As value propositions are applied more and more to professional roles, the concept has arrived at the doorstep of the field of Community Psychology. For a long time, we have lamented about the uncertainty of career trajectories; in 1987, Lonnie Snowden lamented how community psychologists were leaving the field because they did not find vocational roles consonant with maintaining a strong identity as a community psychologist. We still are not confident in outlining career paths for our students; while an academic path can sometimes seem clearest, the reality is that there are not all that many positions for professors of community psychology. The majority of career paths are outside of academia.

As a result, we “lose” too many people in our field after graduate school. Many want to continue as community psychologists but the forces identified by Lonnie Snowden draw them away from the field. Hence, when Bill began to speak about the value proposition of community psychology, it captured my attention and that of the Community Psychology Practice Group, which struggles to define vocational pathways for community psychologists in the world of practice.

While we have sometimes lamented the term, “community psychology,” the truth is that terms like Volvo and Xerox and Charmin have not become known because of their inherent meaning. They have become brands that stand for something. The value proposition challenges our field to define what it is that community psychologists stand for and, more specifically, what is it that they can do in settings in which they are hired. You bring home a Volvo and you can expect certain things. You get a Xerox machine and you have a pretty good idea what it is supposed to be able to do. Certainly, we want the best out of our Charmin.

Most employers, whether in governmental, non-profit, or for profit settings, inside or outside of academia, don’t really know what they are getting when they “bring home” a community psychologist. They don’t realize what is special about someone branded with that term and the added value that such individuals can bring to a setting beyond the formal job requirements. Academic departments often don’t realize the benefits to departmental functioning that can result from hiring a community psychologist, and chief operating...
Community psychologists are “practitioner-scientists” in both community and academic settings. We have pragmatic, tested communication and consulting skills. We focus primarily on collaborations to strengthen systems, services, and outcomes available to individuals, industries, and organizations in the community—often in times of rapid change or distress. Our work is characterized by an interdisciplinary approach to problem solving and innovation, critical in an era of increasing globalization and diversity.

Community psychologists collaborate with professionals of other disciplines, industries, organizations, government, and advocacy groups to improve strategic outcomes.

Community psychologists also focus on problem prevention and/or wellness promotion, employing ecological and systems levels of analysis and action. We have a “proactive” versus “reactive” orientation, and a commitment to the identification of unmet and underserved individual and subgroups needs within organizational or community contexts.

How we add value:

Our skill sets can include public advocacy and policy analysis, change management and program planning, organizational development, program evaluation, capital formation, grants development and management, computer literacy, ability to write in both technical and lay language, presentation/teaching skills, cultural competence, knowledge of human development, prevention and promotion methodologies, community needs assessment and market share analysis, and applied research, including action-research. [THE NEXT SENTENCE, IN ITALICS, IS A CONTROVERSIAL INSERT. IT IS A SENTENCE DESIGNED TO BRIDGE THE GAP BETWEEN THE ASPIRATIONAL STATEMENT THAT PRECEDED IT AND THE REALITY THAT NO COMMUNITY PSYCHOLOGIST WILL HAVE ALL OF THESE SKILLS.] Of course, you are as likely to find a community psychologist skilled in all of these areas as you would be to find a medical or legal practitioner skilled in all subareas of their profession. Regardless of subarea, members of this profession have the emotional intelligence skills to manage and supervise, the organizational skills to balance margin and mission, and the savvy to foster collaboration and build consensus among the diverse constituencies who are your customers, suppliers, and strategic partners.

How we are distinctive:

Community psychologists have the implementation skills to put theory, research, policy, and strategy into action in challenging and divergent settings. Whether in academic or applied settings, formal or informal structures, or government, for profit, or nonprofit organizations, community psychologists believe that the most enduring solutions to problems come from integrating diverse voices and perspectives with an eye toward feasibility and sustainability. Community psychologists can be cost-effective additions to the workforce across a wide employment spectrum.
As you read, keep in mind some guiding thoughts from Bill Neigher about community psychology as a brand, in terms of the three questions below. You might want to compare and contrast your answers for our field to those for related fields (e.g., clinical psychologist; organizational developer; community organizer; human resource manager; social worker; sociologist):

1. What is our “brand image?” [what our internal and external customers think of when they hear “community psychology” consider: Volvo, Apple, Microsoft, Disney, Fox News, Nordstrom]
2. What is our “brand promise?” [how we honor the brand image by what we “deliver” in practice]
3. What are our customer’s expectations of how we deliver on the “brand promise”?

I believe we can and must have a value proposition to put forward. The Practice Group is actively planning to share a draft of the statement to different potential employers (e.g., human resources directors, academic department chairpersons, heads of non-profit organizations) to begin to get feedback, and this is likely to take place in between the time this column is submitted and the time it gets into your mailbox. Yet I feel we will learn at least as much from the comments of our own membership.

Post Your Comments, Join the Conversation at the Biennial
Please read the value proposition and post your comments. Please respond to the concerns. Consider showing the statement to individuals in gatekeeper roles and share their reactions and concerns. Come to the biennial in New Jersey in June 2009 and join the conversations about how community psychology and community psychologists can become more centrally engaged in understanding and solving the problems facing our society and the global village. Give your input into the kinds of preparation community psychologists need to enter the worlds of practice, policy, research, and teaching. I would like to have a final version of the value proposition ready for a vote of the membership at our Annual Meeting at APA in August, 2009 and I would like the document to reflect as much input as possible.

References

Please see Box B “Caveats About the Value Proposition” on the following page.
Caveats About the Value Proposition (VP)

Is this an aspirational statement or the reality? Is it evidence-based? How can we find out?

Which of the skills in the VP are learned in graduate programs or on the job or both? How well aligned should our graduate programs be with our VP? How do our training programs re-evaluate those job skills and retool the curricula?

At what point in the trajectory of people’s careers do some of these skills develop fully? What are the implications of this for how we put ourselves forward?

How much variation is there among community psychologists in their ability to perform those skills? How much does this variation matter in putting forward a VP for an overall professional field?

How do we “certify” to employers that we have those skills? [i.e., “licensed” as in clinical, or “certified” as in Novel Network Specialist, or some other form of recognition from SCRA/ the Council of Educational Programs?]

What are different market places looking for?

Does the VP apply to academic settings as it is currently phrased? How can it be changed to better apply, or is a separate statement needed?

How well does it represent the SCRA Vision: “The Society for Community Research and Action will have a strong, global impact on enhancing well-being and promoting social justice for all people by fostering collaboration where there is division and empowerment where there is oppression.”

What are the international implications of the above considerations, separately and taken together?

How well does the VP connect to the proposed Model Community Psychology Resume, put forward by Al Ratcliffe in The Community Psychologist (Vol. 41, No. 3/4, p. 59)?

From the Editor—
Elizabeth Thomas,
University of Washington Bothell

I am pleased to share this Spring 2009 issue of The Community Psychologist with you. Thanks to all of the column editors and contributors for their fine work on this issue. I encourage you to revisit the President’s Column in this issue, and if you have not already done so, consider the draft of a values proposition for the field of Community Psychology that is presented there. SCRA President Mo Elias encourages TCP readers to respond directly to the draft statement by posting comments on the SCRA website and joining a dialogue planned for the biennial meeting in June.

I also wish to draw your attention to the Cultural and Racial Affairs column, edited by Rhonda Lewis–Moss. Over the last year, columns have highlighted important lessons learned and words of wisdom from Ethnic Minority Mentoring Award winners, the teaching experiences of Black female graduate teaching assistants, and in this issue, the experiences of a graduate student researcher participating in the first APA Advanced Training Institute focused on research methods for diverse racial and ethnic groups held at Michigan State University last summer. Thanks to Professor Lewis–Moss and a number of authors for bringing these rich reflections to TCP readers over the last year.

Note also the excellent work brought to us over several issues by Monica Adams and Derek Griffith, editors of the Prevention and Promotion Column. This issue features an article by Nicolas Kaufman examining gender-transformative interventions, including the rationale for working with men and boys toward health and gender equity, key principles in preventive interventions, examples of international work, and challenges in implementation of interventions.

As we have come to expect in the Living Community Psychology column, Gloria Levin brings us a fascinating interview with a community psychologist. In this issue, meet David Chavis. And be sure to read about how you can become engaged with the exciting work of the Public Policy Committee. Members of the committee are hard at work and have much to share with readers— including a new name and blog. Turn also to the Regional Update, edited by Bernadette Sánchez, to find out about past and future events in Australia, Canada, and several regions of the U.S. Thanks to Dr. Sánchez and regional coordinators for bringing SCRA members together and supporting such meaningful regional work.

Of course, there is much more to highlight across columns. So thanks again to the column editors and many contributors to this issue. Read and enjoy.
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<td>Elaine Clanton Harpine, U. of South Carolina Aiken</td>
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<td>J. Eric Stewart, University of Washington Bothell</td>
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<td>Maria Chun, University of Hawai’i Regina Langhout, University of California, Santa Cruz</td>
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<td>The Aging interest group focuses on the productive role of aging in the community and the prevention of mental health problems in the elderly.</td>
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<tr>
<td>Chair: Margaret M. Hastings</td>
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<tr>
<td>(847) 256–4844</td>
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<tr>
<td><a href="mailto:margaretmhastings@earthlink.net">margaretmhastings@earthlink.net</a></td>
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| **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: Richard N. Roberts |
| (435) 797–3346 |

| **COMMUNITY ACTION** |
| The Community Action interest group explores the roles and contributions of people working in applied community psychology settings. |
| Chair: Bradley Olson |
| (773) 325–4771 |

| **COMMUNITY HEALTH** |
| The Community Health interest group focuses on health promotion, disease prevention, and health care service delivery issues as they relate to the community. |
| Co-chairs: David Lounsbury |
| (415) 338–1440 |
| dlounsbu@eecom.yu.edu |
| Shannon Gwin Mitchell |
| (202) 719–7812 |
| sgwinmitchell@gmail.com |

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

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

| **ORGANIZATION STUDIES** |
| The Organization Studies interest group is a community of scholars who are interested in community psychology theories (e.g., empowerment, ecological analysis, prevention, sense of community) in organizational contexts, and in importing organization studies concepts, methods, models, and theories into community psychology. |
| Chair: Neil Boyd, (717) 512–3870 |
| Boyd@Lycoming.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. |
| Co-chairs: Monica Adams |
| madams8@depaul.edu |
| Derek Griffith, derekmg@umich.edu |

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

| **SCHOOL INTERVENTION** |
| The School Intervention interest group addresses theories, methodologies, knowledge base, and setting factors pertaining to prevention and health promotion in school. |
| Chair: Paul Flaspohler |
| flaspopd@muohio.edu |

| **SELF-HELP/ MUTUAL SUPPORT** |
| The Self-Help/Mutual Support interest group is an international organization of researchers, self-help leaders, and policy makers that promotes research and action related to self-help groups and organizations. |
| Chair: Louis Brown, ldb12@psu.edu |
The Rights of Persons with Disabilities and the U.S. Refusal to Ratify

While the UN Convention for Persons with Disabilities (CRPD) has not been ratified by the U.S., it has been rumored to be on Barack Obama’s agenda. Given these difficult economic times, more may be needed to bring it back to his attention, but since ratification can be an impetus to improve the quality of life for people with physical, mental, intellectual, or sensory impairments around the world, it is well worth the work.

The Bush Administration made no effort to ratify this convention, bolstering its anti-ratification stance with two main points:

1. The U.S. has a strong Americans with Disabilities Act (ADA), and therefore there is no additional need for an international treaty. Due to the achievements of persistent activists, the ADA was a premier step in guaranteeing basic disability rights. International conventions, however, are much more than UN versions of domestic legislation—they are a more universal and eternal form of protection.

2. The U.S. is unique among nations in that it refuses to ratify conventions unless it is absolutely certain it can abide by them. The idea that the U.S. is the most careful nation when it comes to signing treaties, because it is the most conscientious and dependable of partners, is simply false; this is evident in the past presidential administration’s record from environmental treaties to the Geneva Conventions.

What is more, these excuses fail to capture both the symbolic and practical reasons for the U.S. to ratify a convention like the CRPD.

