaining new perspectives on my own field of research, or learning about the state of feminist or qualitative work in England, Spain, Germany or Australia, the casual atmosphere and eagerness of attendees to discuss and critique approaches from other nations was refreshing and exciting.

There were a number of occasions in sessions or informal conversations when our European colleagues felt the need to define the European-US differences in community psychology. These differences include a greater focus on citizen empowerment and qualitative methods in Europe, and a lesser focus on developing large-scale prevention programs. We sometimes had the feeling that it helped the Europeans to define who they were as community psychologists in contrasting themselves with us Americans (whether or not “America” was explicitly referenced when addressing “established” approaches in community psychology). The way the Europeans made such contrasts reminded us of how we community psychologists in America often define ourselves by contrasting what we do with what clinical psychologists do. However, we also had the reaction that we and our European colleagues shouldn’t forget the many similarities in our respective outlooks. We certainly are much more alike than different when compared to clinicians on both sides of the Atlantic!

We were impressed by the European approach to community psychology on a number of counts. For one, the “purity” of their “community values” could seldom be questioned. Europeans, like the community psychologists from Latin America (many of whom attended this conference), often work at the “grass-roots level” with communities in real need and they work very hard to adopt a collaborative stance in their work with these communities. We were also impressed with the creative uses of qualitative methods and participatory action research that we saw in some of the presentations, such as in the work of Donata Francesco, Cinzia Albanesi, and others in Italy who combine large quantitative surveys with qualitative focus groups in order to understand and enhance the psychological sense of community in small towns, among adolescents, and in other populations. We in America can learn much from the Europeans.

On the other hand, we also observed some shortcomings in man of the presentations we saw. Although we could be criticized as having “sold out” to the traditional “positivist” view of research, we still often felt that many of the presentations were long on theory and social action, but short in terms of having sound data to back up the intervention approaches advocated. While their community action at the grass-roots level was impressive, presenters also often seemed uninterested in engaging in discussion of the broader implications of their work.
Some specific suggestions for future European conferences. We were very impressed with the simultaneous translation system that allowed people who spoke only English or only Spanish to understand nearly everything that went on. Each of us had a pocket-sized receiver and headphones that allowed free movement around the room. Two translators worked in the back of the room, one translating from English to Spanish and the other from Spanish to English. Presenters spoke in whichever language they were most comfortable with (about half presented in each language). Future conferences would do well to continue such a practice, rather than "forcing" all participants to speak in English (as I believe has been the case in the prior 3 conferences). In terms of suggested improvements, we'd recommend more participatory sessions. The typical session was in a panel format and lasted a full 2 hours, with one speaker after another 'lecturing' and no time for audience participation until the very end (when there often was little time left because speakers went over their allotted time). While we commend the effort to allow the maximum possible number of presenters to share their work, this format discouraged sharing of ideas and opinions between panelists and attendees during sessions, which could have been an enriching experience unique to such a diverse and international conference of community psychologists. There were no poster sessions, which could have allowed a greater number of participants to present their work while enhancing the sharing of ideas. Finally, in spite of the obvious "community values" of the Europeans who organized the conference, there was no one from the community represented in any of the presentations we attended. Conferences in the US sometimes do include such persons (e.g., the Second Chicago Conference on Community Research; see the Fall 2003 TCP for "reflections").

America, Spain, Italy and the United States) offered opportunity for comparison and reflection on current developments in international community psychology. Papers and presentations covered a number of topic areas, including: sense of community in terms of individual, local, and global conceptualizations, sense of community among children and youth (adolescents and pre-adolescents), and participation and action research in the community. To review individual contributions, we will begin with a brief review of presentations focused on sense of community.

The subject of a sense of community, so important for Alipio Sanchez, was widely discussed. American readers will be interested to learn that Italian community psychologists and SIPCO (The Italian Society for Community Psychology) focused on the topic of sense of community in a variety of contributions, including an emphasis on methodology. In my presentation, I discussed social identity and sense of community at both a global and local level in the context of a virtual and technological society. The application of research findings on sense of community seem to imply that memories, and consciousness of one's roots, can contribute to strengthen a sense of community, but that for this to occur, a sense of trust and hope for the future of the community are necessary. A sense of connection and belonging does not seem sufficient to explain all the implications of the concepts of sense of community and social identity. My presentation concentrated on the specific characteristics of sense of community and social identity, and discussed the question of community distinctiveness, introduced by Puddifoot. The latter, unfortunately, was not present at the conference, but it is to be hoped that his recent work will be taken into account in the conference proceedings, since it seems to offer an improved and more specific focus on the categories proposed by McMillan and Chavis. In addition, global and local perspectives on a sense of community were discussed in two further presentations by the Italian contingent at the conference (Donata Francescato and Bianca Gelli). Sense of community among children and youth was also a topic of great interest at the conference.

The work of Santinella, Viero and Dallado (Padua University) seeks to understand how sense of community and social resources contribute to improve the quality of life of pre-adolescents. In a more methodological turn, data was presented by Albanesi and Zani on
sense of community among adolescents as measured by The Italian Sense of Community Scale. Factor analysis of their data showed that the latent structure differs from that of adults. So to develop an instrument specifically geared to adolescents, the authors used focus groups and free associations from a sample of 150 adolescents. Also working within the pre-adult population, Tartaglia and Converso presented studies on community features and representations among pre-adolescents. However, there was also a third theme present in research at the conference: participation and action research in the community.

