My Roadway to Becoming a Community Psychologist
My first exposure to social justice issues began as a young girl growing up in a family of 12 children in Bogota, Colombia. My parents, very mindful of the challenges of raising 12 healthy-minded kids, were chary about making every one of us feel valued and loved. My mother’s usual practice of running errands on Saturday mornings involved taking turns bringing two or three kids along for the trip, as we all thought it was a fun thing to do—we just had to wait for our turn to come along. From those regular errands, my mother would bring back with her two large Chilean green apples—deemed to be special, expensive, and best the in town at the time—and painstakingly cut 12 equal pieces from both. There was no way we could argue that one sibling got a piece larger than the other one. But more important lessons were common.

Growing up in a middle-class neighborhood in Bogota, we were easily exposed to street children begging for food. A large pot of beef soup or chicken stew was often cooking on the stove which was easily augmented by adding chicken broth, water, and cilantro according to the demands of the crowd to be fed on a particular day. Once we were done with our meal, my parents would gather all the remaining food and call on the street children, have them come inside the garage of my house and feed them. Many street children left my house with a full belly and often with hand-me-down clothes and toys. Soon, our middle-class neighbors complained about my parents’ practice of attracting street children to the neighborhood by feeding them. The complaint came in the form of a visit from a delegation of three neighbors and then a letter signed by several neighbors. As a response and a lesson on social justice, my parents asked our regular street visitors to bring their friends for a nice meal. Thereafter, instead of 6-8 kids we were easily feeding 15 to 20. The garage of my house became a classroom and a cafeteria for street children. After that, our neighbors stopped complaining, hoping that the number of guest would suddenly decline. At one point my parents connected with an orphanage in Bogota that was able to accommodate only a few of the street children. A government response to the plight of street children doesn’t come easy in resource-limited countries.

Many such lessons on social justice continued throughout my growing up. My family had a farm in the mountains near Bogota. A small peasant village nearby had built a new 3-classroom school facility up in the mountains and for a few months the new school remained empty because of the lack of teachers and the village negligence in searching and hiring the teachers. My parents trained my older siblings and me to teach children how to read and write, tailoring the task to the needs of each particular child—neither of them were school teachers, other than assisting their 12 kids with daily homework. Soon we became the voluntary school teachers on Saturday and Sunday mornings. My
mother was the principal and head teacher, my father assisted with feeding the kids and organizing the school facility, and my siblings and I the teachers ranging in ages from 13 to 18 years old. I was the youngest and that was my first experience as a teacher. Within a few months, we organized a march with the local families to the village hall to advocate for the hiring of a regular professional teacher. After much advocating, the rural community hired its first teacher. Afterwards, my older brother rallied his siblings at marches in the city to protest against human rights and workers’ rights abuses.

These early experiences instilled a passion for community psychology as a field. My dream then was to abolish poverty in children. I had visualized that all children would be able to live in a loving family like mine. Soon I realized how idealistic I was and the complexity of the social problems I cared about. My commitment to social justice and diversity issues was strengthened while pursuing my doctorate degree with my mentor Steve Fawcett at the University of Kansas. Steve, a visionary who embodies the essence of community research and action, instilled in us (Fabricio, my husband, and me) the skills and knowledge needed to become agents of change.

Community psychology is about transforming communities and promoting social justice. Yet that transformation starts with us. During the last 20 years I have been studying the health disparities experienced by people with disabilities here in Chicago, in particular among Latinos. I have been transformed by the narratives and stories of discrimination and lack of access to opportunities to live healthy and engaging lives experienced by many hard-working Latino families. But I have also learned about their persistent efforts to provide their families with the best they can. As I listen to these community members, I hear stories of despair and resilience. A Latino mother shared her story of how her two kids with autism were denied the opportunity to continue a swimming class—they both were enjoying it tremendously—at a local parks and recreation facility. The coach did not know how to handle them and thought the other kids would feel uncomfortable swimming along her children. Other families have told us about their struggles in obtaining needed services that they had been denied because there is no bilingual staff or there are not interpreters available on site. We have helped these families address their challenges and take specific actions to promote their health, participation in the community, and overall well-being. We recently pilot tested and are in the process of disseminating a health promotion intervention—in collaboration with Latino families with youth and young adults with disabilities along with the staff from a local community agency and community leaders. Together, we also developed a family navigator filled with strategies, suggested by families, to empower families of children with disabilities to navigate their environments to promote health.

At a national broader level, I was involved on a project that sought to develop guidelines and recommendations on disability inclusion for health promotion and obesity prevention. We are also empowering community agencies that serve families of color on how to evaluate the impact of their programs and focus on goals that matter to people with disabilities by providing culturally relevant services.

Community psychology is about promoting social justice, addressing disparities (participation, health, and well-being) and promoting equity.
Given the current political environment, the horrific demonstrations of hate expressed by white supremacist groups at Charlottesville, Virginia and the recent government decision to end DACA, we as community psychologists need to engage in action and come together to address these issues. We know that the road ahead is a bumpy one and full of challenges. Yet, I am convinced that we do have what it takes to collaborate with marginalized communities and support them in their transformation. Community psychology is a powerful field, yet not many people know about it outside of our close-knit community of SCRA members.

Moving forward, as President I support the strategic priorities articulated by a working group of SCRA members. I also want to become involved in not only the issues that align with the priorities, but also other issues that matter to many of us, including supporting the diversity of our membership and support young professionals to become the next generation of community psychologists and agents of change. We need to strengthen our focus on diversity, including increasing the membership and engagement in SCRA of diverse students, practitioners and faculty, fostering their professional development, emphasizing diversity within our priorities, recognizing the distinct value that diversity brings to our endeavors and the power of diversity in SCRA. I would like to bring a strong representation of diverse voices to the forefront, increase the number of diverse individuals in committees and councils; increase our visibility as a powerful field; and connect with our members, to listen, and act upon their recommendations.

I would like to reestablish a mentoring program for early career and junior faculty, with particular emphasis on professionals of color, women, and junior professionals. I am also committed to establishing strong lines of communication with our membership and strengthening our visibility and our collaborations with similar professional organizations.