Real Reasons the U.S. has not Ratified

The main reason the U.S. has not ratified is a human value in “sovereignty.” Some more nationalistic Americans shudder at the idea of the U.S. yielding policy influence to “outside” elements. Yet the reluctance to give up a single ounce of sovereignty reflects a fundamental misunderstanding of how these treaties work. These treaties do create obligations—external and internal forms of accountability—but they are just as easily understood as policy-based forms of mutual support among nations. The treaties lay down a set of principles as the starting point for reviews, discussions, and debates among participating state actors. The treaties are about holding each other—all nations—accountable for the well-being and equality of people with and without disabilities.

Systems-based Treaties and Second-Order Change

There are other treaties the U.S. has yet to ratify, including the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the Convention on the Rights of Indigenous Peoples (CRIP). A primary objection to each one, including CRPD (the disability convention), is that they are too broad—that they cover too much rights-based ground. This argument deems it acceptable for NGOs in the U.S. to focus on health, family, economic, and legal initiatives in foreign countries, but that putting them altogether in a common agreement is just “too much.”

But is it? In the United States, from missionary trips to disaster relief, we have seen the very limited effects of single-minded interventions. The record of the U.S. in such unilateral efforts abroad is mixed, at best. Single initiatives tend to promote local forms of first-order change—change ameliorating only a small part of the system. Moreover, the criticism once again misses the benefit the U.S. could gain for itself and others through ratification. The ratifying of UN treaties are interventions in themselves that can bring about second-order change. Properly implemented and followed, a ratified CRPD is a systemic intervention for the rights of people with disabilities in the U.S. and the world.

Treaties are expansive and comprehensive for other reasons. This is partly because the agreements, by nature, are enduring. These treaties cannot simply be revised and re-ratified by all nations each time a new problem arises; the treaties need to be sufficiently composed in far-reaching ways that can accommodate many of the possible challenges the future may bring.

The Disdain some Americans feel for the UN

Anti-ratification rhetoric almost always targets the UN’s role in these initiatives. The detractors tend to proclaim that: “The UN is totally corrupt and incompetent. They cannot be trusted.” The UN, we admit, is far from a flawless organization. Yet what is also indisputably true—what is the error here—is that the UN is not the enemy; it is not an adversary to the U.S. or any other country. The UN, in fact, IS the U.S., just as the UN is equally all other participating nations. The reluctance of the U.S. to participate in this policy-oriented support group for all people, all communities, and all countries has long been perceived for what it is—a grandiose sense of exceptionalism.

Fearing a Revolution of Unintended Consequences

Distortions from the other side also tell prophecies of how dangerous the revolution will be following ratification. Claims against the Discrimination Against Women Convention (CEDAW) are particularly robust in trying to rouse fear. The critics tell evangelicals that ratification will bolster current pro-choice legislation in the U.S. CEDAW, however, is abortion neutral. Therefore, a nation like Ireland, where CEDAW has been rati-
fied and where abortion is illegal, has NEVER once been criticized for its anti-abortion policies, at least not through this treaty. There are even claims against feminist or LGBT “agendas.”

Yes, to the extent that CEDAW is designed directly to eliminate gender role prejudice, there is truth behind the existence of those “agendas.”

Accurate fears also exist around CRPD. There is a segment in the U.S. government that likely opposes the ratification of the convention because it would curb capital punishment for people with intellectual disabilities; pro-execution proponents would be correct in that assessment. The CRPD is a threat to these executions, and this is why the debate around ratification is not simply symbolic.

Yet whatever your beliefs are politically, there is little reason to fear ratification. We are not historians, but from the furthest extent of our knowledge, there is not a single instance in the lifetime of the U.S. where it has signed a treaty, and thereafter, the commitment has harmed the nation in the least. If a historian can refute this claim with a single instance, we will enjoy discussing whether the contract has any relation to the protection of children, the elimination of discrimination against women, the appreciation of indigenous cultures, or the complete equal rights of people with disabilities.

The Psychology of the Pro-Ratification Side

What is the psychology of those who want to see these treaties ratified? We want the U.S. to work as an equal partner with the rest of the world. We also want practical outcomes. We want the U.S./International salience surrounding the rights of people with disabilities to rise, leading eventually to action and favorable policy change. We want the U.S. to help itself by remaining proud and yet, receiving some modicum of humility on the international stage. We want the U.S. to be part of the conversation. We want it to engage in mutual critiques with all other countries, to work on more empowering and effective policies for people in every continent.

Ratification in the U.S. will ensure that its policies are as protective as possible. It will also work toward the U.S. participating more fully in other international discussions about the ways other governments protect their own citizens who have disabilities.

The U.S. may yet realize that the ratification of these conventions could be one of its swiftest paths to international redemption after a difficult decade in relation to human rights. The decision to ratify a convention is an opportunity for offering empowerment, a form of solidarity, a chance to spread a greater sense of dignity to others. Human rights are about our obligations to each other: the acknowledgment of each and every individual and what they rightly deserve, appreciating the power of these rights and the advantages of all people possessing them.

The ratification of the CRPD is not a small step; these treaties are designed to last. They are a form of leverage, a form of asset, a mutual communication mechanism for empowerment and hope. Ratification of CRPD, and for that matter, the CEDAW, the CRC, and the CRIP, should be the highest priority for health professionals and policy makers. U.S. participation in the international process will bring about positive change for itself and the rest of the world. ☻

Community Health

Edited and Written by Shannon Gwin Mitchell & David Lounsbury

Another Update on the Special Issue of AJCP and Biennial Activities

Our work towards the completion of the special issue of AJCP has continued through the winter, with the final reviews of all revised manuscripts occurring in January and February. We are extremely pleased with the diversity of ideas and quality of research represented in the special issue on “Social Ecological Approaches to Community Health Research and Action.” We look forward to working more closely with Catherine Kane, our corresponding AJCP senior editor, Bill Davidson, editor, as well as the authors and AJCP staff to finalize the issue.

Those authors whose papers were selected were also invited to present their work at the 2009 SCRA Biennial Conference at Montclair State University in June, as part of a series of sessions devoted to our topic. Several CHIG members have also been actively involved with the local planning group for the 2009 biennial and have participated in multiple conferences calls and other preparatory activities.

On Saturday evening—June 20, 2009—of the biennial we plan to hold our CHIG meeting at one of the local restaurants and hope that all CHIG members, contributing presenters for our special issue, and any other interested conference attendees will be able to join us.

For more information about these CHIG activities, please contact either of us by email: David <dlounsbu@aecom.yu.edu> or Shannon<sgwinmitchell@gmail.com>.
Last June, I had the distinct pleasure of attending the first APA Advanced Training Institute (ATI) dedicated to presenting research methods for diverse racial and ethnic groups. I’d like to share some of my experiences with you about this training and encourage you to consider applying for this awesome professional experience.

Twenty-eight scholars from all over North America convened at Michigan State University (MSU) in June 2008 to learn and share what they know about conducting research and therapy among racial and ethnic minorities. Presenters were very diverse themselves and included Asians, African American/Blacks, people from Middle Eastern countries, Native Americans, Latinos, South Americans, and Caucasians. A healthy number of graduate students, a few post-doctoral fellows, and many faculty members from small colleges and large universities alike were present. The ATI presenters were similar in diversity to the racial and gender composition they served. One thing all the presenters had in common was that each presenter was an expert in their field of methodology and came prepared with the most cutting-edge material.

The ATI experience actually began weeks prior to this event, as ATI coordinators disseminated an extensive reading list that featured much of the material we would be learning during the institute. In addition, the coordinators made it clear that attendees were expected to come prepared to share aspects of their research with the larger group during spaces created for personal consultation. Considering the rainbow of experiences in the room, it would have been easy for the professionals in the room to talk over a graduate student, but that never happened. I like to believe that this unspoken oath contributed to the sense of mutual respect and pursuit of knowledge that I felt each day that week.

On the first day of the Institute, MSU Center for Multicultural Psychology Research Director Dr. Frederick Leong wasted no time starting the ATI with his presentation on Methodologies for Investigating Treatment Outcomes with Culturally Diverse Populations. What began as a discussion about the (sometimes unmet) mental health needs among ethnic minorities became a call to action in mastering the literature on these groups in order to truly understand the person behind the statistics. Dr. Leong provided the pros and cons of the seven most commonly used methodologies in gleaning information among people of color. Some of these methods handle the construct of culture better than others, but Dr. Leong was very thorough in illustrating how more traditional methods of data collection have contributed to those methods which promote cultural adaptation.

Next on the agenda was MSU professor Ann Marie Ryan with her presentation on Multicultural Research in Organizational Contexts. Dr. Ryan’s presentation featured common obstacles researchers face when examining culture in various professional environments. She also provided practical tips on how to avoid these pitfalls. For example, one mistake some researchers make when conducting research on culture is mishandling the fault lines within one group of people. Fault lines are the invisible dividing lines that identify sub-populations based on similarities of one or more traits (Lau & Murninghan, 1998). Among many other fascinating applications of culture within industrial and organizational settings, Dr. Ryan examined different hypotheses of diversity to demonstrate how researchers must tackle the concept of multiculturalism at various levels of analysis.

Dr. Yolanda Suarez–Balcázar from the University of Chicago, broke down the concept of Using the Internet to Conduct Research with Culturally Diverse Populations into two parts. The first half of her presentation surveyed the millennial sonic boom in internet users and the “digital divide”—the disparity between those who have regular access to the internet and those who do not. She explained the consequences of such inequities. The second half of her presentation put many of the concepts she introduced in the first half to use in an internet-based study she conducted with the Westside Health Authority in urban Chicago to teach internet search skills, foster community empowerment, and promote healthy behaviors. By closing the digital divide, participants were able to come together to effect social change through advocacy and to develop their physical space into a community that they could be proud of. Dr. Suarez–Balcázar’s presentation was very interactive (much like the internet), and at the end, she facilitated an activity in which the ATI attendees could use her concepts to create their own internet-based study. Later, I shared with Dr. Suarez–Balcázar details about my research on Hurricane Katrina, and she impressed upon me the importance of giving contextual factors a second look as I interpret my own findings.

The next presentation, Culturally Sensitive Qualitative Research Methods with Diverse Populations, was given by Central Michigan University Associate Vice President for Institutional Diversity, Dr. Denise O’Neil Green. This presentation introduced us to the concept of qualitative research, how this methodology typically addresses culture, and how important it is to guard against researcher bias. My own research is a mixed-method design, so this particular lecture was especially relevant to me and my research interests. We learned that it is imperative that the investigator be aware of how their social position (e.g. gender, class) contributes to how our research is designed and shapes our thinking when interpreting findings. The risk of not having such self-awareness can lead to the investigator changing the story of their participants, or worse, telling their own story instead—such consequences are unacceptable. Thus, the culturally competent researcher must be ever vigilant in guarding against such bias.

Next on the agenda was MSU psychology professor, Dr. Neil Schmitt. Dr. Schmitt shared with us information on Evaluating Measurement Equivalence of Research Measures. According to Dr. Schmitt, a measure is invariant when members of different groups who have the same standing on a featured construct being measured receive the same observed score on the measure. Obviously, this has implications for many sub-popula-
options within our American society but also on the increased globalization of education, business, and most science contexts. Dr. Schmitt offered two methods commonly used to assess measurement invariance (item theory and confirmatory factor analysis) and also provided an in-depth protocol for establishing that a scale has measurement invariance. What I liked the most about this presentation is that it tested my assumptions about how one studies culture in psychology: while I was already somewhat familiar with Drs. Ryan and Green’s research methods, I had no idea about the tools statisticians use to explore race and to decrease the disparities in social science. For the first time, confirmatory factor analysis was presented to me as a tool for social action, and I found that quite impressive.

If I could have the chance to share again, I would tell my colleagues that the ATI benefits for me have been long lasting: Dr. Wang’s talk helped me to see that in my own clinical research, examining social outcomes is just as important as examining psychological ones; Dr. Miller has emboldened me to seek out groups that traditional research-methods training largely ignores, and I am confident that I will effectively conduct ethical research to not only benefit them but also give voice to their stories; I am more comfortable in consulting the literature for my therapeutic clients than I was before I heard Dr. Leong’s rationale; and I will heed Dr. Ryan’s warnings about carelessly activating fault lines within a group.