In keeping with this emphasis, the paper presented by De Piccoli, Colombo and Mosso of Turin University contained an in-depth discussion of the concept of participation, and focused on the importance of promoting active forms of participation in the community. More in the context of a group strategy, Donata Francescato and the group from Lecce University (coordinated by Bianca Gelli) presented the results of an action-oriented research project carried out in a small town in Italy with the aim of promoting local development. This research is a representative example of the methodology proposed by Francescato: the identification of the features of a community, the diagnosis of the community by focusing on both strengths and weaknesses, followed by the collection (through questionnaires) of quantitative data. As can be seen from this brief review, the conference was host to a discussion of diverse topics and diverse methodologies in exploring important constructs in the field. The great quantity and variety of the material directly relating to methodology developed in the USA and Great Britain, underline the apparent worldwide interest present throughout the congress in this thematic area. This thematic focus at the Congress showed the unfailing interest of Alipio and his team who organized the entire congress.

More Photos from the Congress Party (provided by Caterina Arcidiacono)

"Community free-dance" performers
Norma De Piccoli and Silvia Gattino
(Italy)

Jurg Bergold (Germany): “We never knew he could dance like that”

Candidate Statements

CLIFFORD R. O’DONNELL

Current Position

Professor of Psychology, University of Hawaii
Founding and current Director, Community and Culture Graduate Program, University of Hawaii

The Community and Culture Graduate Program integrates community and culture psychology within a multi-disciplinary curriculum leading to the Ph.D. and includes Certificate options in Planning Studies and in Disaster Management and Humanitarian Assistance.

SCRA Involvement

Presidential Nominee, 2002
SCRA Fellow (since 1996)
Column Editor for Training Issues, The Community Psychologist
Ad hoc reviewer for American Journal of Community Psychology
Participant at 7 Biennials, presenter at 6

Recent Accomplishments

1. Council of Program Directors in Community Research and Action 2001 Award for “Outstanding Contributions to Training and Education in Community Research and Action”

2. Delinquency Prevention

Development of a delinquency prevention mentoring program, called the Buddy System, was selected as one of several “Promising Programs” by the national Communities That Care (CTC) project, as one of the programs that “have shown positive effects in adequately controlled studies.” The program currently serves as a model for several delinquency programs across the United States with research on the program presented in many publications.

The most recent publication, Culture, Peers, and Delinquency, is based on my research and a community-peer model for the prevention of delinquency (see reference below). This book includes the research of four of my students based on the community-peer model.


Among the accomplishments while on the Board were the expansion of membership in the Council to programs in Africa, South America, and Europe, creation of community psychology reading lists for authors of introductory psychology, TCP articles on cultural
compatibility and distance learning, edited books on education in community psychology and employment in community psychology, the creation of the student exchange program, and the initiation of a learning lecture series via distance learning among CPDCRA programs.

4. Executive Board member of the Consortium for Children, families, and the Law; 1988-present

The Consortium is a national organization of research centers with a focus on children, families, and the interface of psychology and law. Among the accomplishments as a Board member were U.S. congressional testimony and briefings on the U.N. Convention on the Rights of Children, minority over-representation in the justice system, methods to reduce firearm injuries and deaths among children and youth, the relationship of child maltreatment to delinquency and violence, and the overrepresentation of youth with disabilities in the juvenile justice system; and publications on child abuse and neglect, firearm deaths among children and youth, cultural compatibility, and the editing of a special issue on school violence see references below).

5. APA Council of Chairs of Training Chairs (CCTC), 1995-2000

Council accomplishments included the drafting and subsequent approval of the CCTC policy statement recommending that various community psychology experiences count toward clinical practicum and internship hours. While a Council member, also served as liaison to the APA Board of Educational Affairs.

6. Scientific Board Member of the Melissa Institute for the Prevention and Treatment of Violence, 1997-present

The Melissa Institute is a national organization that supports and disseminates research findings related to the prevention of violence. Accomplishments were recognized by an award from the Melissa Institute for “Dedication and Support” toward the prevention of violence (1998).

7. Consultation

Consultation provided to the United States Peace Corps in Micronesia, Zuni and Navajo Native American Tribes, delinquency prevention programs across the United States, and schools, correctional facilities, courts, and settlement house, substance abuse, rural health, disability, and pre-school programs in Hawaii.

1. Sample of Recent Publications


Personal Statement

Community psychology has a proud history based on values of diversity, participation, empowerment, cultural compatibility, social justice, empiricism, and scholarship. Throughout my career, I have embraced these values and integrated them in my work on social programs for disadvantaged children and youth. If I were honored as President of SCRA, I would (a) strive to develop initiatives for our members to use their valuable expertise, ranging from clinical problems to community development, to increase the influence of our values on public policy, (b) follow-up on my efforts with the APA Council of Chairs of Training Chairs (CCTC) to ensure that community psychology experiences count toward clinical practicum and internship hours, (c) recruit and facilitate the participation of international members to make SCRA more of a multi-cultural organization and become enriched and more diverse in the process, (d) collaborate with professional organizations from related disciplines to promote an intellectual synergy to expand the visibility and recognition of SCRA, and (e) in cooperation with the Council of Program Directors in Community Research and Action (CPDCRA), develop initiatives to encourage more students to enter the field of community psychology. I believe these endeavors would increase the excitement and pride of membership in SCRA and it is toward these goals that I would work as SCRA President.

Candidate for President-Elect

RAYMOND P. LORION

Current Position:

Professor, Psychology in Education Division, Graduate School of Education; Research Associate, Center for Mental Health Policy and Services Research and Center for Psychotherapy Research, Department of Psychiatry; Center for Youth Policy Studies, School of Social Work; Firearm Injury Center at Penn, School of Medicine: Affiliate Faculty, Master’s in Public Health; University of Pennsylvania.

Adjunct Professor, Department of Mental Hygiene, Bloomberg School of Public Health, Johns Hopkins University.
Adjunct Professor, School of Psychology, Pontificia Universidad Católica de Chile, Santiago, Chile.