I have been a faculty member in a college of applied health sciences for the last 15 years working closely with researchers and practitioners in disability studies, occupational therapy, nutrition, and public health and have appreciated the fact that we share the same values of social justice, promoting equity and diversity. We all trust that we can be agents of transformation and support our communities in the process of
INTEREST GROUPS*

AGING
The Aging Interest Group focuses on the productive role of aging in the community and the prevention of mental health problems in the elderly.
Chair: Andrew Hostetler, andrew.hostetler@umich.edu

CHILDREN, YOUTH & FAMILIES
The Children, Youth & Families Interest Group facilitates the interests of child and adolescent development in high risk contexts, especially the effect of urban poverty and community structures on child and family development.
Chair: Michelle Ronayne, michelle.ronayne@gmail.com

COMMUNITY ACTION
The Community Action Interest Group explores the roles and contributions of people working in applied community psychology settings.
Co-Chairs: Bradley Olson, bradley.olson@nlu.edu; Susan Torres-Harding, storrysharding@roosevelt.edu

COMMUNITY HEALTH
The Community Health Interest Group focuses on health promotion, disease prevention, and health care service delivery issues as they relate to the community.
Co-Chairs: Veronika M. Batu-Atunse, criollov@hotmail.com; Darcy Freedman, df69@case.edu; David Lounsbery, david.lounsbery@einstein.yu.edu; Aries Giovanni, giovanni.aresi@uniscatt.it

DISABILITIES
The Disabilities Interest Group promotes understanding of the depth and diversity of disabilities issues in the community that are ready for research and action, and influences community psychologists’ involvement in self-determination, personal choice, and full inclusion in the community for people with disabilities.
Co-Chairs: Naoko Yura Yasui, naokoyouryasui@gmail.com; Erin Stack, erinstock@vanderbilt.edu

EARLY CAREER
The ECIG focuses on developing and enhancing the skills of early career community psychologists (less than seven years of experience post terminal degree) by creating opportunities for mentorship, networking, and leadership within the SCRA organization.
Co-Chairs: Ashlie Lien, lien@fordwesternu.edu; Ben Graham, BenGrahamG@gmail.com

ENVIRONMENT & JUSTICE
The Environment & Justice Interest Group is focused on research and action related to global climate change and environmental degradation. With a focus on environmental justice, particularly how environmental change affects and often perpetuates social inequality, this group explores the role of community psychology can and should play in understanding these urgent changes to our ecology.
Co-Chairs: Lena Eady, Allison.dee垭@gmail.com; Joni W. Splett, splett@mailbox.sc.edu

INDIGENOUS
The Indigenous Interest Group is hosted by the Australian, New Zealand and Pacific branch of the Society for Community Research and Action. The aims of this Group are interrelated. Firstly, it wants to support SCRA members who are conducting indigenous research by providing a forum for the exchange of ideas, literature and experience. This will assist the Group’s more specific focus which is to utilize our combined resources more effectively to conduct strengths-based practices that are raising public awareness of the plight of indigenous people and addressing the social justice issues they face in oppressive dominant societies.
Chair: Josie Ornelas, Josie.ornelas@isoa.poz.pl

LESBIAN, GAY, BISEXUAL, & TRANSGENDER (LGBT)
The LGBT Interest Group increases awareness of the need for community research and action related to issues that impact LGBT people, and serves as a mechanism for communication, collaboration, and support among community psychologists who are either interested in research/service/policy related to LGBT people and communities, and/or who identify as LGBT.
Co-Chairs: Debbie Odeja, debodjodeja@gmail.com; Christopher Jenne, cjenne@marymont.cc.edu; Corey Flanders, corey.flanders@camh.ca; Rachel Smith, rsmith79@gmail.com

ORGANIZATION STUDIES
The Organization Studies Interest Group is a community of scholars who are interested in community psychology themes (e.g., empowerment, ecological analysis, prevention, sense of community) in organizational contexts, and is importing organization studies concepts, methods, models, and theories into community psychology.
Co-Chairs: Kimberly Boss, kimbly.b@wanderbilt.edu; Neil Boyd, neil.boyd@bu.edu

PREVENTION & PROMOTION
The Prevention & Promotion Interest Group seeks to enhance development of prevention and promotion research, foster active dialogue about critical conceptual and methodological action and implementation issues, and promote rapid dissemination and discussion of new developments and findings in the field.
Chair: Toshi Saso, tosasoa@gmail.com; Joshua Norman, jnormanmnj@gmail.com

RURAL
The Rural Interest Group is devoted to highlighting issues of the rural environment that are important in psychological research, service, and teaching.
Chair: Susana Helm, helms@dop.hawaii.edu

SCHOOL INTERVENTION
The School Intervention Interest Group addresses theories, methods, knowledge base, and setting factors pertaining to prevention and health promotion in school.
Co-Chairs: Melissa Maras, marasme@missouri.edu; Joni W. Splett, splett@mailbox.sc.edu

SELF-HELP/ MUTUAL SUPPORT
The SelfHelp/Mutual Support Interest Group is an international organization of researchers, self-help leaders, and policy makers that promotes research and action related to self-help groups and organizations.
Chair: Greg Townley, gtownley@pdx.edu

TRANSFORMATIVE CHANGE IN COMMUNITY MENTAL HEALTH
The vision of the Transformative Change in Community Mental Health Interest Group is to strive to establish an alternative paradigm that focuses the promotion of mental health based in community settings based upon the values of citizenship, recovery, empowerment, inclusion, and social justice. This includes the articulation of models, the identification of promising practices, and research to demonstrate the value of this alternative paradigm and its exemplars.
Chair: Jose Ornelas, JOEA, jose.ornelas@isoa.poz.pl

*Last updated 12/05/16
Greetings!

As we transition out of our roles we want to thank everyone that has contributed to the growth and development of *The Community Psychologist* during the past two years. We are looking forward to continuing to serve SCRA in various ways, and wish Susan Wolfe and Dominique Thomas all the best in their roles as Editor and Associate Editor.

Dan and Tiffany

---

**Community Psychology Practice Council**

**Olya Glantsman**

**& Nicole Freund**

**Re-Centering and Re-Engaging, a Member-Centric Approach**

As community psychologists, we don’t need to be told about the benefits of being a part of a supportive community. We also know that much more can be accomplished when you have a cohesive, collaborative group.

Furthermore, all of us, at one point or another, have joined a new group and we understand the anxiety that can come with it. Keeping this in mind, for the past year, the Practice Council has decided to reevaluate its member-centeredness and truly focus on member support and benefits. The first initiative zeroed in on new members and involved creating a Welcoming and Recruitment Group, which works on helping recruit new members and providing support to those who join. The second initiative expanded to include both recruitment and retention of members by focusing on benefits of being a part of the Practice Council.

**i. Welcoming and Recruitment (W&R) Group**

It can be intimidating to join a group of professionals, especially if you are just starting in the field. After an annual January planning call, the leadership team for the Practice Council learned that for many members, joining the calls and participating in activities could feel overwhelming. To help new members feel welcomed and to address some of the anxiety that these new members might feel, the W&R is set up to function as a kind of onboarder, a welcome wagon that eases members into the hustle and bustle of the group. Another W&R initiative is the mentoring program. The role of the mentor is to assist and answer the new member’s questions, related to the practice council (the dynamics, the subgroups, previous work), and to introduce the member to the big group. This also allows the more senior members of the council to give back and connect to the newcomers. This month, the group is set to begin recruiting the mentors.

**ii. SCRA Biennial 2017 Business Meeting**

Going into the business meeting at the Biennial 2017, CPPC was ready, if need be, to make major changes to how the group operates and, especially, to the monthly calls. The meeting focused on four questions:

- What works?
- What could work better?
- What do members need?
- What do monthly calls do/not do for the members?