What research training on race and ethnicity would be complete without a discussion of racial identity? I’ll never know, because University of Michigan professor Robert Sellers came to provide Methods for Racial Identity and Racial Socialization Research. Dr. Sellers divided his presentation into two sections: the first dealt with racial identity, and the second focused on racial socialization. One of the first things Dr. Sellers explained to the ATI audience was the (often confused) difference between race and ethnicity. Then he proceeded to give an overview of the measures currently used to assess racial identity and the assumptions that accompany such measures. One of my favorite parts of this talk was the illustration of Phinney’s (1992) theory of the progression of racial identity achievement, which lies on a double-continuum of exploration and commitment. As Dr. Sellers talked, I thought about where I fit on this spectrum, and I am sure my fellow ATI colleagues did the same. When Dr. Sellers discussed racial socialization, he used several real-life experiences to show how racial messages are transmitted within ethnic groups. For example, within the Black community, one traditional vehicle is the Jack and Jill program. When Dr. Sellers offered new approaches to racial socialization, some of his suggestions had direct tie-ins to the methods Drs. Suarez-Balcazar and Green discussed in their respective presentations.

On the fourth day of the ATI, Dr. Robin Miller gave an excellent talk on her HIV Research with Disenfranchised and Hard-to-Reach Populations. First, she defined what a hard-to-reach population is, reasons why they are largely absent from social science, and provided examples for such populations. Once Dr. Miller gave examples of these populations (e.g. sex workers, immigrants), I was hooked, and it made so much sense that such groups would be left out of research, since the mere mention of some of these groups is taboo. Dr. Miller had no shortage of research methodologies used to reach these groups: my favorite method was respondent-driven sampling. This method draws on the theory that it really is a small world out there, and that if you can reach just a few members of your select research population (“seeds”), they will have access to many more potential research participants just by virtue of their group membership. Dr. Miller showed an example of one study conducted in New York City starting with 12 seeds, which eventually brought in over 500 peer recruits for the study (Heckathorn, 2002). Dr. Miller presented maps of Manhattan to show how rapidly respondent-driven sampling occurred, and how far flung the recruitment efforts became with each wave of sampling (even extending into New Jersey).

At the end of the day MSU psychologist Brent Donellan began his presentation on Archival Research and Secondary Data Analysis with Culturally Diverse Populations. Dr. Donellan shared the advantages of using large, longitudinal datasets (e.g. large sample sizes with generally high response rates) and the obstacles (e.g. no guarantee that the dataset will address your research question if you were not involved in collecting the data). I can certainly relate to this issue, as I am currently working with a dataset collected before I arrived at Carolina. However, like the rest of the ATI presentations, Dr. Donellan provided great tips on how to overcome these disadvantages. Later that evening, Dr. Leong invited the ATI attendees to a local Chinese American restaurant that offered the best Chinese cuisine I have ever had. Dr. Leong professed that this restaurant was his current addiction, and then he proceeded to explain each of the dishes and how they are normally enjoyed. In retrospect, I think this may have been the most important part of my ATI experience because we were no longer researchers, but instead simply people enjoying food and fellowship together. You could not have found better company to be with that evening in East Lansing, MI.
On Friday morning, the last presentation focused on Genomic Research in Ethnic Minority Communities. Dr. Vivian Ota Wang, program director for the National Institute of Health, presided over it, and I cannot tell you how downright magical the experience was for me. Similar to Bronfenbrenner’s (1979) social ecology theory, Dr. Wang examined the importance of studying race and ethnicity at each level of analysis. Dr. Wang started at the eco-system level, worked her way down to the genetics, and came right back to the social level, never missing a beat. I had always heard there were more differences within groups than between, but Dr. Wang confirmed that concept with statistics, theories, and real-world anecdotes. By the end of her presentation, she had me thinking I had chosen the wrong sub-specialty and that I should run (not walk) to my nearest genomic lab! As if she knew what was on my mind, she encouraged each of us to address the issue of race at whatever level of analysis we were currently at, but to find the time to work our way back to genes. It was a powerhouse presentation, and although no lecture was better than any other, Dr. Leong knew what he was doing by scheduling her last.

At the end of the institute, each of the ATI attendees gave a brief statement on what they would be taking away from the experience and applying to their own work. I kept mine pretty simple because I was still digesting each of the new tools I had learned that week. If I could have the chance to share again, I would tell my colleagues that the ATI benefits for me have been long lasting. Dr. Wang’s talk helped me to see that in my own clinical research, examining social outcomes is just as important as examining psychological ones. Dr. Miller has emboldened me to seek out groups that traditional research methods training largely ignores, and I am confident that I will effectively conduct ethical research to not only benefit them but also give voice to their stories. I am more comfortable in consulting the literature for my therapeutic clients than I was before I heard Dr. Leong’s rationale, and I will heed Dr. Ryan’s warnings about carelessly activating fault lines within a group. Several of the best community psychology traditions were present here, and each has contributed toward my scholastic development. I thank Dr. Charles Mactutus and the USC Department of Psychology for funding my participation and making this invaluable experience possible.

If you cannot tell already, I had an amazing time at this advanced training institute. Professionally speaking, it represented an opportunity to build my skills in scholarship and state-of-the-art methodology. While it may have been a once-in-a-lifetime experience, the knowledge I gained there will stay with me forever and hopefully grow. Just knowing that there are more researchers than I previously thought who are devoted to building a body of culturally competent research was worth the trip alone. My greatest goal now is to develop into the type of researcher that will one day have his own methods to teach at an APA Advanced Training Institute. ☺

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Greetings Colleagues,

It is with great pleasure that I share professional musings from Brigida Hernandez. Brigida has unique experiences that I believe we can all learn from. Until recently, she has been an academic researcher. Last year, however, she transitioned to a research position at a nonprofit organization focused primarily on disability service provision. For those of you interested in the comparisons between these two types of positions—and/or who are contemplating your own professional transitions—read on!

I also want to alert you to an exciting development. I have been working with Asma Ali—a doctoral student in Urban Planning and Public Policy at the University of Illinois at Chicago—on enhancing the dialogue among interest groups. We have invited other SCRA interest groups to explore the intersections of their interest group with disability topics. Keep your eyes peeled for these upcoming columns. And many thanks to all those who responded to the call! If you are interested and did not receive an email from me, it may mean that we did not have a functioning email address for you—please contact me.

~Best, Katie

Starting Anew: Reflections on a Professional Transition

~Brigida Hernandez, YAI/National Institute for People with Disabilities

When Katie asked me to contribute to the disability column of TCP, I had just completed my tenth month as the director of research at YAI/National Institute for People with Disabilities in New York City. Prior to coming to YAI, I was an assistant professor in the Department of Psychology at DePaul University, and since 1994 have held several research appointments in the department of Disability and Human Development at the University of Illinois at Chicago (UIC). Most of my professional career has been in academia, and given the recent transition to a non-profit organization, I was asked to reflect on the change and lessons learned.

Discovering a Career Path

Although I started my graduate training at Northwestern University with intentions of becoming a clinician, I was drawn to working with underserved communities while completing a research assistantship with Fabricio Balcazar and Chris Keys at UIC. They were awarded a federal grant to educate the Latino community about the Americans with Disabilities Act. At the time, I knew little about community psychology and disability issues, but decided to join their team because (like many other graduate students) I needed a job. Often, I have described my initial work at UIC as a turning point in my professional life as I gradually became more and more interested in participatory research with the disability community.

By the time I completed my clinical internship at Bellevue Hospital in Manhattan, I knew that my days as a clinician were numbered. Luckily, Fabricio and Chris were once again searching for new staff. This time, they needed a project director for a federal grant that focused on working with disability organizations to improve their outreach and services to racial/ethnic minorities. With little hesitation, I accepted a post-doctoral research position at UIC. Those two years brought opportunities to manage the implementation of two grants, supervise graduate and undergraduate research assistants, provide fiscal oversight of budgets, work collaboratively with numerous disability organizations, submit manuscripts, and assist with the preparation of grant proposals. I also had the opportunity to teach several courses for UIC’s Psychology Department. As I think back, all those experiences were the “schooling” that I needed to help take the next step—a faculty appointment.

Having established professional and personal roots in Chicago, I kept the job search local and identified a handful of possibilities. Fortunately, the clinical-community program at DePaul University was in the mix. For close to six years, I was an assistant professor in their Department of Psychology, and early on developed a research program funded through state and federal grants. Staying true to what drew me to community research, my projects were participatory in nature as I worked closely with organizations and individuals with disabilities to design and implement studies that were responsive to their needs. In particular, my research focused on understanding the multiple barriers to employment experienced by the disability community. I attribute a large part of my desire to enter academia to my years at UIC where I discovered firsthand the principles of community psychology at work.

Transitioning into a “Somewhat” New Career

When my husband announced that he was interested in taking a software developer position with Major League Baseball in Manhattan, we talked at great length about what the transition would mean for us both personally and professionally. Part of the talk included my own job search and options within the New York City area. Throughout my career, I have found disability and employment research to be particularly rewarding and thought I could use this opportunity to find a position that would allow me to focus primarily within this area. With the help of the internet and professional contacts, I started to compile a rather short list of university and institute settings that focused on disability and employment research.

One of my internet searches resulted in a senior research position at YAI/National Institute for People with Disabilities. Initially, I didn’t pay much attention to the posting because I hadn’t heard of YAI and when I searched its website there was very little written about its research department. I did learn that it was a large non-profit organization with 450 programs that serve 20,000 individuals with intellectual and developmental disabilities across their lifespan. When I saw their services included employment, I became interested enough to ask colleagues about YAI. To my surprise, two colleagues whom I have worked with closely knew
much about the organization. Each highlighted YAI’s 50 year history and award-winning services and programs, while acknowledging that it was not widely known for research.

With my interest perked, I modified my vitae into a lengthy resume and submitted my application materials. A few weeks later, I got a call from the organization’s CEO, Joel Levy, DSW, inviting me in for an interview. While on the phone, we chatted about the organization and the role of research. He mentioned that YAI was replicating a study on attitudes toward workers with disabilities among Fortune 500 executives. Then it hit me that Joel Levy and colleagues were cited twice in my dissertation on attitudes and disability rights. During the interview process, I discovered that many of YAI’s publications related to employment, and as they looked toward the future they hoped to continue in that direction. Looking back, I now realize the importance of keeping an open mind during the job hunt and learned that opportunities may appear in unexpected places, including non-profit organizations whose primary mission is service provision.

Applying Principles of Community Psychology Again

Aside from the potential of conducting disability and employment research, one factor that drew me to YAI was its workforce. During my two interview days, as I spoke with staff at all levels, it became clear that once you entered the YAI “family” you were unlikely to leave. Numerous employees shared having been with the organization for decades, with one manager describing himself as a “newbie” just shy of the 10-year mark. Although impressive for a non-profit, being a newcomer to a close-knit organization could also present challenges of “fitting in” and “belonging.” Especially, when the newcomer is a researcher whose responsibilities include conducting evaluations.

Not necessarily planned, I have found myself using principles of community psychology throughout my ten months at YAI. The first few months were spent learning about the organization’s culture and programs, while carefully tuning into their evaluation needs. It also involved conversations and lunches with leaders of the organization, allowing them to get to know me as both a researcher and individual. My entrance into YAI was certainly not hurt by my husband’s involvement with Major League Baseball, which seemed to provide common ground for talking about the sport and, of course, the New York Yankees.

Following the initial months of welcome, I saw myself spending more time with departments that seemed ready in terms of interest and resources to engage in evaluation and research. During this stretch, I have worked closely with directors and staff in order to identify ways the research department can be of help. These conversations have been ongoing, and logic models have been quite useful to better my understanding of programs and to determine ways that evaluation can strengthen them. These conversations have also helped establish a participatory tone, whereby stakeholders are able to exchange their ideas and contribute to the evaluation plan. At times, these discussions have been lively and have helped facilitate the buy-in process. Thus far, the research department has worked on projects that aim to develop healthier lifestyles through a weight management program, enhance conversation skills through computer-based instruction, and improve sexual attitudes and knowledge through curriculum-based group sessions.

Making Contributions that Matter

Having had some success with grants and related-publications in academia, I was quite eager to hit the ground running with submissions when I first arrived at YAI. Perhaps this drive was grounded in a desire to “prove” myself as the newcomer to the organization. However, with the pending change in administration and economic meltdown, “requests for proposals” (RFPs) in the areas of disability and employment were slow to arrive in 2008. So, I kept busy with projects that addressed the needs of our organization including conducting a series of focus groups whose data would inform the development of our new autism center. The research department met with numerous families of children with autism and learned that their needs extended beyond finding a cure and early intervention. They also included transitioning into adulthood, finding employment, and providing recreational/socialization opportunities.