SCRA Involvement:

As a member of SCRA since 1973. I participated in the Austin Conference in the mid-70s and served as the Newsletter Editor during the 1980’s. I have served as member of the Executive Committee and as Associate Editor of the American Journal of Community Psychology (AJCP). Since 1989, I have served as Editor of the Journal of Community Psychology. As Director of the doctoral program in Community Psychology at the University of Tennessee, I hosted the Biennial Conference at a youth camp in the foothills of the Smoky Mountains. As Director of the doctoral program in Clinical-Community Psychology at the University of Maryland in College Park, I served as member and Chair of the Council of Community Psychology Program Directors. As Chair of the Council of University Directors of Clinical Psychology, I urged that its member programs adopt community principles and practices in their curricula. Over the past decade, I have served as member of the AJCP Editorial Board and most recently as Ad Hoc Reviewer for AJCP. Each year, I review submissions to SCRA for the annual APA meeting and assist the Executive Committee as requested.

Vision for SCRA:

The emergence and development of Community Psychology as an applied social and behavioral science has been central to my research, scholarship and practice for 30 years. I enrolled in the University of Rochester’s doctoral program in clinical psychology to serve the mental health needs of low-income and minority populations. Unbeknownst to me, I was at ground zero for the struggle between clinical and community agendas. I had the benefit of being mentored by Professors Emory Cowen and Melvin Zax and interning in a department of psychiatry seriously committed to responding to the MHHC movement’s challenges. Rather than having to choose between the fields, I was encouraged to operate at the nexus of Clinical-Community Psychology. I did not have to deny pathology to recognize it, treat it or, ideally prevent it. I could adopt skills developed as a therapist in designing and delivering preventive interventions. At that nexus, I could extend my understanding of clinical and community processes with epidemiology and developmental science in the pursuit of health, recognition of risks and avoidance of disorder.

At issue then as now was how Community Psychology could contribute to maximizing the accessibility, acceptability and responsiveness of mental health services for the disadvantaged. At issue was how Community Psychology could contribute conceptually, methodologically and programmatically to the design, implementation, evaluation and dissemination of methods to prevent disorder and promote health. Community Psychology was to provide theory and methods for understanding the ecology of the settings in which people live, work, learn, recreate and traverse and clarify how applications of such knowledge improves the lives of those in need of health and mental health services and those whose lives can be improved generally. Understandably, each of these issues represented somewhat different paths for subgroups of Community Psychologists and debate ensued (and continues) about their relative merits. As the field enters its fifth decade, I would hope to return that debate to the forefront and examine the benefits of converging these pathways to solve pressing human needs and establish Community Psychology as a unique and socially important human science.

For example, consider the challenges confronting contemporary CMHCs. Approximately half of those who seek CMHC services fail to even appear at their scheduled intake. Of those who do appear, half (i.e., 25% of those originally making contact) appear at the initial session and fewer than 1 in 12 continue beyond session 10. Why should we care? Our commitment to the prevention of disorder notwithstanding, we remain concerned about those currently experiencing distress. If we reject therapy then what might we offer in its place to relieve that distress? If we accept the premise that therapy might reduce distress for some, then how do we design services to match need? If those in need will not come to CMHCs, can our understanding of communities identify where and how help can be provided?

Community Psychology should renew its originating commitment to connect those in need with those who serve. The time is right for this. Effectiveness trials of “evidence-based treatments” promise some relief for the underserved and disadvantaged. Yet these trials are severely hampered by continuing problems with attrition. Factors contributing to consumer dropout throughout the course of seeking and receiving treatment may best be identified and, hopefully, resolved, by the systematic application of Community Psychology’s theories and methods. We need to understand the ecology of help-seeking, the presence and absence of social support during the course of treatment and the ecological impacts of consequent changes. Our system perspective can enhance delivery mechanisms in ways that increase treatment access, acceptability and effectiveness. We need to remind those who would argue against responding to symptoms of public health’s commitment to the delivery of secondary (i.e., early identification and effective treatment) and tertiary (i.e., rehabilitation) services while seeking effective ways to prevent disorder and promote health. Importantly, similar issues with engagement in and attrition from interventions arise across the spectrum of prevention and health promotion efforts. Any solutions we identify are of limited value if not provided to their intended beneficiaries. I would hope that Community Psychology would renew its commitment to expanding society’s access to all forms of preventive interventions across the spectrum of primary, secondary and tertiary strategies.

Clearly, Community Psychology can take enormous credit for public appreciation of the value of “moving upstream”. Much of my career has focused on examination of the conceptual, methodological, political and logistic challenges of understanding and addressing factors that jeopardize the optimal development of children and adolescents generally, and those living in urban settings specifically. That work has moved from the systematic examination of processes and products of Emory Cowen’s Primary Mental Health Project to focusing its elements on secondary approaches to learning disabled preschool and primary grader to understanding risks for early involvement with substances to my present focus on the academic, physical, emotional and behavioral consequences of exposure to pervasive community violence. This work has made evident the richness of our heritage. Its heuristic potential is revealed if examined through such lenses as Barker’s “behavior setting concept”, Sarason’s “sense of community”, Wandersman’s insights.
regarding the building and sustaining of coalitions, Shinn's levels of analysis and Trickett's "research as intervention" conceptualization. As a final element of my vision for Community Psychology, SCRA needs to take leadership in formation of Prevention Science and Practice as a distinct field within the social and behavioral sciences. The foundational work cited above represents but a sample of what we can bring to this endeavor and accelerate the momentum of its development. We need, for example, to take advantage of the methods of services research and cost-effectiveness analyses to solidify prevention's evidentiary base. A comprehensive inventory of our defining conceptual and methodological discoveries will make evident the value of our science.

Sample of recent publications:


Candidate for Member-at-Large

SARA COOK

Members-at-large serve all members of the Society. Specifically, they represent the broad-based interests of the division’s members to the Executive Committee, plan the Society’s APA Convention Program, and support the division’s projects and initiatives. I am honored to be nominated to a member-at-large position. Previously, I have served the division as Regional Coordinator, Chair of the Social Policy Committee, and most recently, as member of the local planning committee for the 2001 Biennial. Through these positions, I have furthered my knowledge about how the division operates, and met members with a wide range of interests. If I am elected, these experiences, as well as my recently Biennially-honed organizational skills, will help me fulfill the duties of Member-at-Large.