To address the issue of the length of the call and the availability of time to join the call, a decision was made to move all internal business to monthly leadership meeting with a brief update on the monthly call. This will allow those who are not able to come to the monthly calls to join a group/initiative of interest and meet with those members at a date/time that works for everyone. This will also allow those who use their lunchtime to join the call, to return to work within an hour. Additionally, major changes were proposed to the call format, which would rotate between two themes: 1) Connecting with others and showcasing practice work and 2) Professional Development.

**Connecting with others and showcasing practice work**

Beginning September, every other call is set to start with a guest from a SCRA Interest Group, Committee, or a representative of a local community. The guests will be asked to tell the group about their work, including actions...
plans for the future and possible challenges. The rest of the call will be dedicated to exploring what we could do together. Possible groups to invite were mentioned during the meetings and included Mental Health and other Interest Groups, the Policy Committee, COE, Early Career group, etc.

**Professional Development**

Professional development calls are brief educational sessions 30-45 minutes in length designed to provide professional development/educational opportunities. August's call was lead by Ashley Simon-Rudolf, SCRA's Outreach Communications Specialist. Based on her extensive experience with the media, Ashley provided members with insights and materials that offered tips on engaging the media and how media can be used more effectively in practice-related work. Possible guest speakers and workshops include: Tearless Logic Model - Greg Meissen, Asset mapping – DePaul's ABCD Institute, and others. The leadership team is also working on consolidating and minimizing the amount of information that is sent to the group so as not to overwhelm the membership. We are also working on creating the formatting that will help the members distinguish which materials come from the Practice Council as well as highlight any information that needs immediate attention or has a deadline.

**Member Engagement**

Engaging members is an ongoing initiative that asks us to reflect on what we are doing, what we can do, and what members gain from being engaged. Two subsets of this engagement include encouraging student engagement specifically as well as other kinds of engagement.

**Student Engagement**

Many of those who are currently in leadership positions or have served in leadership positions joined the Practice Council as students. One way that we have discussed boosting SCRA and Practice Council memberships is for community psychology faculty to encourage students to join the calls and read the work of practitioners and other community psychologists. Additionally, encouraging students to participate in peer consultation calls could provide new insights for all participants and engage students in the practice of CP early in their education. Regional coordinators may also serve as an outreach to help students understand the value of joining. SCRA is somewhat unique in its openness and accessibility for those relatively new to CP to communicate and interact with experts in the field in a collegial atmosphere that is less intimidating than in many other organizations.

**Other Engagement**

Other opportunities for engagement that are being explored really focus on how the Practice Council can continue to give back to communities and to give back to its members. The Practice Council is actively working with the Executive Committee on professional development opportunities that will serve to provide benefits to members in a new way. Also, offering community organizations or SCRA members who are working in the community the opportunity to share their practice work on monthly calls may include new ways to get involved in an initiative or ongoing project.

**Looking Forward**

The Practice Council would like to see the future as a way for those who want to work in communities or are already doing so to gain more of the knowledge, network, and resources to make a positive difference. This means being open to change, feedback, and the needs of practitioners as they change and as the context surrounds all community psychology work evolves. We invite you to the conversation and look forward to more ideas as we move into 2018 and beyond.
Committee on Cultural, Ethnic and Racial Affairs (CERA)

Geraldine (Geri) Palmer, Chair
gpalmer@adler.edu

Jesica Siham Fernandez, Chair-Elect
jsfernandez@scu.edu

Community Psychologists Engaging in Racial & Social Justice:
Highlighting the Scholarship of CERA’s Mini-Grant Awardees

The Committee on Cultural, Ethnic & Racial Affairs (CERA) is committed to promoting the scholarship and contributions of community psychologists and allied professionals whose work centers on racial justice. Community psychology has long been committed to values of social justice, including addressing issues of cultural, ethnic and racial diversity. Within CERA, racial justice is a priority, and as a committee we seek to support the scholarship and projects of students, early career professionals, faculty, practitioners and allied professionals whose work engages with the issues of racial and social justice, specifically working toward equitable access to opportunities and institutional power, as well as, making visible the experiences, and voices heard, of ethnically, racially and culturally diverse communities.

In 2016-2017, CERA awarded five Racial & Social Justice Mini-Grants. Each of these community-based research projects and collaborations were selected on the merits of work, specifically their contributions to advancing racial justice and supporting the work of community psychologists who are engaged with racial, ethnic and cultural diversity, personally, and professionally. In this iteration of The Community Psychologist, CERA presents the work of three awardees, whose scholarship aligns with the expressed core values of community psychology, namely, social justice, empowerment, citizen participation and respect for human diversity. These grantees increased the visibility of, and opened the door for voices to be heard of communities of color and other institutionally marginalized or underrepresented groups. These groups included Black/African American students at a four-year university, Muslim women educators, racially and ethnically diverse youth at a boy’s detention facility. All of these projects focused on to centering the experiences and realities, as well as agency and dignity of communities and social groups who are navigating and resisting systems of oppression across various settings. We encourage community psychologists and others to consider how the work of these grantees seeks to address “White privilege” and other intersecting systems of power. We share these projects, to motivate, inspire and ground our work in commitment for social and racial justice.

Mapping our Formal and Informal Resources: Addressing Black Student Concerns at the University of Miami

Elizabeth McInerney (PhD student), Ivann Anderson (student), Natalie Kivell (PhD candidate), Kacey James (student), Susie Paterson (PhD student), Laura Kohn-Wood PhD, Scott Evans PhD
University of Miami

The Engagement Power and Social Action (EPSA) Research Team received a CERA Mini-Grant to work with members of the Standing Committee on Diversity, Equity and Inclusion (DEI), specifically Black Students’ Concerns (BSC), to complete a mapping project of formal resources across UM doing work related to Black students concerns. The project had two goals: (1) to understand the current state of communication among organizations addressing Black students’ concerns at UM, and (2) to use this information to help DEI and BSC form stronger partnerships in order to foster social action geared toward racial justice at UM.

Out of the 35 identified organizations, 22 successfully completed interviews, 2 were no longer in existence, 1 declined participation, and 10 did not respond. The overall network density was 0.164 indicating that 16.4% of all the possible connections that could be made are being made in this network. The average number of organizations respondents were connected to was 12.105.
Four distinct communities were identified within the UM Black Community. The final open-ended question revealed three major themes: representation, support, and connection. Based on the results, on April 17, 2017, EPSA and DEI students facilitated a “Sense-Making Discussion” aimed to create a shared understanding of the data results. All 22 participating organizations were invited to analyze the data as a group with an overarching goal to foster new and old relationships across the UM campus centered on racial justice. 20 individuals attended the discussion. A lively discussion was generated. Phase Two, to be completed in fall 2017, will be based on recommendations gathered from this discussion and will seek to further cultivate collective action within the UM Black community.

---

**Muslim Women in Teaching**

*Tess Yanisch (PhD candidate) & Nicole Allen, PhD*

*New York University*

An exploratory interview study on Muslim women’s experiences in the context of teaching was conducted. We interviewed Muslim women about their backgrounds, motivations, and experiences as educators. Our research focus is on civic engagement—who contributes to their communities in what way, and how to foster such engagement among youth. We were interested in whether teachers see teaching itself as a form of civic engagement, and whether this career choice was related to any element of their own education experiences or family background. We added questions about whether teachers are trained to foster children’s civic engagement, whether they independently decide to do this, whether they think it are important, and (if so) how they do it. Islam emphasizes both education and giving back to the community; might narratives emerge that linked teaching, religion, and civic engagement? When the partnership with the French/Belgian study fell through, we decided that teachers’ identities could be also an exploratory focus by itself: few, if any, studies have looked at Muslim women without focusing on religion and gender roles.