Another project that has kept me occupied is the staff feedback survey. Each year, YAI administers a satisfaction survey to its 5,500 employees, and the research department plays an instrumental role in survey design, data analysis, and written reports. This year was no exception and in conjunction with our Human Resources department, we identified the theme of “employee engagement” to be the survey’s cornerstone and found a brief standardized measure that will be administered to all programs, thereby allowing for organizational and departmental comparisons. For areas of potential concern, there is a strong commitment to develop and implement action steps. It’s been an exciting process to see unfold as it marks the first time a standardized measure is being used across the departments.

Recently, I was able to turn my attention to grant writing, as an anticipated RFP was finally posted. Working side-by-side with our Employment Initiatives department, we submitted a proposal on the impact of mentoring in improving the employability of individuals with intellectual and developmental disabilities. As I prepared the grant submission, I was reminded of academia and days spent preparing grant proposals and manuscripts. Although they are not a central part of my job now, I realize that there are indeed many fulfilling ways that one can contribute to an organization.

Concluding Thoughts

When I started the job hunt a little over a year ago, I had hoped to secure a position that would allow me to conduct disability and employment research. As I close in on my one year anniversary, I am now realizing that my skill set has the potential to offer a non-profit organization much more. Stepping outside of my research comfort zone, I have also grown professionally these past ten months, as I engage in projects not directly related to my own research interests. Future months will likely bring more unexpected opportunities. One thing is certain—the mission of my research and the values of the organization are closely aligned as they both seek to empower the disability community. ☑

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We are happy to present the final article from the 2005 Survey of Graduate Training Programs in Community Research and Action. This article, by Eowyn Gatlin, Jessica Rushenberg, and Kelly L. Hazel, presents survey findings and discussion on several significant issues for the field: curriculum, diversity of faculty and students, training for cultural competence, program assessment, student characteristics, recruitment, and admissions. The findings on training for cultural competence are especially interesting.

What’s Up with Graduate Training?
Results of the 2005 Graduate Program Survey

~Eowyn Gatlin, Jessica Rushenberg, & Kelly L. Hazel,
Metropolitan State University

The 2005 Survey of Graduate Training Programs in Community Psychology is the fifth survey of its kind to be conducted since 1987 (Elias, Dalton, & Godin, 1987; Lounsbury, Skourtes, & Cantillon, 1999; Maton, Meissen, & O’Connor, 1991; Meissen, Colgate, Slavich, Dorr, & Petersan, 1995). This survey was conducted for several reasons: (a) To examine the current state of community research and action graduate training programs; (b) to serve as a guide to advisors, undergraduate, and graduate students who are interested in pursuing advanced education in community psychology; and (c) to help groups interested in community psychology to begin or modify current programs by gaining a clearer understanding about the current condition of community research and action graduate programs. Two previous reports provided information about the individual graduate programs (Hazel, Pilaczynski, & Meissen, 2005) and trends in graduate training (Hazel, 2006). This report presents the results related to program admissions, curriculum, student and faculty characteristics, and community involvement.

Method
Potential participating programs included those that responded to the 1995 and 1999 surveys as well as programs which were found in the APA’s Graduate Study in Psychology, Gradschools.com, the SCRA website, and CommunityPsychology.net. For this survey, the search was broadened to also include non-psychology programs in community research and action as well as prevention. Printed surveys were sent to directors/coordinators of graduate programs by ground mail. Several follow-up reminders were sent by electronic mail. Of the 66 programs identified that did indeed have a community research and action graduate program, 50 responded to the survey (76%) representing 35 different universities. The majority (81%) of responding programs were located in the United States.

Results
The survey results are organized according to the type of degree: (a) free-standing community psychology programs (N = 17), (b) clinical-community programs (N=10), (c) interdisciplinary community psychology programs (N=10), and (d) masters only programs (N=13).

- Free-standing community psychology programs are doctoral programs that are found in psychology departments and are not combined with clinical studies.
- Clinical-community programs are doctoral programs that combine elements of community psychology with the more traditional forms of clinical psychology, such as clinical practice and psychological treatment modalities.
- Interdisciplinary community psychology programs are doctoral programs not housed in a psychology department that combine community psychology with other areas of study, such as public health, education, or family studies.
- Masters only programs include community psychology, clinical-community, and interdisciplinary.

Advertising and Recruitment
Schools reported recruiting students in a number of different ways. The most commonly reported method was through conferences such as the American Psychological Associations (APA) annual conference and regional conferences. For example, one school promotes their community psychology program at undergraduate, teaching, and professional research conferences including the National Institute of Mental Health Career Opportunities in Research, Education and Training, the Tri-State Undergraduate Psychology Conference, and the Midwest Institute for Students and Teachers of Psychology. Other popular methods reported were use of radio broadcasts and “word-of-mouth.” Programs also used multiple forms of mailings (e.g., pamphlets, brochures, posters, and emails) to personal contacts, university departments, and prospective undergraduate students. To encourage its community psychology program, one program utilized local community partners for publicity. The majority (90%) reported having a program website that facilitates access to program information for prospective students.

Admissions and Financial Aid
Programs were given a list of admission criteria and asked to indicate their importance on a five point scale (see Table 1, p. 14), from 1 = very low to 5 = very high. The biggest difference between the PhD programs is between the community psychology and clinical-community programs with regards to the importance they place on an interest in and potential for clinical service. Community psychology programs ranked interest in and potential

1 At 51 universities around the world.
2 Subsequent research on the internet determined that several previously identified programs were no longer in existence or had substantially changed their focus such that they no longer qualified as community-oriented.
3 After several email reminders and a few phone calls!
4 Six universities reported on 2 programs (usually both a clinical-community and a stand-alone community program), and 1 university reported on 3 programs (school, clinical, and organizational programs with a community emphasis).
for clinical service very low in importance, while clinical-community programs placed a moderate to high level of importance on it. Other notable differences are that PhD programs placed a higher value than masters programs on several qualities including student compatibility with faculty, strong quantitative skills, GRE scores, and work experience. All four program types placed a moderate to high level of importance on a strong undergraduate GPA and valued students with experience in different cultural settings.

Interestingly, community psychology and interdisciplinary programs reported a lower average level of importance on an interest in working with diverse populations than clinical and masters degree programs.

About half (47%) of the programs reported that they required undergraduate pre-requisites. There were two common areas required: (a) some form of research methods or experimental psychology course or coursework in statistics, and (b) coursework in psychology beyond that of a general or introductory level. Also common among the mentioned requirements was a Bachelor of Arts with a major in psychology. This was confirmed by the report that the majority of the students enrolled in the various types of programs had BA degrees in psychology. Clinical-community programs reported having the highest average percentage of students with psychology undergraduate degrees (93%), followed by community programs (87%). Interdisciplinary programs reported an average of 56%, and masters programs reported 51%.

Clinical-community doctoral programs reported receiving the most applications (on average), while community psychology doctoral programs received the fewest (see Table 2). Masters programs have the highest average acceptance rate (31%) and represent the smallest average percentage of students receiving financial assistance other than loans (19%). Conversely, clinical-community doctoral programs accept the smallest percentage of applicants (6%) and have the second highest percentage of students receiving financial assistance other than loans (86%).

### Students
On average, clinical-community doctoral programs reported having the most students currently enrolled, while community psychology doctoral programs had the fewest students enrolled (see Table 2).

<table>
<thead>
<tr>
<th>Admission Criteria</th>
<th>Clinical-Community PhD</th>
<th>Community PhD</th>
<th>Interdisciplinary PhD</th>
<th>Masters Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative in defining one's own professional role</td>
<td>3.10</td>
<td>3.59</td>
<td>3.88</td>
<td>3.82</td>
</tr>
<tr>
<td>Interest in and potential for clinical services</td>
<td>3.70</td>
<td>1.00</td>
<td>2.00</td>
<td>2.38</td>
</tr>
<tr>
<td>Interest in and potential for academic career</td>
<td>2.70</td>
<td>3.12</td>
<td>3.38</td>
<td>2.10</td>
</tr>
<tr>
<td>Social-change orientation or values</td>
<td>3.20</td>
<td>4.24</td>
<td>3.25</td>
<td>4.18</td>
</tr>
<tr>
<td>Community-based experience</td>
<td>3.50</td>
<td>3.88</td>
<td>3.75</td>
<td>3.82</td>
</tr>
<tr>
<td>Research experience</td>
<td>4.40</td>
<td>4.18</td>
<td>4.13</td>
<td>2.82</td>
</tr>
<tr>
<td>Work experience</td>
<td>3.10</td>
<td>3.24</td>
<td>3.29</td>
<td>3.00</td>
</tr>
<tr>
<td>Commitment to action or applied research</td>
<td>3.80</td>
<td>4.00</td>
<td>4.00</td>
<td>3.18</td>
</tr>
<tr>
<td>Strong quantitative skills</td>
<td>3.50</td>
<td>3.29</td>
<td>4.24</td>
<td>2.50</td>
</tr>
<tr>
<td>Strong communication/writing skills</td>
<td>4.40</td>
<td>3.94</td>
<td>4.25</td>
<td>3.09</td>
</tr>
<tr>
<td>Compatibility with faculty interests</td>
<td>4.40</td>
<td>4.00</td>
<td>4.25</td>
<td>2.70</td>
</tr>
<tr>
<td>Strong undergraduate GPA</td>
<td>4.40</td>
<td>3.76</td>
<td>4.00</td>
<td>3.55</td>
</tr>
<tr>
<td>Strong Graduate Record Exam (GRE) scores</td>
<td>3.60</td>
<td>3.38</td>
<td>4.13</td>
<td>2.50</td>
</tr>
<tr>
<td>Interest in working with diverse populations</td>
<td>4.00</td>
<td>3.47</td>
<td>3.50</td>
<td>3.82</td>
</tr>
<tr>
<td>Experience in different cultural settings</td>
<td>3.40</td>
<td>3.18</td>
<td>3.86</td>
<td>3.09</td>
</tr>
</tbody>
</table>

**Note:** Ratings on a five-point scale; 1 = very low, 2 = low, 3 = moderate, 4 = high, and 5 = very high
Programs were also asked to provide information about student diversity (see Table 3). The majority of students in all programs were female. Masters programs reported the highest percentage of non-traditional aged students. Community psychology and clinical-community programs reported the highest percentage of minority students, 38% and 39% respectively. Masters programs reported the smallest percentage of minority students (19%). Multiple schools commented that they do not ask students for information concerning sexual orientation and/or disability therefore lack sufficient information to answer the survey question. It should be noted however that this lack of information does not necessarily mean a lack of students in these groupings.

Types of activities that build community among students and faculty reported by schools were both formal and informal in nature and included a wide assortment of happenings. Multiple schools reported formal social events, including peer mentorship programs (48%) and other events such as annual orientation and welcome parties, interest groups, regular meetings for students and faculty, organized residencies, guest speakers, and retreats/conferences. Informal events commonly found among schools are brown bag lunches where students and faculty can share research and experiences, study groups, film viewings, social gatherings at faculty homes, and program birthday and holiday parties. One school reported “meet[ing] at local restaurant[s]/bar[s] from time to time to celebrate student accomplishments . . . or to simply build community.” Another reported means for building community was “for a program to function on a cohort model whereby students take nearly all courses with each other.” As one program reported, “this size (6-14 students) facilitates students getting to know each other rather well. Our faculty are open to students’ issues, and regularly interact with them.” Student organizations and assemblies were another commonly reported resource where students strengthen community amongst themselves.

The majority of programs (83%) reported that students were involved in program governance. The most common form of student involvement was student presence at program related meetings, either formally

<table>
<thead>
<tr>
<th>Type of Student</th>
<th>Clinical-Community PhD</th>
<th>Community PhD</th>
<th>Interdisciplinary PhD</th>
<th>Masters Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>77</td>
<td>71</td>
<td>83</td>
<td>74</td>
</tr>
<tr>
<td>Ethnic minority</td>
<td>39</td>
<td>38</td>
<td>33</td>
<td>19</td>
</tr>
<tr>
<td>Students with disabilities*</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>GLBT*</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Non-traditional (age)</td>
<td>26</td>
<td>23</td>
<td>25</td>
<td>48</td>
</tr>
<tr>
<td>ESL</td>
<td>13</td>
<td>19</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>International</td>
<td>10</td>
<td>5</td>
<td>13</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: * indicates that more than half the programs did not provide information (left it blank); the results are based only on the programs that responded.