Having the opportunity to introduce Ambassador Andrew Young for his 2001 Biennial plenary address was exciting for me, and the event left an impression on me. While the position of Member-at-Large is not one that affords the opportunity to promote a specific interest or group’s agenda, I have to come clean and state that Ambassador Young’s words will influence my service to the Division. As a result of his address, and our current state of international unrest, I am personally interested in promoting division activities and policies that not only increase our international membership, but also visibility in the Division of members living and working as community psychologists across the globe.

In addition to the need to grow the membership, another matter of importance to the Division generally is the need to identify and implement methods of strengthening leadership so that all interests are represented at various levels of society governance. Recently, the Society has successfully devoted resources to student members’ requests for attention to graduate student mentoring (e.g. Biennial panel discussions, TCP columns, etc.). Perhaps what we may now need is a focus on mentoring junior faculty and new practitioners with an eye toward leadership so that these members may better understand the role division leadership can play in promotions (academic and practice) and tenure. Of course, a strong and diverse leadership can only enhance efforts to increase membership.

Another major need is to improve communication within the Division. Maintaining communication between Biennials is critical to maintaining the cohesion and enthusiasm that regularly develops there, but it is an ever-present challenge. We have many resources at our disposal to meet this need, particularly our website. In its present state, the site is helpful, but additional development is needed. For example, it should be updated in a timely manner. It should be accessible to members with visual impairments. It should reflect the active and dynamic nature of the division. With society’s increasing reliance on the Internet, an attractive, up-to-date, and accessible website is a second strategy toward membership development.

If elected, I pledge to work creatively and collaboratively to develop strategies to meet these needs, and others that the membership may raise.

Publications


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**Candidate for Member-at-Large**

**HIROKAZUYOSHIKAWA**

**Current Position**

Assistant Professor of Community Psychology, New York University.

**Education**

Ph.D. in clinical psychology, New York University.

**SCRA Involvement**

Chair, SCRA Dissertation Awards committee, 2000.

Member, SCRA Dissertation Awards committee, 2001-2002.

Member, LGBT Interest Group.


**Recent Honors/Awards**

Member, Committee on Family and Work Policies, National Academy of Sciences, 2002-2003.


William T. Grant Foundation Faculty Scholars Award, 2001.

SCRA Dissertation Award, 1999.

Member, Department of Health and Human Services Advisory Committee on Head Start Research and Evaluation, 1999.

**Selected Work**


nity psychology (pp. 33-49). New York: Plenum.

Personal Statement

I am honored to be nominated for Member-at-Large of SCRA. Community psychology is my disciplinary home, and as such I would be delighted to serve the society that has supported me in so many ways. In my work, I aim to advance community psychology in areas of public policy, prevention, and culture. In the first area of work, I examine how welfare and anti-poverty policies affect parents and children. My students and I are exploring whether and why effects of welfare policies on children differ by race and ethnicity, initial levels of risk, and developmental stage, using both quantitative and qualitative methods. In the second area, I examine culturally specific influences on HIV risk, and their implications for prevention strategies, for Asians and gay men of color. This is work conducted in collaboration with the Asian/Pacific Islander Coalition on HIV/AIDS (APICHA), a CBO in New York City. Finally, I am a PI on a recently established Center for Research on Culture, Development, and Education at NYU, funded by the NSF to examine pathways to school readiness and educational achievement in five ethnic groups of families in New York City. On that project we are examining influences at multiple ecological levels, from public policy to micro-level parent-child interactions, as they vary within and across ethnicity and developmental periods.

As Member-at-Large, I would be responsible for coordinating the SCRA program at the American Psychological Association annual meeting. As a student, I learned a lot from participation in the biennial and APA conferences. As a graduate advisor, I have encouraged my students to not only present research, but organize panels at the SCRA biennial and other conferences. I would aim in my work for the APA meeting to encourage student involvement on a range of topics well-represented in SCRA (and often under-represented at APA), including those in areas of cultural diversity, public policy, and prevention.

Candidate for Treasurer

JOSEPHA DURLAK

Current Position

Professor of Psychology, Loyola University Chicago

SCRA Involvement

My involvement in SCRA activities has taken many forms during my 20+ years of association with the Society. I am a fellow in the Division. I have been on the editorial board of American Journal of Community Psychology two separate times from 1980 to 1982 and 1991 to 1995 and have been an ad hoc reviewer for the Journal between these two tenures and up through 2002. I was Midwest Coordinating for Division 27 from 1981 to 1982, and have reviewed proposals for the Division 27 program of the APA National convention for many years. I have attended and presented at most of the Biennial meetings.

I have also been Associate Editor of the Journal of Prevention and Intervention in the Community from 1997 to the present, and have been on the editorial board of the Journal of Community Psychology from 1989 to 1992 and from 2000 to the present. Most recently in June 2002, I, along with colleagues from DePaul University and University of Illinois at Chicago organized a national community psychology research conference held in Chicago on participatory research methods. APA provided significant funding for this event and will be publishing a book based on the conference.

My personal research interests focus on prevention and health promotion and a few of my most relevant publications in these areas are listed below.

Sample of Recent Publications


Personal Statement

I am pleased to be nominated to serve as treasurer for the Society and understand the importance of the position. The Division has changed, in some ways for the better and in some ways not. In the latter case, membership has declined and we must strive to attract more individuals who share our commitment to community research and action. In the former case, the new negotiated contract for our flagship journal, AJCP, now assures us a steady source of income.
The position of Treasurer is important and requires management and oversight of its financial condition and I will do the best job I can in these respects. In terms of relevant experience, I have served on the Board of Directors of two non-profit organizations and part of my duties entailed ultimate oversight and responsibility for organizational finances. One of these organizations (the North Shore Ecology Center) has a small operating budget while the other (Prevention First of Illinois) has a growing multi-million dollar budget. I understand the fundamental importance of a sound financial structure in helping an organization function effectively and meet its short- and long-term goals.