We hope to continue to explore whether or how Muslim women connect with their identities in the context of teaching. More abstractly, we hope that our study can help dispel stereotypes about Muslim women whilst demonstrating that Muslim women have other facets of their lives that are deeply reflective and insightful. We interviewed nineteen women over a two-year period; we hoped to reach 25, but recruitment efforts in the fall of 2016 failed completely. We speculate that Donald Trump’s candidacy for President of the United States may have made people wary of responding to a study focusing Muslim communities. The nineteen women we spoke with described their experiences of prejudice and stereotypes, from their peers and their students; when describing the power and influence teachers can have, several implied they were especially cautious to tread lightly on the topic of religion.

Their observations on the delicate interplay between honestly answering a child’s question (“why are you wearing a scarf on your head?”), teaching students about diversity, being a role model, and the sensation of being under sharper scrutiny than non-Muslim teachers when navigating these situations have already been the topic of a presentation at this summer’s SCRA Biennial.

---

**Boy’s Totem Town Gardening Project**

*August John Hoffman, PhD*

*Metropolitan State University*

I was very fortunate to be awarded CERA’s Social Justice Mini-Grant to secure funding necessary to purchase materials for the development of a vegetable gardening project for a youth detention center, called Boy’s Totem Town (BTT), which is located in St. Paul, MN. The Boy’s Totem Town facility was originally established in 1908 to help youth, who had minor infractions with the law, as well as to help them learn new skills and trades that would help them find employment. Today, the BTT facility serves over 30 ethnically diverse youth and offers a wide range of educational programs and courses that are designed to help teach a variety of academic and career-oriented skills. The facility consists of dorm rooms, community room, an athletic field and kitchen. The vegetable garden spans approximately one-third of an acre and the boys residing at BTT have volunteered in all aspects to make the garden a success.

On day one of the program
(Saturday, May 6, 2017) the boys were divided into small groups or teams to prepare the area for planting. They first weeded, then roto tilled and cultivated the area into various plots to accommodate a wide range of vegetables. During the second week the boys volunteered to plant a variety of vegetables that they expressed an interested in growing, such as green leafy vegetables (i.e., Bok Choy and cabbage), squash, pumpkins, tomatoes, broccoli, peppers and corn. We are now currently in the harvesting phase where the vegetables will be prepared in the kitchen at BTT and in some cases the produce will be sold to the local community as a means of earning income for the youth. A short survey indicated that after participating in the gardening program the youths were more likely to eat healthier foods that were grown in the garden and they felt “better connected” with other youth while working in the garden. Finally, the boys indicated that they enjoyed working in the gardening program and indicated a desire to continue in the future.

Rural Interest Group
Edited by
Susana Helm, PhD,
University of Hawai`i at Mānoa, Rural.IG@scra27.org
Co-Editors
Cheryl Ramos, PhD
& Suzanne Phillips, PhD

The Rural IG column of The Community Psychologist highlights rural resources as well as the work of community psychologist, students, and colleagues in their rural environments. Please email Susana if you would like to submit a brief rural report or if you have resources we may list here.

In this issue, we highlight the work of Dr. Nate Mohatt, who also serves as the SCRA Indigenous Interest Group co-chair. In addition to his brief report on a community development approach for preventing suicide and promoting wellbeing with rural veterans, Nate has provided a list of potential resources for Colorado where he currently is based, other US states, and beyond.

Rural Resources
- The community readiness handbook is available online at: http://triethniccenter.colostate.edu/communityReadiness_home.htm
- Suicide media reporting guidelines are critical to supporting safe reporting and community discussions of suicide: http://reportingonsuicide.org/
- Make the Connection is a campaign to reduce stigma toward mental illness among veterans:https://maketheconnection.net/
- The Suicide Prevention Toolkit for Rural Primary Care Practices was developed with input from rural PCP to support effective and efficient suicide prevention in primary care. Over 80% of individuals who die by suicide have seen their primary care physician in the prior month. Rural PCPs report having less knowledge, resources, and confidence to deal with suicide. http://www.wiche.edu/pub/12453
- The Rocky Mountain MIRECC for Suicide Prevention provides a wide variety of suicide prevention educational tools (from crisis line products, to DVDs, brochures, videos, and podcasts) available free to the public on their website:https://www.mirecc.va.gov/visn19/education/

Brief Report
Stigma as a Barrier to Community Readiness for Suicide Prevention among Rural Veterans
Nathaniel Vincent Mohatt, PhD
Assistant Professor, Department Physical Medicine and Rehabilitation, University of Colorado Anschutz Medical Campus
Research Psychologist, U.S. Veterans Administration Rocky Mountain Mental Illness Research, Education, and Clinical Center Lecturer, Division of Prevention and Community Research, Department of Psychiatry, Yale School of Medicine
Introduction

Suicide is a major public health problem that disproportionately impacts rural communities. Suicide is the 10th leading cause of death in the United States, with over 41,000 Americans dying by suicide each year and with rising suicide rates nationally (Centers for Disease Control and Prevention, 2015). Suicide rates in rural areas have been consistently higher than they are in urban areas (Hirsch, 2006). Veterans are one group with elevated suicide rates (Office of Suicide Prevention, 2016) for whom rurality may serve as a compounding factor elevating suicide risk. Veterans living in rural areas are at 20% greater risk of dying by suicide than veterans who live in urban areas (McCarthy et al., 2012). The challenging nature of reducing veteran suicide rates requires collaboration and partnerships both within the VA, as well as with other federal agencies, state and local governments, organizations, families, and individuals within the communities (Bagalman, 2016).

Community psychology offers a variety of tools that can be helpful to supporting partnerships to address the challenges of veteran suicide prevention in rural communities. Over the last four years our research team from the VA’s Rocky Mountain Mental Illness Research, Education, and Clinical Center and the Western Interstate Commission for Higher Education has been collaborating with a rural community in Colorado to develop a comprehensive and community-partnered strategy for rural veteran suicide prevention.

Our work seeks to align multi-level prevention practices with a community development as suicide prevention approach. Through coalition development and participatory action, we are supporting local leaders in preparing to implement a complex and multi-level initiative including increasing access to crisis services, enhancing primary care suicide prevention, training community gatekeepers, and raising awareness of the issue and reducing mental illness stigma.