<table>
<thead>
<tr>
<th>Type of Faculty</th>
<th>Clinical-Community PhD</th>
<th>Community PhD</th>
<th>Interdisciplinary PhD</th>
<th>Masters Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenure-stream</td>
<td>10</td>
<td>6</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Affiliated</td>
<td>4</td>
<td>4</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Adjunct</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>% Female tenure-stream</td>
<td>47</td>
<td>49</td>
<td>46</td>
<td>53</td>
</tr>
<tr>
<td>% Caucasian</td>
<td>76</td>
<td>77</td>
<td>80</td>
<td>91</td>
</tr>
<tr>
<td>% African American</td>
<td>13</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>% Latino(a)/Hispanic</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>% Asian</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>% Indigenous</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>% w/Disability*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% GLBT*</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

Notes: In 1999, the following percentage of women were reported for the program types: 37%, 44%, 46%, 31% respectively. * indicates a low response rate (< 50%); percentages given are based on the institutions that did respond.
through student representatives or informally (open invitation). Graduate level student senates and committees are another frequent form of student participation in program governance. For example, students on one school’s graduate student committee were reported to establish policy for the graduate school. Other schools reported similar committees, however student impact was more limited in that they could only “bring concerns to the attention of the faculty.”

Faculty
Clinical-community and interdisciplinary programs have more faculty in general than other types of programs (see Table 4, p. 15). Masters programs reported the highest percentage of Caucasian faculty (91%), followed by interdisciplinary programs (80%)\(^5\). On average women made up 49% of tenure-stream faculty overall. This is an increase from the 1999 survey when women made up an average of 40% of the tenure-stream faculty overall (Lounsbury, Skourtes, & Cantillon, 1999). When asked about the last three hires, programs on average reported that 2 were women and 1 person was of ethnic minority status.

Curriculum
Programs were given a list of possible theoretical or practical topics and were asked to rate to what extent each was emphasized in their program (0 = not at all/not applicable, 1 = very low to 5 = very high emphasis). There were some very interesting variations between the programs, especially between clinical oriented programs and non-clinical. As shown in Table 5, all programs reported placing a high emphasis on community-based interventions, as well as based interventions, as well as qualitative methods. Programs placed a low to moderate emphasis on socio-political development and mutual help. The largest difference between programs is the amount of emphasis placed on direct clinical service, with clinical-community programs placing the greatest level of emphasis.

The majority of the programs (57%) reported that all of their program’s required courses were taught by faculty with degrees

<table>
<thead>
<tr>
<th>Emphasis</th>
<th>Clinical-Community PhD</th>
<th>Community PhD</th>
<th>Interdisciplinary PhD</th>
<th>Masters Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct clinical services</td>
<td>4.30</td>
<td>.29</td>
<td>.67</td>
<td>1.67</td>
</tr>
<tr>
<td>Indirect clinical services</td>
<td>3.67</td>
<td>.71</td>
<td>1.22</td>
<td>1.58</td>
</tr>
<tr>
<td>College teaching</td>
<td>3.00</td>
<td>3.29</td>
<td>3.11</td>
<td>1.58</td>
</tr>
<tr>
<td>Community-based intervention</td>
<td>4.22</td>
<td>4.29</td>
<td>4.00</td>
<td>4.25</td>
</tr>
<tr>
<td>Program evaluation</td>
<td>3.78</td>
<td>4.06</td>
<td>4.11</td>
<td>4.08</td>
</tr>
<tr>
<td>Participatory action research</td>
<td>3.22</td>
<td>4.00</td>
<td>3.33</td>
<td>4.17</td>
</tr>
<tr>
<td>Quantitative methods</td>
<td>4.67</td>
<td>4.18</td>
<td>4.33</td>
<td>3.33</td>
</tr>
<tr>
<td>Qualitative methods</td>
<td>3.56</td>
<td>3.94</td>
<td>3.11</td>
<td>3.75</td>
</tr>
<tr>
<td>Work w/diverse community</td>
<td>4.67</td>
<td>4.24</td>
<td>3.89</td>
<td>4.17</td>
</tr>
<tr>
<td>Health promotion</td>
<td>3.78</td>
<td>3.53</td>
<td>3.56</td>
<td>3.75</td>
</tr>
<tr>
<td>Grant writing</td>
<td>2.78</td>
<td>3.44</td>
<td>3.89</td>
<td>2.25</td>
</tr>
<tr>
<td>Prevention theory/science</td>
<td>3.89</td>
<td>4.06</td>
<td>4.22</td>
<td>3.83</td>
</tr>
<tr>
<td>Prevention program development/implementation</td>
<td>3.67</td>
<td>3.53</td>
<td>3.78</td>
<td>3.75</td>
</tr>
<tr>
<td>Community-based research</td>
<td>4.44</td>
<td>4.71</td>
<td>3.89</td>
<td>4.00</td>
</tr>
<tr>
<td>Dissemination</td>
<td>2.67</td>
<td>3.18</td>
<td>3.89</td>
<td>3.25</td>
</tr>
<tr>
<td>Community consultation</td>
<td>3.44</td>
<td>3.65</td>
<td>3.56</td>
<td>3.67</td>
</tr>
<tr>
<td>Advocacy</td>
<td>3.11</td>
<td>3.29</td>
<td>2.67</td>
<td>3.33</td>
</tr>
<tr>
<td>Policy change/development/implementation</td>
<td>2.89</td>
<td>3.59</td>
<td>3.56</td>
<td>3.25</td>
</tr>
<tr>
<td>Social action</td>
<td>3.33</td>
<td>3.59</td>
<td>3.00</td>
<td>3.75</td>
</tr>
<tr>
<td>Coalition building</td>
<td>2.78</td>
<td>3.29</td>
<td>3.22</td>
<td>3.55</td>
</tr>
<tr>
<td>Ecological or community theory/systems perspective</td>
<td>4.56</td>
<td>4.76</td>
<td>4.44</td>
<td>4.17</td>
</tr>
<tr>
<td>Empowerment theory</td>
<td>3.89</td>
<td>4.24</td>
<td>2.89</td>
<td>4.00</td>
</tr>
<tr>
<td>Oppression/prejudice/discrimination/liberation</td>
<td>3.33</td>
<td>3.71</td>
<td>3.00</td>
<td>3.58</td>
</tr>
<tr>
<td>Community organizing/development</td>
<td>3.00</td>
<td>3.29</td>
<td>2.56</td>
<td>4.00</td>
</tr>
<tr>
<td>Critical theory</td>
<td>2.44</td>
<td>3.12</td>
<td>4.67</td>
<td>2.91</td>
</tr>
<tr>
<td>Resilience</td>
<td>3.67</td>
<td>2.71</td>
<td>3.44</td>
<td>2.75</td>
</tr>
<tr>
<td>Social change</td>
<td>3.22</td>
<td>3.41</td>
<td>3.22</td>
<td>3.75</td>
</tr>
<tr>
<td>Socio-political development</td>
<td>2.33</td>
<td>2.88</td>
<td>2.44</td>
<td>2.67</td>
</tr>
<tr>
<td>Mutual help</td>
<td>2.89</td>
<td>3.00</td>
<td>2.56</td>
<td>2.58</td>
</tr>
<tr>
<td>Stress/coping</td>
<td>3.56</td>
<td>2.94</td>
<td>3.00</td>
<td>2.33</td>
</tr>
<tr>
<td>Social support</td>
<td>3.56</td>
<td>3.35</td>
<td>3.56</td>
<td>3.00</td>
</tr>
<tr>
<td>Sense of community</td>
<td>3.56</td>
<td>3.71</td>
<td>3.11</td>
<td>3.25</td>
</tr>
<tr>
<td>Social justice</td>
<td>3.44</td>
<td>3.88</td>
<td>3.13</td>
<td>3.67</td>
</tr>
<tr>
<td>Community wellness/health</td>
<td>4.00</td>
<td>3.88</td>
<td>3.75</td>
<td>3.83</td>
</tr>
<tr>
<td>Oral presentations</td>
<td>4.22</td>
<td>4.35</td>
<td>4.50</td>
<td>3.58</td>
</tr>
<tr>
<td>Professional writing</td>
<td>4.33</td>
<td>4.41</td>
<td>4.63</td>
<td>3.58</td>
</tr>
</tbody>
</table>

Note: Ratings on a 6 point scale: 0 = not at all or not applicable, 1 = very low, 2 = low, 3 = moderate, 4 = high, 5 = very high

\(^5\) A substantial majority of programs did not answer the question (left it blank) regarding GLBT or disability or reported that they did not know. Thus, the results may reflect an under-reporting of these two diversities.
in psychology. From its inception, community psychologists have argued for an interdisciplinary approach. As such, several newer community research and action programs have been located outside of psychology departments and include faculty members who are not psychologists (Hazel, 2006). Yet, most community psychology programs continued to offer courses taught only by psychologists. Further, 60% of programs reported they did not require students to take courses outside of psychology. Of those that did, an average of 14% of required credits were outside psychology (range = 7 to 100%)⁶.

In regards to cultural competency, 77% of programs reported that they did not have established standards or learning outcomes related to cultural competence and/or diversity. However, several schools did report this was an area currently being developed. Of the schools with established standards, most reported that cultural competency was included in the program’s stated educational outcomes. In regards to course content, 64% of the programs reported that diversity was a significant part (75-100%) of the content of at least one required course, and 45% reported that diversity was a significant part of at least one recommended elective course.

Programs were asked to describe specific projects that facilitate students’ learning of community-based skills and knowledge. A summary of these can be found in Table 6. Responses included a variety of themes that address community wellness topics. For example, one school described a project directed towards increasing physical activity of local county residents. They conducted a walk-a-thon to challenge community wellness topics. For example, one school described a project directed towards increasing physical activity of local county residents. They conducted a walk-a-thon to challenge community residents.

<table>
<thead>
<tr>
<th>Emphasis</th>
<th>Specific Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Develop prevention programs addressing multiple populations including low-income families, ethnically diverse women, inner-city youth, homeless, and those with an experience of mental illness</td>
</tr>
<tr>
<td></td>
<td>Involvement in community organizations promoting public safety</td>
</tr>
<tr>
<td></td>
<td>Create and foster community involvement programs that facilitate a psychological sense of community</td>
</tr>
<tr>
<td></td>
<td>Evaluate cultural violence prevention programs</td>
</tr>
<tr>
<td></td>
<td>Study the nature of community collaboratives focusing on the health and social well-being of children and families</td>
</tr>
<tr>
<td></td>
<td>Resilience training for professionals working w/teens</td>
</tr>
<tr>
<td></td>
<td>Develop prevention program addressing alcohol and drug abuse</td>
</tr>
<tr>
<td>Education System</td>
<td>Survey and appraise the strengths and weaknesses of primary and secondary school procedures regarding early detection of students w/ academic or behavioral problems</td>
</tr>
<tr>
<td></td>
<td>Develop prevention programs addressing school children including urban at-risk youth, African American youth, adolescent females, and children with severe emotional disturbance (SED)</td>
</tr>
<tr>
<td></td>
<td>Develop programs that facilitate decrease in rates of chronically tardy primary and secondary school age students</td>
</tr>
<tr>
<td></td>
<td>Design assistance programs for adolescents w/special needs making the transition into adult healthcare, workforce, and independence</td>
</tr>
<tr>
<td></td>
<td>Develop after school mentoring programs for African American inner-city elementary children</td>
</tr>
<tr>
<td></td>
<td>Evaluate primary and secondary school strategies for reducing student bullying and violence and that promote problem solving skills</td>
</tr>
<tr>
<td>Intervention</td>
<td>Involvement in school-based substance abuse and teen pregnancy prevention programs</td>
</tr>
<tr>
<td></td>
<td>Conduct research focused on the context of violence in women’s lives to enhance intervention plans</td>
</tr>
<tr>
<td></td>
<td>Contributions in community projects on areas such as sexual battery, HIV clinics, homeless populations, and disadvantaged children</td>
</tr>
<tr>
<td></td>
<td>Improve access to support and services for the local immigrant population</td>
</tr>
<tr>
<td></td>
<td>Conduct home-based family therapy sessions</td>
</tr>
<tr>
<td></td>
<td>Develop programs addressing co-parenting relationships and mental health for African American and Latina adolescent mothers</td>
</tr>
<tr>
<td>Justice System</td>
<td>Contribution in projects working to better forensic psychiatric hospitals, prisons and jails, healthcare system for incarcerated women, and juvenile justice</td>
</tr>
<tr>
<td></td>
<td>Research the needs of women released or on probation in the criminal justice system</td>
</tr>
<tr>
<td></td>
<td>State-wide study of the features linked with domestic violence fatalities</td>
</tr>
<tr>
<td></td>
<td>Conduct workshops for police officers regarding interactions w/mentally ill citizens</td>
</tr>
<tr>
<td></td>
<td>Survey citizens in urban settings regarding measures of social capital and fear of crime</td>
</tr>
<tr>
<td></td>
<td>Create action programs that foster youth involvement at the community level for crime prevention</td>
</tr>
</tbody>
</table>
nity members to boost their time spent engaging in physical activity. Afterwards students assisted with the evaluation of the project. Another school reported projects in which students conducted workshops for police officers. The workshops focused on officers interacting and dealing with people with chronic mental illness in public settings.