Candidate for Treasurer

JOSEPH FERRARI

Education:

1983 - 1989 M.A., Ph.D. Social Psychology, Adelphi University, Garden City, NY
1978 - 1981 M.S. Experimental Psychology, SUNY, College at Cortland, NY
1974 - 1978 B.A. Psychology, magna cum laude, St. Francis College, Brooklyn, NY

Current position:

Associate Professor of Psychology, Department of Psychology, DePaul University, Chicago, IL
- Director, Community Doctoral Training Program
- Co-Director, Master of Science in General Psychology Program
- Director, Suburban Psychology Programs [BA, MS]
Editor-in-Chief: Journal of Prevention & Intervention in the Community 1995 - present

Professional Affiliations:

Fellow: Society for Community Research & Action, American Psychological Association, American Psychological Society
Member: APA-Soc. for the Teaching of Psychology, APA-Soc. for Personality & Social Psychology, Midwestern Psychological Association, Eastern Psychological Association, Council of Teachers of Undergraduate Psychology

Professional Awards & SCRA service:

Midwestern Regional Coordinator, SCRA 1993–1996
Column Editor, The Community Psychologist SCRA 1993-1997
Program Evaluator, “Fifth Biennial Conference” SCRA 1995
Distinguished Student-Service Award – Psi Chi/Psychology Club, DePaul University, Chicago, IL 1996
Program Committee, Volunteers and Public Relations, Midwestern Psychological Association 1999-present
Program Committee, Social-Personality Psychology Eastern Psychological Association 1997-2000
APA Liaison, Soc. for the Teaching of Psychology Eastern Psychological Association 1998-2001
SCRA Liaison, Program Development Task Force

Eastern Psychological Association 1997-1999
Award, DePaul University’s Spirit of Inquiry for Excellence in Creative & Original Research 2001

GRANT AWARDS & RELATED ACTIVITIES:

DePaul University Executive Offices & Hays Gift, “The University Mission & Values Projects-Students/Staff” Principal Investigator September, 2001-present $210,000
NIH, National Institute of Drug Abuse, “Abstinence Social Support in Oxford House” Co-Principal Investigator October 1, 2000 - present $2,477,086
NIH, National Institute of Alcohol and Alcohol Abuse, “An Evaluation of the Oxford House Model” Co-Principal Investigator July 1, 2000 - present $1,966,547
IL Department of Public Aid: “African-Americans Recovering from Substance Abuse” June, 1997 $10,000

Recent Publications:


**Statement:**

We enter this profession in many ways. For some, it is through formal graduate studies and a continuance of scholarly interests. For others, there is a personal commitment to the values and principals of an ideal. Or, it is a mixture of these forces. I have no formal training in graduate school in community psychology. I am trained as an experimental social psychologist. But, I have always been committed to how and why we as members of our society need to live together. Perhaps because of my upbringing or the values I learned in school, I believe we need to work better and harder to improve the quality of lives for us all and to respect the dignity and diversity of others. So, after graduate school I ‘found’ community psychology, as I tried to investigate topics such as how to increase altruistic and pro-social acts within our society that reflected my values. The principles of inclusion, advocacy, empowerment, collaboration, and the development of a sense of community have been some of the values I embrace from community psychology. Today, as a social-community psychologist and citizen I focus my scholarship and service in the areas of sense of community, mutual support, addictions and recovery, caregiver stress and satisfaction, adult community-service and volunteerism, and undergraduate education in community psychology.

After a number of years of meeting the needs of SCRA and other professional organizations in both leadership and member roles, I am honored to be nominated for the position of **Treasurer** and to be considered for this Executive Committee post. The friends and colleagues I have met through this organization really have enriched my life, and I am humbled that they support my candidacy. I am confident that the professional experiences I have had associated with SCRA (as regional coordinator, program facilitator, biennial evaluator) and other organizations have taught me the skills I need to accomplish this post. The management of large amounts of funds is an act that I know I can fulfill, as reflective in my grant and project manager positions.

I have no formal agenda issues I wish to address as a member of the SCRA executive board. This may be viewed as an asset, not a limitation, because I enter the post with no pre-conceived opinions that must be handled. However, I do stand adamant that the principals of SCRA remain, that we continue to be solvent financially, and that we continue to reach out and ‘bring to the table’ marginalized and disenfranchised persons. We hear that different voices must be heard, but do we really listen? Are there better ways that we can assist and work together to improve the lives for us all? I believe yes. If elected Treasurer, my function largely will be to ensure the financial records of SCRA are kept in tact. But, as a member of the executive board I will play an active role in shaping the future of our profession for current members and future community psychologists that helps improves the lives of others.

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**Candidate for Treasurer**

**GARY W. HARPER**

**Education:**

1995 Postdoctoral Research Fellowship, University of California, San Francisco, CA
1994 M.P.H. in Epidemiology, University of California, Berkeley, CA.
1993 Ph.D. in Clinical Psychology, Purdue University, West Lafayette, IN
1989 M.S. in Psychology, Purdue University, West Lafayette, IN.
1985 B.A. in Biology and Psychology, Washington University, St.
Louis, MO.