To support the development of a coalition of community partners we began our work conducting a community readiness assessment (Stanley, Kelly, & Edwards, 2014). The community readiness model is a method for assessing a community across five dimensions and nine stages of change (see handbook, page 6: http://triethniccenter.colostate.edu/communityReadiness_home.htm). The nine stages are based on the trans-theoretical model of behavioral change. The community readiness model recommends strategies for effective change based on level of readiness. Although the majority of published studies evaluating community readiness look at an intervention’s ability to change community readiness (Kostadinov, Daniel, Stanley, Gancia, & Cargo, 2015), some studies have linked changes in community readiness to intervention outcomes (Jason, Pokorny, Kunz, & Adams, 2004; Millar et al., 2013; Allen, Mohatt, Fok, Henry, & Team, 2009).

In this brief report, I describe the community readiness assessment that we conducted with one rural community and preliminary results from analysis of the interview transcripts. The objective of this study was to identify planning needs and objectives for a comprehensive suicide prevention initiative for rural veterans, as well as to identify barriers to program implementation.

Methods

We conducted a community readiness assessment following the guidelines outlined in the community readiness handbook (Stanley et al., 2014). Through discussion with local partners, we defined the community to include six isolated and rural counties in Colorado, and identified the issue as suicide prevention for veterans and their families. We then modified the interview template to reflect the defined community and issue. The Colorado Multiple Institution Review Board and the Denver VA Medical Center’s Research and Development committee reviewed and approved this study for adherence to standards of research ethics.

We conducted 13 community readiness interviews with key informants. The research team initially identified sectors of the community representing critical perspectives for the implementation of suicide prevention and delivery of services to veterans. Our community partners then identified individuals from these sectors and recommended additional key informants. Participants included representatives from health and behavioral health care provider agencies, county public health offices, media, the business community, the faith community, emergency response, law enforcement, the judicial system,
political leadership, and veteran service organizations.

All interviews were recorded and transcribed. Participants provided verbal consent prior to the interview. Following the guidelines from the community readiness handbook, each interview was scored independently by two reviewers who subsequently met to arrive at a consensus score for each interview. Interview scores were then aggregated to arrive at an overall community readiness score and domain specific scores.

Results

The overall level of community readiness for veteran suicide prevention was stage two, resistance or denial. Similarly, the domains of knowledge of community efforts, knowledge of the issue, leadership, and community climate were at the denial/resistance level of readiness. The domain of community resources was at a vague awareness (stage 3) level of readiness.

The stage two level of readiness is characterized by little recognition that the problem exists locally. Study participants frequently expressed awareness that Veteran suicide is a problem nationally, but that there is no acknowledgement that it is an issue that impacts their community. One participant summed this up as, “It’s not that people don’t care, but at least from my perspective, it’s not anything I hear about. I am not very aware it is an issue in our community.” Another participant said, “In these small rural communities, unless you know the family or you have lived [here] a long time... no one else knows.

and word is not out that this is a problem that needs to be fixed.” A third, “I do try to keep up with what is going on. I pay attention, I read the paper, I talk to people. So if I’m any indication, then I would say people are not very knowledgeable.”

In addition to the domains, we identified stigma as a theme that emerged through the interview scoring process and significantly impacted the scoring. Multiple participants expressed a strong cultural stigma towards suicide in their community. This issue was summed up well by one participant who said, “You know, it’s the ‘S’ word. And people are afraid. If I say ‘suicide,’ someone’s going to kill themselves, you know? Of if we talk about it, it’s going to bring that to people’s minds, and if we just leave it alone, they won’t think about it.”

Discussion

During our scoring process, the issue of stigma carried an inordinate amount of weight. The community readiness scoring procedure involves a consensus meeting where raters discuss the scores they arrived at and negotiate a final consensus score for the interview. Frequently one member of the scoring team would identify moments in the interview pointing towards vague awareness, pre-planning, or even planning stages of readiness. However, these possible higher scores were invariably reduced during the consensus meetings in the face of the statements regarding stigma. For example, in one breath an interviewee would state that the community is incredibly supportive of veterans and the climate is excellent for suicide prevention, but then later state that people will not discuss suicide due to the stigma. As a team we agreed that the statements regarding stigma limited our ability to score many of the interviews above a denial/resistance level at the very best.

The stigma towards mental illness is well established in the research literature as a barrier to help seeking (Corrigan, 2004), and internalized stigma is known to negatively impact mental health treatment outcomes (Livingston & Boyd, 2010). Similarly, the literature on rural suicide rates suggests that high levels of stigma may serve to limit help seeking and thereby indirectly lead to increased suicide rates (Hirsch, 2006). Our findings, however, suggest that public stigma toward suicide may impact communities on another level—that is, the public stigma may have a macro-level community effect in the form of a barrier to community readiness. By negatively impacting overall community readiness and domain specific readiness (e.g., knowledge of efforts, knowledge of the issue, leadership, climate, and resources), the public stigma towards suicide may have a negative impact on community systems critical to developing and implementing suicide prevention strategies. Combining this finding with the general guidelines from the Community Readiness model, we believe that, in this one rural community at least, addressing the stigma and teaching the community how to talk safely about suicide is a critical first step necessary to increase readiness and move toward implementation of other suicide prevention strategies.
References


Self-Help Interest Group
*The self-help interest group is a place where people with shared interests in self-help and mutual aid can connect and collaborate.*

**Teheen Noorani,** *selfhelp.ig@scra27.org*

Self-Help and Mutual Aid: Greetings from the New Chair and Looking Ahead
As the incoming Chair of the Self-Help interest group, I wanted to write to introduce myself, update those who could not make it to the 2017 Ottawa Biennial lunchtime interest group meeting, and offer some reflections intended to stimulate discussion over the coming term. Alicia Lucksted and Greg Townley have served as co-Chairs of the interest group for the past 4 years, and on behalf of the group I want to thank them for their leadership and the smooth running of the group. Under their stewardship the group ran quarterly phone meetings and a regular column in this periodical, which I plan to keep going.

A bit about me: I have interdisciplinary training in the humanities and social sciences, with a PhD in Law and Society from the University of Bristol in the UK where I conducted research with two mental health self-help/mutual aid groups: the Hearing Voices Network and Bipolar UK. From 2013-2015 I was a postdoctoral fellow at Johns Hopkins in Baltimore, leading a qualitative investigation into a novel psychedelics-assisted psychotherapy for addiction cessation. From 2015-2017, I taught in Science and Technology Studies at New York University, on psychoactive drugs, medical attention and the pharmaceutical industry, the politics of knowledge and the changing authority of
experience.

This summer I left New York when my partner got a job in London, and for the present time I will be chairing this interest group from the UK, taking the opportunity of location to build up trans-Atlantic links and look out for funding streams that promote international and interdisciplinary initiatives.

As I emigrated to the UK, the SCRA biennial took place in Ottawa. The interest group meeting was reportedly a great success, with as many new attendees as familiar faces and enthusiasm for extending and deepening our activities. The discussions raised important and timely issues covering the focus and scope of the interest group, the mission statement and obstacles to funding, which have inspired some reflections on my part. In the rest of this column I will highlight key issues that were raised, together with some of my own reflections, in the hope that they may contribute to ongoing dialogues in our group and the wider Division.