There was a fairly large difference between the average number of semester credits each program required (see Table 7). On average, interdisciplinary doctoral programs required the least (58) and clinical-community programs required the most (95).

Most of the programs required students to complete an internship or practicum (see Table 7). The number of hours required varied greatly. Clinical-community psychology doctoral programs reported requiring an average of 912 hours, community psychology programs 795 hours, and interdisciplinary programs 517 hours. Masters programs required the fewest number of hours. Programs that did not report requiring an internship or practicum reported that they emphasized student’s community exposure in other required aspects of the program such as research experience and dissertation focus.

Program Assessment

The majority of programs (61%) reported that they had a mission statement. When asked how often they conducted periodic evaluations of their program, 33% reported they evaluate their programs annually, and 13% reported they never evaluate their program. The remainder reported varying schedules, usually coinciding with accreditation or program review requirements. Program curriculum (e.g., program design, practicum training, instruction, requirements, electives, course sequencing, and training opportunities) was commonly reported as the main focus of program evaluations. Also common was program alumni status, including number of students who graduated, went on to doctoral programs, types of jobs for recent graduates, and alumni satisfaction with training. Clinical-community programs reported their evaluations were tied to APA accreditation.

The majority of schools surveyed were found to have some form of student involvement in the evaluation process. Most common was that students filled out written surveys and regularly completed course assessments. Other forms of student feedback included meetings and interviews with students. In addition, both faculty and student committees were acknowledged as means for obtaining student input. One school reported having “student involvement in all deliberations.”

Conclusion

The results of the 2005 survey have brought to light some interesting developments regarding the education and advancement of community psychology. The field is adapting to the social and technological changes that have been brought forth over the past decade and has made advancements and adaptations to help ensure that the values that arose out of the Swampscott meetings are brought forth into the new century.

Recruitment of students is important in insuring the advancement of the field. Programs were able to find ways to recruit students such as reaching out to undergraduate students through conferences and radio broadcasts, as well as having a program website available to prospective students. Competition for admittance is strong with only a small number of applicants accepted each year.

In regard to faculty, community research and action programs have perhaps reached the goal of gender equality with women making up almost 50% or more of the faculty. Yet, programs continue to report relatively small percentages of ethnic minority faculty and even smaller percentages of GLBT faculty and individuals with a disability. This is in contrast to the relatively higher percentages of women and ethnic minority students. Clearly, the field has a way to go in ensuring that the faculty reflect the diversity of its students.

All of the PhD programs required a doctoral dissertation in order to complete the program (Table 7), most also required a masters thesis. In comparison, only 63% of masters programs required a thesis. Several masters programs reported offering an alternative to a masters thesis such as a research project that is submitted to a peer reviewed outlet or journal. Another reported alternative was the completion of a capstone paper or a program evaluation project involving the review of several faculty members.

Overall, the surveyed programs reported graduating 1,181 students in the last 5 years, 501 with doctoral degrees. Masters degree programs were the most productive, graduating an average of 53 students (about 10 students a year per program on average) see Table 7).

7 It should be noted that one MPH program reported graduating 300 masters-level students.

<table>
<thead>
<tr>
<th>Type of Requirement</th>
<th>Clinical-Community PhD</th>
<th>Community PhD</th>
<th>Interdisciplinary PhD</th>
<th>Masters Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent require thesis</td>
<td>50</td>
<td>60</td>
<td>100</td>
<td>63</td>
</tr>
<tr>
<td>Percent require dissertation</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>n/a</td>
</tr>
<tr>
<td>Percent internship or practicum required</td>
<td>90</td>
<td>86</td>
<td>67</td>
<td>88</td>
</tr>
<tr>
<td>Average number of internship hours</td>
<td>912</td>
<td>795</td>
<td>517</td>
<td>188</td>
</tr>
<tr>
<td>Average number of semester credits</td>
<td>95</td>
<td>80</td>
<td>58</td>
<td>45</td>
</tr>
<tr>
<td>Average number students graduated (PhD/MA) in last five years</td>
<td>27/1</td>
<td>7/4</td>
<td>13/4</td>
<td>0/53</td>
</tr>
</tbody>
</table>
The 2005 survey also brought to light other areas for improvement. Considering the immense value that the field of Community Psychology has placed on diversity and cultural awareness, it was surprising that 77% of programs reported not having established standards or learning outcomes related to cultural competency. Educational diversity among faculty members is also a point upon which programs could improve since most required courses were taught only by faculty members with degrees in psychology. Further, the bulk of programs did not require students to take courses outside of psychology; all of which run contrary to the interdisciplinary approach long sought after by the field of community psychology. The emergence of interdisciplinary programs is a sign of the field’s ability to adapt to the changing academic climate. As was reported earlier (Hazel, 2006), interdisciplinary programs, which are housed in public health or human development/education departments, are often headed by people who identify themselves as community psychologists (Hazel, 2006). These programs are able to apply the values and strategies of community psychology to a broad range of social problems in a truly multi-disciplinary fashion.

Community psychology programs have an impact on the communities in which they are found. The majority of programs reported providing students with opportunities to have an impact on the community while learning important skills. Programs reported community involvement projects that focused on a variety of topics such as public safety, prevention, and resilience training. These types of projects follow strongly with the values of community psychology by doing research and action that directly benefit community members. The 2008 Graduate Program Survey is currently underway and will further explore the extent to which graduate programs in community research and action develop competent community practitioners.

Acknowledgements: The authors would like to acknowledge the support of the SCRA Council of Education Programs and the help of the following Metropolitan State University students: Therese Pilaczynski and Aki Miura.

References


Living Community Psychology
Edited and Written by Gloria Levin
GloriaLevin@verizon.net

“Living Community Psychology” highlights a community psychologist through an in-depth interview that is intended to depict both personal and professional aspects of the featured individual. The column’s purpose is to offer insights into community psychology as it is lived by its diverse practitioners. For this installment, we feature one of the very few “pure practitioners” in our field, David Chavis, with a 30 year career directing and researching community development organizations and initiatives.

Featuring:
David Chavis

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When asked how he came to the field of Community Psychology, David replied without a pause: “I am not an accidental community psychologist.” He explained that his family’s strong roots in the Jewish community (a third generation Russian) gave him strong community values. He characterized his family as very tight knit, using parables to teach values to the children. His father was a laborer in the garment center in New York City but was often unemployed and so well understood the labor struggle in that city. As a child, David joined his father in labor marches (specifically, with the ILGWU) and had a strong identification with the underdog in society. Even now, years later, he cites a searing memory from his childhood when an African American boy was humiliated by white kids at a public swimming pool in their working-class neighborhood. The African American boy, wanting to fit in and join the fun, entered the pool in his underwear, not having swim trunks. The verbal humiliation from local bullies enraged David, and this incident was seminal to David’s development as a fighter for social justice. Similarly bullied growing up, David vowed not to be a victim so made a concerted effort to get fit and strong, eventually playing on his high school’s football team.

His newfound physical strength, however, had a downside, bookending the first experience. “A low moment of my life was, after I bulked up and grew strong as a football player, I fought another kid and hurt him. I felt badly, realizing that what I had done was an abuse of my physical power. I hate bullies—in leaders, organizations, government, etc. I go off on bullies.”
Identifying himself as a “child of the 70s,” he naturally took on the role of a student protest leader, organizing collective actions. He joined the throngs of his generation at Woodstock, amazed at how many people cooperated with each other and how nice everyone was, especially when environmental conditions deteriorated. In high school, he participated in the anti-Vietnam war and Civil Rights movements. As an undergraduate at SUNY-Buffalo, he organized students in demonstrations against the state police attacks on Attica prisoners. His student organizing was not only for protest ends but also to involve students in community service programs. While a college senior, he directed the Community Action Corps at SUNY-Buffalo, managing 2,000 student volunteers in community service projects.

I leaned heavily on Saul Alinsky’s model in which power is seen as gravitating to two poles: money or people. But I then realized that there was a third pole—information. The value of knowing a community in depth is invaluable.

In college, he double majored in psychology and speech communication, initially leaning to clinical psychology as a career. He volunteered some as a crisis counselor but preferred a more hopeful, preventive approach. In this, he was positively influenced after reading Julian Rappaport’s classic book on community psychology and prevention. He was seeking a way to incorporate his social activism into his career. During his junior year, he was encouraged to talk with SUNY-Buffalo’s Murray Levine, one of the founders of community psychology. “Murray encouraged me to consider community psychology as a field that would allow me to act on my vision of a career spent in the community, working on issues of equity and systems change. Community psychology felt good.” David earned his BA degree with departmental honors in 1975.

After college, he stayed in Buffalo to head a community development corporation with economic and housing development emphases. Employed by the Massachusetts Community Center and Development Corporation, he became executive director of a Buffalo-based multi-unit community development corporation, growing the organization from one to 35 staff members. The program was based on a community development model first developed in Bedford Stuyvesant. “It was a very intense experience, involving fighting mob control of the allocation of jobs in the community. The effort was violence prone, with the use of knives and guns.”

After these years of community organizing, “it all came together for me.” First, the importance of community, including not only the best but also the worst of community, in all its complexities. Second, the power of information, “I leaned heavily on Saul Alinsky’s model in which power is seen as gravitating to two poles: money or people. But I then realized that there was a third pole—information. The value of knowing a community in depth is invaluable.”

He then entered a doctoral program in community psychology at George Peabody College which had just merged with Vanderbilt University, introducing a complex set of issues. “Peabody was bought dirt cheap, for $7.5 million.” Also in the mix was a “not in my backyard” (NIMBY) struggle involving a local historically black college that was to be part of the merger. David entered the fray, protesting Vanderbilt’s actions in the takeover of Peabody, increases in tuition and the threatened closure of certain graduate programs.

Also, he soon realized that the curriculum at Peabody was not designed for community psychology and that all his fellow students were actually studying clinical psychology. David supported the precepts of prevention. “I thought: if prevention is more powerful than clinical service, why not? It made sense to me.” In part because of his visibility as an organizer against Vanderbilt, David was treated as an oddity in the department. “I was a weirdo, a problem to the faculty who worried about how my protests against Vanderbilt reflected on the department.” In this regard, David showers appreciation on Bob Newbrough. Although not his official advisor (Bertha Holliday was), Bob’s steadfast support, especially as a highly respected figure in academia, gave David much-needed protection. “Bob appreciated and defended me although he did admit that I was a pain in the ass.” David readily acknowledges “I never could have gotten through graduate school if Bob Newbrough had not supported me.”

This changed abruptly in 1983 when The American Psychologist published his article “Returning basic research to the community: A relationship between scientists and citizens” (vol. 38, pp. 424-434). He was the first author, along with Abe Wanderman and Paul Stucky. “This led to an overnight change in the faculty’s respect for me. All of a sudden, my status changed. The department chair now lauded me as an example, a darling of the department.”

His field work in Nashville began as a research assistant at Peabody’s Center for Community Studies, ending as project coordinator of two surveys involving citizen participation and neighborhood development. He then was executive director of a neighborhood revitalization program, based on a self-help housing approach. He was implementing models of organization (including those of Alinsky) and comprehensive community transformation (pointing to Jim Caputo’s work in the Logan Square Development Corporation). David’s masters thesis was on the sense of community, attempting to operationalize McMillan’s theory. His doctoral dissertation was on the sense of community and community organizing. A highly quantitative study, parts of it were subsequently published.