**Current Positions:**

Associate Professor of Psychology, Department of Psychology,
DePaul University, Chicago, IL
Program Director, Community-Clinical Doctoral Training Program,
Co-Director, Center for Community and Organization
Development, DePaul University

**SCRA/APA Involvement:**

Midwest Regional Coordinator (1997-1999)
Program Chair for the Annual Affiliated Meeting of SCRA at the Midwestern Psychological Association Conference (1998)
Founding Chair, Lesbian/Gay/Bisexual/Transgender (LGBT)
Special Interest Group (1998-2000)
Co-Editor, LGBT Column in The Community Psychologist (1999-present)
Nominations Committee (1998-present)
National Conference Planning Committee for Atlanta Biennial (2000-2001)
Chair, APA’s Committee on Psychology and AIDS (2001-2002)
Member, APA’s Committee on Lesbian, Gay, Bisexual Concerns (2003-present)

**Recent Awards/Honors:**

Fellow, SCRA and APA (2003-present)
Ethnic Minority Mentorship Award, Society for Community Research and Action (2000)
Illinois Psychological Association’s Humanitarian Award (2000)
Excellence in Teaching Award, DePaul University (1999)
Excellence in Public Service Award, DePaul University (1998)

**Selected Recent Publications:**


Statement:

I am honored to be nominated for the position of SCRA Treasurer, and would consider it a privilege to serve the society in this capacity. As a member of the executive committee, I would encourage my fellow committee members to continually examine our actions to assure that we are inclusive of all forms of human diversity and to strive to break down barriers that may exist between “academic” Community Psychology and applied community work. I will also work to assure that student voices are heard in SCRA executive matters, since students often feel disempowered in academic-related activities and have much to contribute to the society. As an executive committee member, I also hope to find ways to include community members in more SCRA-related activities, especially those people who are conducting front line work in small non-profit agencies that typically do not have access to academic societies and resources.

As a value-laden field that promotes respect for diversity and cultural relativity, we need to constantly engage in a state of self-examination and introspection to assure that we are truly being inclusive and not inadvertently engaging in oppressive practices. The work that I have done thus far within SCRA with regard to increasing the visibility of lesbian, gay, bisexual, and transgender (LGBT) issues in Community Psychology reflects my dedication to taking action when I feel that increased attention to human diversity issues is needed. In 1988 I worked with Marg Schneider to establish the first LGBT special interest group within SCRA as well as the first LGBT column in The Community Psychologist (which I still co-edit). Marg and I co-edited a special section of The Community Psychologist on LGBT interventions in the community in 1999, and last year completed the first special issue of American Journal of Community Psychology on LGBT theory, research, and practice, which is currently in press. I recently completed what I believe will be the first full-length chapter in a Community Psychology textbook that is specifically focused on heterosexism and the oppression of LGBT people. Because of my work in this area, as well as my community-based work with LGBT youth, I was recently appointed to the APA’s Committee on Lesbian, Gay, and Bisexual Concerns where I will be able to bring a Community Psychology orientation to an APA governance committee.

In much of my research and action work, as well as in my training of students, I strive to build partnerships with community agencies in order to work in a collaborative manner that is beneficial to all parties involved. I hope to bring this collaborative spirit and inclusion of non-academic community interventionists and activists to the executive committee by finding ways to integrate such individuals into the work that we do as an academic society. Even though I am in a “traditional” academic position, I still continue to work actively with small community-based non-profit agencies in Chicago and elsewhere. My interactions in the community constantly remind me that even though academics and communities may have similar goals and visions for social change, there are often differences with regard to organizational structure and culture that can impede true collaborative relationships. I hope to work with the executive committee to break down some of the barriers that have prohibited inclusion of more community members in the work of SCRA.

My past activities show a commitment to including community members in academic arenas. I was able to incorporate community members in an academic conference when I organized the Annual Affiliated Meeting of SCRA at the Midwestern Psychological Association Conference, and worked with Alicia Lucksted to do the same during a town hall meeting at the last Biennial conference where we invited members of several LGBT-related community organizations to meet with members of SCRA to discuss how community psychologists could better assist community groups (we will be doing the same type of town hall meeting this summer in New Mexico). In addition I worked with the APA Office on AIDS to organize two conversation hours at APA Annual Conventions that included members from community-based HIV service organizations and psychologists/students working with HIV issues.

I hope that this brief overview has been helpful in helping the membership to understand some of my thoughts regarding general issues that I would like to see addressed if I am elected. Although I have not served as a Treasurer for a large academic society such as SCRA, I have been actively involved in various SCRA leadership and committee positions that have given me an understanding of how the society works from an organizational perspective. I also have been involved in APA governance for the past three years as a member of the APA’s Committee on Psychology and AIDS (and the chair for the past 1.5 years), and just began my new term as a member of APA’s Committee on Lesbian, Gay, and Bisexual Concerns. If elected, I will do my best to fulfill my responsibilities as the Treasurer of SCRA, an will seek to be a voice for those who are often not heard on the executive committee. Thank you for your time.
2002 SCRA Membership Directory: Errata Sheet

Below we list corrections and updates we have received on the information that appeared in the 2002 SCRA Membership Directory that appeared in the last (Fall 2002) issue of TCP. We apologize for the errors that occurred, many due to the data given to us by our Membership Services Office (note that all corrections have been sent to this Office so that SCRA’s database can be as accurate as possible). We suggest that you copy the page(s) below and insert them in your 2002 Directory for future reference. Note that in most cases below, only one or two bits of information are updated whereas in other cases the whole listing is new. If you wish to make updates in the future, we suggest you send them directly to SCRA’s Membership Services Office (e-mail scra@telepath.com or send by regular mail to the address on the inside back cover of this issue). We do not plan to issue any additional Errata Sheets for the 2002 Directory. The next Directory should become available in about 2 years’ time.