Firstly, attendees discussed the difference between self-help and mutual support. I find this to be an illuminating though tricky distinction. The difference could be defined, for instance, through a group’s activities, its functions, or the kind of community or sociality a group brings into being. Contrasting the act of helping oneself with that of helping another is useful, but this is not a neat distinction in practice. The phrase, ‘you alone can do it, but you can’t do it alone’, often attributed to the American psychologist Orval Hobart Mowrer (1907-1982), instructive in this regard self-help and mutual aid as neither solely helping oneself nor helping another, but both at the same time. How can we conceptualize, study and value this particular form of interdependence? Reissman (1965) coined the phenomenon by which helpers themselves are helped by helping as the ‘helper’ therapy principle.

Two years ago in this column, Thomasina Borkman drew upon two definitions of mutual help groups in sharing her impressions of clubs of treated alcoholics in post-socialist Croatia. Firstly, Gidron and Chesler (1994: 3) defined it as “the recruitment and mobilization of peers in an informal and non-hierarchical setting, and the sharing of their common experiences”. Secondly, Borkman cited Keith Humphreys’ (2004: 14) seven criteria: “members share a problem or status, self-directed leadership, experiential knowledge, reciprocal helping, lack of fees, voluntary association, and include some personal change goals”.

A central question this raises for me is what happens when profound personal change and transformational or structural change are inseparable? To draw on the feminist slogan, what if the personal is political? We could then count consciousness-raising group as self-help groups. They are certainly bounded by a shared set of experiences and problems, engaged in collective meaning-making and strategizing, with the aim of transforming both their lives and their environments. An important task would be to trace ‘frame-widening’ moments, when different mutual aid groups recognize the systemic or ecological commonalities that produced their respective problems.

Also of interest are participatory action research (PAR) groups, such as anti-gentrification housing activist groups, or people who share negative experiences of local policing who are looking to further understand and challenge systemic racism, benefitting from the insights of their particular standpoint (Harding, 1986). And what about collectives that do not see themselves as groups at all - might we want to document the self-help and mutual support of those who gather voluntarily at a youth center, or in a hairdresser, or in a store, or on a street corner? When do these modes of sociality become similar enough to traditionally-conceived self-help groups to fall within our remit? Or does the traditional ‘sharing-circle’ (Humphreys, 2004) form of self-help make it qualitatively different than all these other spaces and practices?

The Ottawa meeting also discussed how the term self-help doesn’t fully convey the importance of the peer role. This seems very important to me. What do these different terms evoke, what do they exclude, and how are they being deployed strategically? The term ‘help’ has been mobilized in discourses of empowerment that gloss the complex intertwinements of care and violence. Of course, not everyone needs to be helped, and not all those who need help are capable of asking for it. Adding ‘self-’ to the term does not necessarily make things easier, unless one believes in the very sovereign liberal subject that relational approaches and the prism of ‘interdependence’ troubles in the first place. The turn
to peers, including perhaps the sponsors of the 12 Steps groups, allows us to think differently, about what it might mean to know more or know better, to see self-help and mutual aid groups not just as building community but generating structures of knowledge and wisdom too.

Others at the Ottawa meeting noted that self-help support groups are distinct from peer support specialists. I think of the former as evoking bounded, protected spaces with ground rules that ensure non-hierarchical practices, while peer support specialists are modeled upon professional service provision. How are they different? What happens when attendance of self-help support groups is made compulsory, as if to incorporate them into a service provider structure as specialists receiving referrals? And what challenges and opportunities do peers working within wider systems of service provision encounter?

The Ottawa meeting also acknowledged that groups don’t have to be entirely professional or entirely mutual assistance, but that there is middle ground - for instance, when peers are employed by a mental health center. There are already so many practices that populate the middle ground, perhaps due to practicality, funding or administrative stipulations. How does this change the nature of the care provided? As researchers we can easily dismiss ‘non-pure’ practices as having sold out, when this may be more a function of the inability of academic modes of analysis to get a grip on what is happening via naturalistic study (see Kennedy et al., 1993) than it is a failure of the practices to stand up to the demands of ‘ideal types’.

Some individuals noted the value of also focusing on youth peer paraprofessionals - the youth occupying a special category in relation to questions of temporality. What are the different issues that face youth peer paraprofessionals? What are other social categories that get excluded from self-help research and literature, and how might that affect how we understand the capacities of experience? In feminism when women of color and poor women began mobilizing instead of white middle class feminism, the language of choice shifted to a language of reproductive justice. What other ways can we shift our gaze from the individual to the collective and the bureaucratic to the political?

Experiential knowledge was identified as a crucial focus of the group. This may lead us to wonder what happens if we choose to foreground experiential knowledge. Is experiential knowledge inherently a good thing? Following the accumulation of experiential knowledge means following problems as they gather people, resources and practices together. While so often liberating, what happens when experiential knowledge reinscribes dominant knowledge’s, in form if not in content? The centering of such knowledge is perhaps less about the resolution of problems than their capacity to produce new communities and new psyches.

Broadening our lens, self-help work is particularly important in the contemporary context due to the lack of statutory investment in helping people sustain themselves. The Ottawa meeting noted that self-sufficiency is, in some ways, more important now than ever. Several people suggested that our mission statement expand to embrace activism and/or advocacy. We face a difficult time with a populist call to “deconstruct the administrative state”, and new challenges to a welfare consensus that has persisted for seventy years, including increasingly explicit assaults on social security. And yet, across the US and elsewhere, the response to recent events has been not just to contest these encroachments on the role and scope of the public, but to build new communities of care. This is happening at a time when we have access to peer-to-peer technologies and digital platforms that both presuppose, and offer novel opportunities for sharing, skills and knowledge in the building of new commons. And self-help and mutual support groups can be understood as exemplary commons.

Finally, and despite the relevance of self-help, mutual aid, peer support and the potentialities of experiential knowledge, it was noted in Ottawa that it remains difficult to obtain funding for self-help research. Two exceptions are the Patient Centered Outcomes Research Institute and selected National Institute of Mental Health grant programs, which offer research monies that could be used for self-help and peer specialist research. What then are the challenges in communicating the importance and relevance of self-help and mutual aid research to funders? Is it inherently hard to study self-help using social scientific tools - and if so, why?

Any of these could be fantastic topics for a submission to TCP’s self-help column!
Bibliography:

Special Feature
Community Psychology and the Resist Movement:
Do Community Psychologists Have A Moral Obligation to Resist?
Christopher Corbett, MA
Community Psychology is a longstanding member of the Practice Council, Public Policy Committee and more recently, the Investment Committee. He can be reached at: chris_corbett1994@hotmail.com.

Introduction
Every day we read in the press, or fake press, about political chaos that seems to apply cross-nationally. It is, no doubt, that the United States (US) is responsible for more than its fair share, particularly given the surprising election of President Donald Trump.

For those of us with the luxury, or burden, of US citizenship therein lays a particular dilemma. On the one hand we, as citizens, have a responsibility to support our elected leaders abiding by the process and outcomes of our democratic processes. Yet on the other hand, there is a responsibility, or burden, to speak out when we as citizens find our elected leaders are wrong or mistaken in the decisions that they make. As citizens of the US, we have an obligation to participate in our democracy, mindful of the best interests of our country, as well as our families.