With his doctoral dissertation underway, David decided to take a break and travel for nine months through Europe, Africa and the Middle East, inspired by a talk by Bob Newbrough on the history of minstrels traveling through communities in Europe. He had earlier met Rafaello Martini, a visiting Italian community psychologist, when he was drafted to show Rafaello around Vanderbilt. A friend encouraged David to travel through Italy giving speeches, in exchange for room and board. He sent out a
number of inquiries and received many positive responses. His minstrel life lasted seven weeks, in which he gave a series of workshops around Italy. A secondary advantage of his grand tour was coalescing Italian social workers and psychologists who shared similar interests.

Back in Nashville, David met his future wife, Shelley Komissar, immediately after turning in his dissertation for its final typing, when he joined a volleyball game outside the psychology department building. She was working at Vanderbilt’s Child Study Center. They married when David was age 35 and subsequently had two sons—Mikhail (now a college junior) and Jacob (in high school).

After his 1983 graduation, David returned to his home town for a two-year postdoctoral program in environmental psychology via the University Graduate Center at the City University of New York. David worked with Abe Wandersman and Paul Florin on the Block Booster Project, studying how to maintain block and neighborhood associations and their effect on crime. David became director of research at the Citizen’s Committee for New York City (CCNYC), where he developed a research-based approach to supporting the development of block and neighborhood associations.

At the end of his post-doc, in 1985, he learned of an opening at NYU, temporarily replacing Barbara Felton while she was on maternity leave. NYU hired him on a fill-in basis, as an assistant professor (1985-1987). However, a new program director redirected the academic program to a different direction. At that point, David decided to leave academia.

By chance, he saw a New York Times ad placed by the Rutgers University School of Social Work for a job which combined training, research and community outreach. “Although I had no intention of returning to academia, the job, as structured, was hard to refuse. I started out as an extension specialist; for the first 7 years, the job was purely public service, except for one course per year. It was a ‘sweet’ job for me.” His publication record was strong enough to support his obtaining tenure as an associate professor at Rutgers, although his job was free from typical academic demands otherwise. He became associate director, then director of the Center for Social and Community Development, with an annual budget of over $1.2 million and 23 staff. The center gave strategic advice to New Jersey communities, as well as other organizations nationwide. However, his “great dean” was replaced by another who had a different (clinical) perspective.

A pivotal event happened at this point. At Murray Levine’s suggestion, David had been keeping extensive records (his “stories”) and had planned to take a sabbatical to write up these stories. The boxes of records were stored at the university. In a move to new offices, the Rutgers staff discarded all of his boxes. Not only that, but the administration blew him off, trivializing the event and its meaning to David. This was a huge blow to David—both the trashing of the records and, by extension, of him. Meanwhile a fracas arose in which his organizing work in his own neighborhood (being redlined at the time) was inaccurately depicted as being “racist.” This was the fault of a story written by a stringer reporter for a local newspaper who distorted facts in covering a community meeting. The story got sensationalized, worldwide coverage and took on a life of its own. White, liberal faculty at Rutgers called for his dismissal. “Not only had all my research papers been trashed, but I was also being called a racist. At the time, I thought of this as the end of my career and my life. I had no control as these issues converged. But I learned an important lesson about who is important to me, really. My whole life is my family. We reassessed our lives. We were both working full time, living in a modest house but still barely making it financially. We asked ourselves: Why are we doing this?”

By good fortune, David and Shelley quickly found a buyer for their New Jersey house. Interested in relocating to Washington, DC, they moved there where David worked for COSMOS Corporation, whose owner, Dr. Robert Yin, had recruited David from New Jersey to work on the national evaluation of a community partnership program funded by the Center for Substance Abuse Prevention with grantees in 258 communities. And fortunately, Shelley’s skills have proved to be highly marketable and portable—“she gets every job she wants.” David directed COSMOS’ Center for Community Development. After about a year with COSMOS, he became restive, wanting to concentrate on his own systems change work in a supportive work environment. A comment by Kien Lee, then his assistant at COSMOS, gave him the impetus to act on this dream when she offered to join him if he ever opened his own business. At the same time, he was encouraged and emboldened by contacts who expressed interest in using the services he envisioned. The more he thought about it, the more positive he felt, with a clear vision for the organization. David and Kien met and “overnight” incorporated as a profit-making business, adopting the name of Rafaello’s organization in Italy (Association for the Study and Development of Community or ASDC). He sent announcements to everyone he knew of the company’s founding. “Within 48 hours, I was working full time at my own company,” he recalls. The company was recently, as of January 1, 2009, renamed Community Science.

We have gotten away from the notion of community psychology being focused on the psychology of communities, in part because we have not subjected our own community to a rigorous community systems analysis. We have resisted the discipline to focus on developing our science and practice based on the psychology of community.

In business since 1997, the company serves government, foundations and nonprofits to use science to create and implement innovative solutions to social problems. It consists of a network of leading community development practitioners and sci-
Distinguished Contribution to Community Psychology Practice

In 1992, while at Rutgers, David won SCRA’s award for Distinguished Contribution to Community Psychology Practice.

Over his career, David had picked up management skills along the way, by having run a lot of organizations and had taken a year of courses in an MBA program. However, he came to realize that management is an essential skill for community psychologists. “In the end, only 5% of the work is visionary; 95% requires management savvy, and yet community psychologists rarely think of management as part of their skill set.” He cites the example of the medical field in which hospital administrators represent a distinct, administrative career line, apart from physicians. Somewhat recently, his company was restructured, and the positive impacts were immediately evident. The staff participates in ongoing project management training, using a system adapted for the Project Management Institute and the field of professional project management. Their management system and training protocol are easily exportable and customizable. “This is all over the IT world and will hopefully inculcate the world of SCRA,” he predicts. This reduced tension between management and big ideas and has made a huge change, he observes, down to staff recording their time in billable quarter-hours. “We’re now a well-managed organization, emphasizing team work, collaboration and accountability. The products are high quality and come in on budget and on time. And our business model has been strong—we have never missed a paycheck.” Profitable every year, the company has shared the profits with its employees.

Community Science recruits community psychologists as staff, looking for a good balance of scientist-practitioner skills. The company invests in the professional development of these employees, investing $1500 per year and two paid days off for professional development, as well as in-house workshops to develop their skills, such as writing and project management. As a leader in the establishment of an American Evaluation Association (AEA) minority fellowship program, his company has, for six years, hosted these students at its offices. This effort is undertaken by outside funding.

“The company’s values are consistent with ours; our vision is what is possible for community and systems change. More important, the public is our ultimate client, and producing results for the public is our reward system as a business. We are accountable to our clients and the communities in which we work. In contrast to academics, we do not have to worry about tenure or pleasing a university. Academics work hard for approval of their peers—again, this illustrates the centrality of one’s reward system.” David reintroduces the refrain of “whose side are you on?,” observing that many community psychologists who step into the community delude themselves by thinking their professional role allows them the luxury of acting as honest, impartial brokers, between opposing sides. “If you’re in the middle, you are actually supporting the status quo and the power structure. You’re not changing the power dynamic. At a minimum, you must be explicit about whose side you are on.”

In 1992, while at Rutgers, David won SCRA’s award for Distinguished Contribution to Community Psychology Practice. Fully twelve years later, he was voted to be a fellow of SCRA. While he attests to feeling valued within the field of Community Psychology, he nonetheless observes that his reputation is mostly based on personal relationships. He believes that the field only gives lip service to practitioners. “At least for now, practice work is considered cool—getting down with the people.” Otherwise, he believes that the field does not value practice, mentioning the small percentage of time that most academic community psychologists function as practitioners, use their sabbaticals to immerse themselves in practice, and how little of a tenure package explicitly addresses how the candidate’s work directly benefits the public good. “For some reason, community psychology has put university-based research at the top of the hierarchy, seen as representing more rigorous research. But that’s stereotypical thinking, based on antiquated notions.” In listening to presentations by partners of SCRA’s Community Action Research Centers (Woods Hole) initiative at the Champaign, IL Biennial, he realized that his company was doing the same kind and quality of research, more of it and usually on a larger scale. And yet, “I’m never invited into research projects with academics although we do at least as many studies as anyone else in the field,” he claims.

David asserts that the same issues have been coming up in the field, repeatedly, for the past 25-30 years, but without any progress made. In contrast, he notes that other professions have made substantial progress in resolving similar issues, including the fields of medicine and law. The medical field addressed similar problems years ago by adding clinical faculty to the medical school teaching staff so students will learn hands-on clinical practice better. The same is true for the legal field, in which all law schools operate legal practice clinics and have practice faculty. Two professions close to community psychology are the public health and evaluation fields. David, closely aligned to the American Evaluation Association (AEA) as a former officer and board member, argues that this profession does not delineate between research and practice nor reflect such a division in the field’s hierarchy. He cites Michael Patton as a major guru in AEA, who comes from the practice field. In contrast, in community psychology, practitioners are viewed as non-scientific and non-rigorous and that research evaluators are non-reflective, only reacting to events. “These academics do not understand what practitioners do. I’ve been an academic; I appreciate the academic’s role, but it’s different than mine. I’ve decided that their not understanding the world of practice is their problem, not mine.”

Part of the reason SCRA seems to be “stuck” in the status quo, David believes, is its lack of focus, instead wanting to be all things to all people, shying away from excluding anyone or any idea. As such, SCRA is more like a club of loosely-connected people. “We have gotten away from the notion of community psychology being focused on the psychology of communities, in part because we have not subjected our own community to a rigorous community systems analysis. We have resisted the discipline to focus on developing our science and practice based on the psychology of community.”

In closing, David states: “I try to be consistent in and live out my values. I hope to lead by example.” While others in the field are working on the broadest and most inclusive definitions of community psychology, David and his colleagues are working to develop a vision of what can have the greatest impact on the well-being of disenfranchised communities through the power of community. David looks forward to sharing ideas about these issues at the upcoming Montclair Biennial conference.
The past decade has seen a growing number of innovative preventive interventions engaging men and boys to challenge gender inequities and rigid messages about masculinity. These interventions share a unique approach that seeks to transform gender norms in view of promoting gender equity and health among women and men (Levack, 2006).

Gender-transformative interventions engage men and boys in a critical reflection of gender norms and their contribution to sexually transmitted diseases (including HIV), unintended pregnancy, violence and other health-related problems. Challenging harmful gender norms through this reflective process leads men and boys to embrace alternative models of masculinity that support their own health and that of others (Levack, 2006). These interventions have resulted in positive behavioral changes among males, ranging from increased safe sexual practices, utilization of health services, to greater involvement in child care (see Barker, Ricardo & Nascimento, 2007).

For many community researchers and practitioners, the potential contribution of such interventions to improving health outcomes among men, women, and children is clear. Yet, many more recognize that individual change efforts are unlikely to be sustained unless supported by related environmental changes (see Trickett, in press). Gender-transformative interventions reflect a comprehensive approach to prevention programming with potential to spur changes at multiple ecological levels.

This article draws on health- and gender-related research literature, as well as various practitioner’s experiences with gender-transformative interventions at multiple ecological levels. The author has collaborated with these practitioners on projects for Promundo, a Brazilian-based non-governmental organization that works on health and gender equity internationally. The purpose of the article is to discuss rationales for working with men and boys; to briefly describe key principles of gender-transformative interventions; to present various gender-transformative interventions engaging men and boys; and to explore challenges as well as facilitating factors to implementing such interventions.

Rationale for Working with Men and Boys
Increasing consensus has emerged on the need to more adequately engage men in promoting gender equality and health. Both the 1994 International Conference on Population and Development in Cairo and the 1995 Fourth World Conference on Women in Beijing provided a foundation for including men—-young men—in efforts to improve the status of women and in particular their sexual and reproductive health. The United Nations World AIDS Campaign in 2000 raised awareness regarding the need to include men in diverse efforts to reduce the advancing epidemic. The turn of the millennium also saw the World Health Organization (WHO) initiating a multi-year research and training initiative on the health and psychosocial needs of adolescent boys. Since then, various ministries, health authorities and non-governmental organizations in countries around the world have begun efforts to engage men and boys in gender-transformative interventions.

These initiatives stem from increasing awareness that gender role socialization puts men and their partner’s health at risk (WHO, 2002). A global review of 268 qualitative studies confirmed that gender norms are among the strongest influences on young people’s sexual behavior (Marston & King, 2006). Other studies have specifically highlighted the cost to men of certain traditional aspects of masculinity—their general lack of involvement in their children’s lives, their higher rates of death by traffic accidents, suicide and violence than women, and their higher rates of alcohol and substance use than women (see Barker, 2000). Specifically, young men who support “traditional” versions of manhood are more likely to engage in substance use, violence, and unsafe sex (Courtenay, 2003).