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INTERNATIONAL

Canada
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Brown, Jason, I
Chataway, Cynthia, I
Cornnier, Natalie, S
Desrochers, Mireille, S
Dienes, Bruce, I
Dufort, Francine, I
Gottlieb, Benjamin, I
Goulet, Julie, S
Hawne, Penelope, I
Julien, Danielle, A
Lafreniere, Kathryn, I
MacDermott, Wendy, M
Manuel, Dennis, I
Murray, Michael, I
Nelson, Geoffrey, I
Newman, Peter, S
Pancer, Mark, I
Papineau, Danielle, I
Risler, Julie-Anne, S
Schmidt, Heather, S
Schneider, Marg, I
Smith, Fowler, Heather, I
Toft, Bruce, I
Vander Plaat, Madine, I
van der Werd, Kim, S
Wenger, Albert, I

Puerto Rico
Bernal, Guillermo, F
Serrano, Garcia, Irma, F

United Kingdom
Barker, Chris, I
Fryer, David, I
Kagan, Carolyn, I
McKenna, Steve, S

Fiji Islands
Aubel, Judi, I
Forster, Peter M., I

The Community Psychologist, Volume 36, Number 1, Winter 2003
Olga Acosta, SCRA Northeast Regional Coordinator, to Receive “Psych Out Award”

Here is the brief tribute from The East Side Institute for Short Term Psychotherapy, in New York City, which makes these awards: Olga Acosta, Ph.D., is a nationally recognized advocate for the creation of positive, meaningful and effective mental health programs school-aged children. The clinical administrator for the Department of Mental Health in Washington, DC, she is responsible for coordinating, implementing, and monitoring the development of an expanded school mental health program in 34 public charter schools. Though new to social therapy, Olga has over the last year actively introduced the approach to her staff and colleagues in the field. Prior to her position with the DMH, Olga was the associate director of the Center for School Mental Health Assistance, a federally funded national technical assistance center. While there, she helped to promote the advancement of school mental health programs nationally and to foster partnerships among agencies interested in developing a coordinated and comprehensive system of health care for youth. Olga has published numerous articles and participated in many national and regional meetings on school mental health issues.

Report of the 8th Trans Tasman Community Psychology Conference

Christopher Sonn, Lauren Breen, Dawn Darlaston-Jones, and Meredith Green

Edith Cowan University, Perth, Australia

The 8th Trans-Tasman Community Psychology Conference was held June 27-29th at AQWA, Hillarys Boat Harbour, Sorrento. The overall theme of this year’s Conference was Working Towards Inclusive Communities: From Rhetoric to Reality with a focus on exploring power and inequality in our communities. Sub-themes included:

- discussing social, cultural and political forces that affect community well-being;
- exploring how power is constructed and operates in our communities and how this impacts on community relationships;
- challenging inequality existing in our communities;
- developing strong, inclusive and diverse communities; and
- building collaborative partnerships between community, industry and policy-makers to tackle these issues.

Over the three days approximately 130 delegates attended the conference. Academics, government and agency staff, and community members participated in and delivered seminars, posters and workshops. Cheryl De La Rey (University of Cape Town, South Africa), David Fryer (Stirling University in Scotland), and Jill Milroy (University of Western Australia) presented keynote papers addressing the core themes. Cheryl spoke about racism and psychology in South Africa and the possibility of psychology as a site for social transformation. David reflected on his work in employment and the lessons for developing a psychology that is transformative and responsive, while Jill delivered a paper addressing the challenges of reconciliation and social exclusion for Aboriginal Australians.

Delegates from international and national destinations delivered a total of 33 papers, 18 workshops, and 12 posters. The presentations explored the construction of power in domains such as gender, sexual orientation, environmental damage, whiteness and Paheka identity, racism, and discrimination. The social, cultural, and political forces that affect community well-being were discussed within domains of parenthood, legislation, separation and divorce, school, work,
mental health systems, service provision and priorities, housing, adoption, and residential care. Some presentations challenged inequality existing in domains such as psychological knowledge and higher education. Inclusively and diversity was explored, with an emphasis on disability, migrants and refugees, young people, mental health consumers, community development, and community cultural development. Collaborative partnerships between community, industry, and policy-makers were showcased through the presentation of programs and projects aimed at service provision and program delivery for mental health consumers, carers, refugees, young people, people with disability, and geographic communities.

One of the workshops at the conference focussed on refugee detention in Australia. Following that session delegates collaborated and developed a statement condemning Government policy on mandatory detention of asylum seekers. The statement was released to the press and received considerable media coverage.

Two Community Agency Tours, attended by twenty-five conference delegates were conducted the day before the Conference opening. The organisations who volunteered their time and effort for the tour included: Ethnic Communities Council, South Metropolitan Migrant Resource Centre, ASeTTS, Yirra Yaakin, One World Centre, HYPE Youth Programme, Western Institute of Self Help, GROW, Environment Centre, and City Farm.

Issues raised by the tour set the scene for a community-orientated and collaborative Conference; delegates were able to initiate conversations with other delegates and with community agency representatives, many of whom were able to attend further sessions of the conference. Moreover, because of the tours our program has developed linkages between agencies and the community psychology program at Edith Cowan University.

In addition to a formal evaluation of the conference we received a number of emailed responses from delegates. Overall participants expressed positive sentiments about the event including: “a fantastic bonding opportunity especially coming from overseas and being new to Perth, by the end of the day I felt like I was part of the community”. Many students and community members commented that they felt welcomed, included and valued. Although people have mostly responded positively about the content and the process, some participants commented that they would have liked more time for in-depth discussion and informal conversations and a bias towards action. These sentiments were echoed through comments such as, “[the] venue needs to accommodate informal setting/conversation space”, and “[the conference should] have more of an applied community psychology focus and less focus on academic perspectives. Also more focus on social action”.

Some post conference developments

There are a number of developments at ECU that resulted from the conference. One group of people has established the Identities and Intercultural Issues group. This group developed out of a workshop on anti-racism strategies, a ‘whiteness’ roundtable, and the call for institutions of higher education to be more responsive to Indigenous staff and students. The aim of the group will be to encourage and engage in research and action that will challenge racism and oppression and promote empowering practice.