As community psychologists (CPs) such matters seem quite different and complex. I was trained that our responsibilities are much broader. My introduction to CP, taught me CPs are concerned with the health and well being of all community members (Heller et al. 1984, p.4). There is a far broader moral responsibility than as a US citizen. CP is a cross-national field where CPs are duty bound to consider beyond nation based self-interests in our actions and interventions-- that is to consider the implications of our actions on all community members. CPs appear duty bound to be fully cognizant of what constitutes the broader public interest or public welfare and to be willing to speak up, or out, and act accordingly, including by criticizing or disagreeing with our elected leaders. This requires the capacity to object, oppose and/or resist.

Community Psychologists and the Obligation to Resist
This responsibility seems to fall heavily on CPs. Not only are we concerned about all members of the community, we appear duty bound considering the recent movement to identify, and self-impose, core competencies, including Core Competencies #5 and #7 (Dalton & Wolfe 2012). Under Core Competency #5: Ethical, Reflective Practice, CPs are subject to a process of continued ethical improvement including the ability to identify ethical issues in one’s own practice, and act to address them responsibly (p. 11). While we each have different areas of practice, in those areas of expertise comes an obligation to identify where ethical conflicts or dilemmas arise and ways to address them. Regarding Core Competency #7, Prevention and Health Promotion, CPs must have the ability to adopt a prevention perspective and implement
prevention and health promoting community interventions (p. 11). While these are just two of the Core Competencies, they illustrate how CPs must be able to identify ethical dilemmas and act on them consistent with CP values and considering the implications of interventions and public policies on the health of communities. Where CPs perceive harm to the public health, particularly when it applies cross-nationally, there appears an obligation to expose, oppose or resist destructive public policies and practices consistent with CP values and competencies.

One Illustration: President Trump’s Withdrawal from the Paris Agreement

One area where CPs and their research organizations appear to have a burden to oppose or resist is President Trump’s withdrawal from the Paris Agreement on June 1, 2017 as reported by Viscidi (2017). This brings the US in accord with Syria and Nicaragua as opponents of the Paris Agreement (Rucker & Johnson 2017, June 1). The crisis of the earth’s warming due to human activity is well documented and by some 18 scientific institutions (NASA 2017, p. 2-9). The world wide consensus evident by the Paris Agreement to prevent and mitigate climate change (UN Secretary General 2016, October 5), along with the US withdrawal, is particularly ironic given the US leads the world in carbon emissions (Kortenhorst 2017). The US withdrawal both undermines and jeopardizes the Paris Agreement and presents grave risks to the public health —it is clearly contrary to the public interest and harms the public welfare.

President Trump’s Basis for Withdrawal

On June 1, 2017, President Trump explained the basis for the US withdrawal from the Paris Agreement on Climate Change as follows: “I was elected to represent the citizens of Pittsburgh, not Paris” (Watkins 2017, June 2). As President of the US, this could be an arguable position as withdrawal could save the US billions of dollars that were committed to fight climate change. As reported by Viscidi, the Trump administration is eliminating climate change funding, dropping payments to the United Nations climate change programs and will no longer make its pledged payments to the Green Climate Fund (2017, June 23, p. 3).

Should CPs Resist?

CPs are concerned with the health and well being of all community members (Heller et al. 1984). CPs and all concerned about climate change world-wide seem to have no alternative but to oppose and resist withdrawal—acting to implement the Paris Agreement. (Note 1)

What Strategy is Most Likely to be Effective?

Given likely futility of spurring President Trump to change his mind, the best use of resources is to proceed to intervene and devise interventions that implement the Paris Agreement. While there are many challenges, overcoming them is very feasible given the values and skills of CPs (Corbett 2017). Many roles have been identified for bachelor, master and doctoral level CPs to intervene at the grassroots level to influence local policies, empower and educate citizens, while promoting prevention, and citizen participation in renewable energy to reduce carbon emissions. For a list of specific roles, policy interventions, draft local renewable energy policy along with letter to the editor and Op-Ed examples, see Corbett (2017; Note 2).

Conclusion

Given the values and core competencies of the field, CPs bears a heavy moral burden. This involves an obligation to consider the broader public interest and public welfare, moving beyond self and parochial interests, as well as considering the implications of our interventions— and the implications, and culpability, for inaction.

As argued here, as CPs there is an obligation to oppose, speak out, or up and resist, at times, and also considering your particular area of practice. While this provides one illustration, pertaining to global climate change, clearly we all have our own areas of practice where our unique insights and values as CPs help us identify areas of moral obligation, and opportunity. That is, where applying our own unique values and competencies can truly make a difference by actually devising interventions that truly advance the public welfare. I have identified preventing climate change as an action area for myself (Corbett 2017). Are there areas within your practice, where you see the need, or obligation, to Resist Trump?

Note 1: The use of “resist” here should not be misconstrued as condoning violence or violation of law. Well designed community interventions are non-violent and do not violate laws that are created to protect the public welfare which CPs are
Note 2: The Workshop Public Policy 601: Climate change and grassroots advocacy was presented at SCRA’s June 2017 Conference held in Ottawa, Canada (Corbett 2017). It provides a practical guide and identifies fourteen roles for CPs and citizens concerned about climate change to implement the Paris Agreement using various specific grassroots intervention strategies, applied at region/state and local levels including towns, cities and villages.

References


News & Updates
GETTING TO OUTCOMES Recognized by SAMHSA
Pamela S. Imm, Ph.D.
Pamimm@windstream.net

Almost 20 years ago at the University of South Carolina, Dr. Abe Wandersman and two graduate students, Matt Chinman and Pam Imm responded to a request from the Center for Substance Abuse Prevention to develop a manual that would facilitate community planning, implementation, and evaluation in communities funded to reduce alcohol and drug use. The first manual, Getting To Outcomes: Methods and Tools for Self Assessment and Accountability was launched for those communities receiving funds for the Drug Free Communities and Support Program. The GTO model (GTO®) is based on a series of 10 accountability questions which includes key elements of planning, implementation, and evaluation. Over the years, the authors have partnered with a variety of state agencies, local organizations and foundations to customize GTO for different content areas (e.g., underage drinking, youth development, home visiting programs, pregnancy prevention).

GTO is an operation of empowerment evaluation theory (Fetterman and Wandersman, 2005), which states that positive results are more likely when program implementers receive the opportunity and support to plan, implement, and evaluate their own programs. Getting To Outcomes (GTO) was developed to address the gap between prevention research and practice
by building capacity (self-efficacy, attitudes, and behaviors) at the individual and program levels for effective prevention practices (e.g., choosing evidence-based practices; and planning, implementing, evaluating, and sustaining those practices).

Over the years Drs. Wandersman, Chinman, and Imm have developed and conducted face-to-face training, onsite technical assistance modules, and various implementation support tools designed to improve the quality of programs. The GTO team in collaboration with partners have received research funding to test the effectiveness of GTO as a model to achieve positive results. The GTO system and related research are available free of charge at the RAND website, https://www.rand.org/health/projects/getting-to-outcomes.html

Most recently, SAMHSA has identified GTO as a best practice implementation framework and features it on their Learning Center at the following link https://nrepp-learning.samhsa.gov/how-implement

References

1 Getting To Outcomes and GTO are trademarks registered by University of South Carolina and RAND.
Society for Community Research & Action
Membership Application

Membership Contact Information:
First Name: ______________________ Last Name: ______________________
Address line 1: ______________________
Address line 2: ______________________
Address line 3: ______________________
City, State, Postal Code: ______________________ Country: ______________________
Telephone: ______________________ Email: ______________________
Academic or Institutional Affiliation: ______________________

Primary Job Title: ______________________
Secondary Job Title: ______________________

*** Please complete the following information ***

APA Membership Status: _____ Not an APA member

_____ Fellow _____ Member _____ Associate _____ Student _____ Lifetime Member

APA Member Number (if known): ______________________

Please indicate any Interest Groups or Committees you would like to join:

_____ Aging
_____ Children & Youth
_____ Community Action
_____ Community Health
_____ Cultural & Racial Affairs Committee
_____ Disabilities
_____ Interdisciplinary Committee
_____ International Committee
_____ Lesbian/Gay/Bisexual/Transgender Concerns
_____ Council of Education Programs

_____ Organization Studies
_____ Prevention & Promotion
_____ Rural
_____ School Intervention
_____ Self-Help & Mutual Support
_____ Social Policy Committee
_____ Environmental Justice
_____ Women’s Committee

May we include your name and contact information in the SCRA Directory? _____ Yes _____ No

The following questions are OPTIONAL; however, this information helps us better serve our members.

Sex: ___ Female ___ Male

Race/Ethnicity (check all that apply)

_____ Native American, Alaskan Native or Native Hawaiian
_____ Asian or Pacific Islander

_____ Hispanic/Latino
_____ White/Caucasian

_____ Other: ______________________

_____ Black/African American

Do you wish us to indicate in the database that you identify with a sexual minority group (e.g., lesbian/gay/bisexual/transgender)? _____ Yes _____ No

Do you wish us to indicate in the database that you are a person with a disability? _____ Yes _____ No

What year did you graduate? ________
Membership dues enclosed (please write in amount):

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Amount</th>
<th>Payment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States Member</td>
<td>$75.00</td>
<td>$ _______ . _____</td>
</tr>
<tr>
<td>Student Member</td>
<td>30.00</td>
<td>15.00</td>
</tr>
<tr>
<td>International Member</td>
<td>60.00</td>
<td>15.00</td>
</tr>
<tr>
<td>Senior Member—must be 65 or over, retired, and a member of SCRA/Div 27 for 20 years</td>
<td>15.00</td>
<td>Please Consider Giving</td>
</tr>
</tbody>
</table>

Please consider supporting the following SCRA initiatives by contributing to the following funds:

<table>
<thead>
<tr>
<th>SCRA Initiative</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCRA Student Initiatives Fund: Your contribution will help support student initiatives, e.g., conference travel awards, poster presentation awards, and the mentoring initiative. If most members gave $10, this fund would gain $10,000 for student initiatives this year.</td>
<td>5.00 10.00 15.00</td>
</tr>
<tr>
<td>SCRA International Travel Grants Fund: Your contribution will help bring international members to the Biennial Conferences. If most members gave $10, this fund would gain $10,000 to support international travel to future Biennials.</td>
<td>5.00 10.00 15.00</td>
</tr>
</tbody>
</table>

**TOTAL** $ _______ . _____

**Payment by:**

- Enclosed check (made out in United States dollars, paid to the order of SCRA)
- Charge to my credit card: _____ Visa _____ MasterCard

Name on Card: ________________________________

Billing Address: ________________________________

City: __________________ State: _____ Zip: ______________

Security Code: ________________

Authorized Signature: ________________________________

Expiration Date: _____ / _____

month / year

Please send form and credit card payment information or check to: SCRA (Div 27), PO Box 6560, Macon, GA 31208.

Name on Card

Annual membership is based on a calendar year, January 1st through December 31st. One year’s dues are payable in full with application. Those joining in November or December will be extended through December 31 of the following year.

**Thank you for your support of the**

**Society for Community Research & Action**
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. A fifth Membership Directory issue is published approximately every three years. Opinions expressed in The Community Psychologist are those of individual authors and do not necessarily reflect official positions taken by SCRA. Materials that appear in The Community Psychologist may be reproduced for educational and training purposes. Citation of source is appreciated.

TO SUBMIT COPY TO The Community Psychologist

Articles, columns, features, Letters to the Editor, and announcements should be submitted as Word attachments in an e-mail message to Dan Cooper and Tiffany McDowell at TCP@scra27.org or by postal mail to the editors: SCRA (Division 27), PO Box 6560, Macon, GA 31208. Authors should adhere to the following guidelines when submitting materials:

- **Length:** Five pages, double-spaced
- **Images:** Images are highly recommended, but please limit to two images per article. Images should be higher than 300 dpi. Photo image files straight from the camera are acceptable. If images need to be scanned, please scan them at 300 dpi and save them as JPEGs. Submit the image(s) as a separate file. Please note that images will be in black and white when published.
- **Margins:** 1” margins on all four sides
- **Text:** Times New Roman, 12-point font
- **Alignment:** All text should be aligned to the left (including titles).
- **Color:** Make sure that all text (including links, e-mails, etc.) are set in standard black.
- **Punctuation Spacing:** Per APA guidelines, make sure that there is only one space after periods, question marks, etc.
- **Graphs & Tables:** These should be in separate Word documents (one for each table/graphs if multiple). Convert all text in the graph into the consistent font and font size.
- **Footnotes:** Footnotes should be placed at the end of the article as regular text (do not use Word footnote function).
- **References:** Follow APA guidelines. These should also be justified to the left with a hanging indent of .25”.
- **Headers/Footers:** Do not use headers and footers.
- **Long quotes:** Follow APA guidelines for quoted materials.
- **Preferred email:** Please provide an email address for all authors so that readers can contact you directly and for you to be notified of commentary posted on the SCRA website in reference to your submission.

UPCOMING DEADLINES:


SUBSCRIPTION INFORMATION:

The Community Psychologist and the American Journal of Community Psychology are mailed to all SCRA members. To join SCRA and receive these publications, send membership dues to SCRA (Division 27), PO Box 6560, Macon, GA 31208. Membership dues are $30 for student members, $75 for United States members, $60 for international members, and $15 for senior members (must be 65 or over, retired, and a member of SCRA/Division 27 for 25 years; senior members will receive TCP but not AJCP). The membership application is in each edition of The Community Psychologist.

CHANGE OF ADDRESS:

Address changes may be made online through the SCRA website <www.scra27.org>. Address changes may also be sent to SCRA (Division 27), PO Box 6560, Macon, GA 31208. Email: <office@scra27.org>. APA members should also send changes to the APA Central Office, Data Processing Manager for revision of the APA mailing lists, 750 First St., NE, Washington, DC 20002-4422.