A number of undergraduate students who attended the conference have adopted cultural awareness for their fourth year research, while several postgraduate students have included a social justice focus to their research. One student is now actively engaged in advocacy work with the Refugee Alliance in Western Australia. The Western Australia College of Community Psychologists has reevaluated its own agenda and is now looking towards moving beyond a professional interest group to engaging in social action work.

In summary, from our perspective, as conference organisers, the conference was a success. We are particularly pleased that we were able to increase awareness of community psychology and develop links with local agencies. The development of links between the University and agencies is a particularly valuable indicator of the benefits of the conference because it reflects a core principle of community psychology - collaboration and partnership. The challenges ahead will include sustaining these new links and contributing positively, through ongoing research and action, to the development of communities and community psychology in Western Australia and Australia.

Edith Cowan University
An Invitation To Membership

Society for Community Research & Action

The Division of Community Psychology (27) of the American Psychological Association

The Society for Community Research and Action (SCRA), Division 27 of the American Psychological Association, is an international organization devoted to advancing theory, research, and social action. Its members are committed to promoting health and empowerment and to preventing problems in communities, groups, and individuals. Four broad principles guide SCRA:

1. Community research and action requires explicit attention to and respect for diversity among peoples and settings.
2. Human competencies and problems are best understood by viewing people within their social, cultural, economic, geographic, and historical contexts.
3. Community research and action is an active collaboration among researchers, practitioners, and community members that uses multiple methodologies.
4. Change strategies are needed at multiple levels in order to foster settings that promote competence and well-being.

The SCRA serves many different disciplines that focus on community research and action. Our members have found that, regardless of the professional work they do, the knowledge and professional relationships they gain in SCRA are invaluable and invigorating. Membership provides new ideas and strategies for research and action that benefit people and improve institutions and communities.

Who Should Join

- Applied & Action Researchers
- Social and Community Activists
- Program Developers and Evaluators
- Psychologists
- Public Health Professionals
- Public Policy Makers
- Consultants

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.

Interests of SCRA Members Include

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

SCRA Membership Benefits & Opportunities

- A subscription to the American Journal of Community Psychology (a $105 value);
- A subscription to The Community Psychologist, our outstanding newsletter;
- 25% Discount on books from Kluwer Academic/Plenum Publishers;
- Special subscription rates for the Journal of Educational and Psychological Consultation;
- Involvement in formal and informal meetings at regional and national conferences;
- Participation in Interest Groups, Task Forces, and Committees;
- The SCRA listserv for more active and continuous interaction about resources and issues in community research and action; and
- Numerous activities to support members in their work, including student mentoring initiatives and advice for new authors writing on race or culture.
THE SOCIETY FOR COMMUNITY RESEARCH AND ACTION

Membership Application

Please provide the following information about yourself:

Name: ____________________________________________

Title/Institution: ________________________________________

Mailing Address: ________________________________________

Day phone: ( ____ ) ______ - ___________ 

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E-mail: ____________________________________________

The following two questions are optional:

What is your gender?  □ Female  □ Male

Your race/ethnicity? ____________________________

Membership dues (check one):

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

□ International Member ($35)

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

□ Charge to credit card:  □ Visa  □ MasterCard

Account No.: ____________________________

Expiration Date: _________ / ___________

Authorized Signature: ____________________________

Signature of applicant: ____________________________

Date: ____________________________

May we include your name in the SCRA membership Directory?

□ Yes  □ No

Are you a member of APA?

□ No  □ Yes (APA Membership # ______________________)

If yes, please indicate your membership status:

□ Fellow  □ Associate  □ Member  □ Student

Affiliate

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

□ Cultural & Racial Affairs Committee

□ Disabilities IG

□ International Community Psychology Committee

□ Lesbian, Gay, Bisexual, & Transgender Concerns IG

□ Prevention and Promotion IG

□ Rural IG

□ School Intervention IG

□ Self-Help/Mutual Support IG

□ Social Policy Committee

□ Stress & Coping IG

□ Students of Color IG

□ Undergraduate Awareness

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

SCRA, 1800 Canyon Park Circle, Building 4, Suite 403, Edmond, OK 73013
About The Community Psychologist...

The Community Psychologist is published four times a year to provide information to members of the Society for Community Research and Action (SCRA). A first "Membership Directory" issue is published approximately every three years. Opinions expressed in The Community Psychologist are those of the individual author and do not necessarily reflect official positions taken by the Society. Materials that appear in The Community Psychologist may be reproduced for educational or training purposes. Citation of the source is appreciated.

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Articles, columns, features, letters to the Editor, and announcements should be submitted, if possible, as Word attachments in an e-mail message to: paul.toro@wayne.edu. The Editor encourages authors to include digital photos or graphics (at least 300 dpi) along with their submissions. Materials can also be submitted as a Word document on an IBM-compatible computer disk to (or as hard copy) by conventional mail to: Paul A. Toro, TCP Editor, Department of Psychology, Wayne State University, 71 W. Warren Ave., Detroit, MI 48202. You may reach the Editor by phone at (313) 577-0806 or fax: (313) 577-7636. Next DEADLINE: Summer 2003: JUNE 13. After this deadline, send all material to the new TCP Editors, Joy Kaufman and Nadia Ward at: The Consultation Center, Yale University School of Medicine, 389 Whitney Ave., New Haven CT 06511, e-mail joy.kaufman@yale.edu, nadia.ward@yale.edu. DEADLINES: Fall 2003: August 29; Winter 2004: Jan. 9.

Subscription Information:
The Community Psychologist and the American Journal of Community Psychology are mailed to all SCRA members. Students and affiliates may join SCRA and receive these publications by sending $20.00 for student members, $35 for international members, and $45.00 for members to Janet Singer, 1800 Canyon Park Circle Bldg. 4, Suite 403, Edmond, OK 73013; e-mail, scra@telepath.com. (Dues are per calendar year.) The Membership Application is on the prior two pages.

Change of Address:
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