Box 1.

<table>
<thead>
<tr>
<th>Working with young men and boys is strategic because . . .</th>
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<tr>
<td>. . . they tend to have more power in intimate and sexual</td>
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<tr>
<td>relationships than women</td>
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<tr>
<td>. . . they begin their sexual activity earlier and tend</td>
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<tr>
<td>to have more sexual partners than women</td>
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<td>. . . they are less likely to seek health services and</td>
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<td>therefore need to be encouraged to care for their health</td>
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<td>and that of their partners</td>
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<tr>
<td>. . . they are more likely to use physical violence</td>
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<td>against others than women</td>
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<tr>
<td>. . . it is during adolescence that they begin to establish</td>
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<tr>
<td>intimate and sexual relationships, making adolescence</td>
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<tr>
<td>a key moment to discuss equity, respect, and</td>
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<td>fatherhood, among other themes</td>
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As Box 1 indicates, the extant literature on gender and health provides empirical and theoretical grounds to develop strategies for working with men, especially young men and boys, in view of promoting health and gender equity.

Key Principles of Gender-transformative Interventions
Within the health sector especially, men’s complex gendered identities are often overlooked. Men are instead seen only or mainly as oppressors, self-centered, disinterested or violent. Rarely are gender structures and social norms, or even patriarchy, seen as sources of inequality, oppression, and of men’s health-compromising behaviors (Barker et al., 2007).

Gender-transformative interventions that engage men and boys are characterized by a set of operating principles (Levack,
First, these interventions view men in a positive light. Rather than portraying males as vectors of disease, recognition is given to the constructive roles they play in their families’ lives. Also recognized are the multiple definitions and expressions of masculinity. In using the term “masculinities,” these interventions suggest that gender norms are diverse, complex, and dynamic. Gender-transformative interventions explore how masculinities are deeply intertwined with culture, race, class, age, socioeconomic status, and sexuality. Finally, while engaging men and boys, these interventions recognize the need to work with women’s groups to ensure collaboration with and accountability to women.

Gender-transformative interventions ultimately aim to facilitate respectful, trusting, and egalitarian relations between men and women that will enhance the lives of both sexes. The transformative approach differs from the gender-sensitive approach that merely recognizes specific needs and realities of men based on the social construction of gender roles, and the gender-neutral approach that distinguishes little between the needs of men and women, neither reinforcing nor questioning gender roles.

Gender-transformative Interventions across Multiple Ecological Levels

In a recent global scientific review of interventions engaging men and boys, Barker et al. (2007) rated more than half of the programs as being either effective or promising in leading to change in health- and gender-related attitudes and behaviors. In addition, most of such change resulted from programs that were assessed to be gender-transformative. Therefore, making gender norms and masculinity part of preventive interventions with men and boys leads to greater change in behavior and attitudes than simply focusing on a specific health outcome, be it HIV prevention, treatment, care and support, sexual and reproductive health, fatherhood, maternal, newborn and child health and gender-based violence. In addition, adopting this approach to preventive interventions encourages men to take an active stand for gender-equality, addressing a key root cause of public health problems like HIV/AIDS (Levack, 2006).

Recognizing that health and social service providers often have more experience working with women has led to the emergence of service-based gender-transformative interventions, which aim to build institutional capacity to effectively attend to the needs of men and boys. These interventions generally involve gender-based training and sensitizing to increase staff knowledge and confidence levels to engage men and boys in adopting health promoting behaviors. Because these interventions lead to attitude changes among services providers, men are viewed more as allies or partners rather than as antagonistic to the needs of female partners (Barker et al., 2007). The above example from the field,

The transformative approach differs from the gender-sensitive approach that merely recognizes specific needs and realities of men based on the social construction of gender roles, and the gender-neutral approach that distinguishes little between the needs of men and women, neither reinforcing nor questioning gender roles.

Box 2. Field vignette reflecting health service delivery for young men

Carlos, aged 17, a Program H participant, entered one day into a health clinic in Rio de Janeiro to ask for condoms and family planning information. The female health professional who attended him responded by saying, “What do you need condoms for? At your age, you ought to be out on the street playing football!” What the health professional did not know, was that Carlos is an adolescent father.
provided by the present co-director of Promundo, Marcos Nascimento, highlights the extent to which such service-based gender-transformative interventions are needed (see Box 2).

The negative experiences of young men seeking health services, in particular ones related to sexual and reproductive health, are a frequent cause for concern. As Nascimento underlines, “such experiences go to show how gender stereotypes among health professionals can explain inadequate health service provision to young men” (personal communication, April, 2007). Clearly, young men’s confidence in being adequately attended to by health professionals is bound to be affected following experiences of this kind. Nascimento believes that experiencing uncomfortable situations with health professionals is not the only reason why young men are seldom seen using health services; according to him, young men find the health setting generally uninviting. Consequently, gender-transformative interventions aim to facilitate the creation of male-friendly health and social service settings with a view to engage men and boys in seeking prevention, as well as treatment services. Achieving this objective requires accommodating as much the setting’s physical space as its culture to make it sufficiently inviting for men of all ages to use.

In addition to individual and organizational level changes, gender-transformative interventions aim to instigate community level changes through community outreach and mobilization efforts, as well as mass media campaigns. Activities typically include community meetings; training or sensitization sessions with community or religious leaders; street theater and other cultural activities; marches, demonstrations, street and health fairs; and mass media campaigns using radio, television, billboards or other media (Barker et al., 2007). Such efforts use positive, affirmative messages about men and boy’s capacity to question harmful gender norms. Mass media campaigns seek to demonstrate what men and boys can actually gain from challenging gender norms. Above, the billboard photographed in Rio de Janeiro, illustrates how campaigns appeal to men’s desires to provide care and support to their partners and/or children.

Community level gender-transformative interventions engage men and boys through the design and implementation, as well as evaluation of activities. Community-based participatory action research serves to identify and test messages, develop characters or storylines and determine the most effective and culturally relevant media in consultation with members of the target group. For example, to increase chances of being effective among the youth population, campaigns reflect various forms of youth culture, including youth magazines, rap and theater skits. In addition to the content and form of these campaigns, strategic settings are identified in which campaigns can have maximum impact in transforming gender norms within the community.

Challenges and Facilitating Factors in Implementing Gender-transformative Interventions among Men and Boys

Based on the above programming experiences with men and boys, a number of challenges or barriers have been noted in implementing gender-transformative interventions targeting men and boys. Chief among them are difficulties in reaching men and boys and in sustaining attitude and behavior changes. Programming experiences have found that males are generally harder to reach than females. This may be as males in many cultural settings typically distance themselves from home and drop out of school earlier than females. Further, the little use men make of health services in comparison to women also presents a barrier to reaching them. If and when men and boys engage in gender-transformative interventions, other interventions are often required in parallel in order to retain them. In the absence of activities, such as employment-skills building, sports, or various art forms—which many view as meaningful to their everyday lives—men are less likely to remain engaged in multilevel gender-transformative interventions.

Several strategies have proven to be effective in overcoming these challenges in engaging men and boys in gender-transformative interventions. Firstly, rather than inviting men and boys to an unfamiliar intervention setting, these interventions are being implemented where they can be found. For example, multilevel gender-transformative interventions are being implemented within soccer clubs and leagues given the overwhelming popularity of the sport among the male population in many parts of world. In the United States, the Family Violence Prevention Fund offers gender-based training to coaches who, in turn, engage their players in critical reflection on the harmful effects of rigid gender norms. This strategy is also being applied in other culturally meaningful ways. Ubuntu Bamadoda is a South African gender-transformativ intervention that engages men involved in a popular indigenous form of music (a.k.a. Isicathamiya) in promoting gender-based messages. Through a traditional musical apprenticeship, boys whose fathers are frequently absent from their lives
are provided with positive male role models trained specifically to raise gender-awareness among boys.

These examples illustrate how gender-transformative interventions can on the one hand be implemented in privileged community settings where men and boys frequently meet, and on the other, have greater appeal to men and boys by virtue of being integrated into meaningful activities within their daily lives.

Concluding Remarks

Preventive interventions frequently draw upon individualistic assumptions about the constitution of health risks and focus primarily on the idea of “individual responsibility.” What is more, individual-level changes are targeted mainly around a specific health issue, such as HIV/AIDS or substance use. However, research suggests that many health-compromising behaviors are not only interrelated, but are also associated to structural factors, including rigid gender norms. In discussing the rationale for engaging men and boys in preventive interventions, this article described the potential behind adopting a transformative approach to promoting health and gender equity. Examples of gender-transformative interventions illustrated how men and boys can challenge harmful gender norms and embrace other masculinities. Central to the success of these interventions is the creation of a safe and enabling environment that supports individual level change efforts among men and boys. With this in mind, the article provides a picture of emerging gender-transformative interventions at different ecological levels to inform effective comprehensive prevention programming with men and boys.

References


Public Policy

Edited by Nicole Porter

Several exciting developments have occurred within SCRA’s policy community over the past few weeks. Specifically, the Social Policy Committee was recently restructured to reflect a community organizing model that is popular among community psychologists. Also, the committee officially changed its name to the Public Policy Committee in an effort to more concisely represent its mission. In this column, Aaron Boulton—the Public Policy Committee Student Representative—will explain the rationale behind these changes and their implications. Aaron will also provide an update on two other very important committee activities that will require participation from division members.

Name Change for Social Policy

~Aaron Boulton, DePaul University
aboulton@depaul.edu

For this issue of The Community Psychologist, I have the distinct honor of contributing to the first public policy column in the newsletter’s history. The public policy column effectively replaces the social policy column—an editorial move that reflects the recent name change of the Social Policy Committee (now officially known as the Public Policy Committee). For this initial column, I will explain why the Social Policy Committee was restructured and why the name was changed to the Public Policy Committee. The latter discussion will require an examination of how the term public policy is defined. As I hope you will see, this discussion has been seriously neglected in the literature and warrants attention.

Before I begin my discussion of these issues, I would like to briefly express my gratitude to a few policy mentors for cultivating my knowledge and interest in this area over the past few years. Specifically, I would like to thank the committee chair, Dr. Nicole Porter, for including me in this exciting area of community psychology and demonstrating patience while my learning curve runs its natural course. I would also like to thank the committee co-chair, Dr. Steve Howe, whose passion and dedication to public policy research has led to important policy changes in several areas and inspired other community psychologists to get involved. I believe I speak for the rest of the committee in expressing my gratitude to our current president, Maurice Elias, for his steady encouragement of our committee’s efforts. Finally, I would like to express my sincere appreciation to Dr. Leonard Jason for sharing his extensive knowledge of the subtleties of policy intervention and lasting social change.

A Policy Community

We’ve had some important decisions to make about our structure. Our committee is a novel hybrid organization within SCRA. We have valuable committee status and a valued body of working members who want close involvement with our policy work. We also have a large group of folks who desire a deeper policy involvement in the form of updates on committee activities.
and information on internal and external policy opportunities. It is the job of the committee to provide resources and serve the interests of the larger policy community. We were previously calling this latter group the policy interest group; however, this is not appropriate according to the definition in the SCRA bylaws (interest groups are not affiliated with a committee). So, we needed a new name to accurately describe our structure. Since we serve a community within SCRA, community members seemed most appropriate. So, we welcome our “interest group” to membership in the first SCRA community! This real-world community organizing structure has proved very successful and we hope it will provide a valuable model for other SCRA committees.

**Why the Name was Changed**

Public policy is a hot topic these days. In the last year or so, as a result of a historic presidential election, an economic downturn, a burgeoning national deficit, etc., it seems that the American public has become increasingly aware and interested in the policies and procedures that guide our nation and affect everyday lives. In a similar fashion over the past half-century, organized psychology has become cognizant of the consequences that national policy has on our field (e.g., mental health parity) as well as our ability—and, as some argue, our moral obligation—as social scientists to inform policymakers on a variety of social issues (DeLeon, 1988). Also, Bishop, Vicary, Browne, & Guard (2009) noted that policymakers are more keenly aware of the social effects of policy and have become increasingly receptive to contributions from the social sciences. In either case, there is clearly a movement towards political participation by psychologists to ensure that policies are based on existing scientific evidence.

Considering the presence of such a trend, it is astonishing that so little emphasis is placed on the policy competence of psychology students and professionals. Rarely do journal articles discuss the policy implications of the pertinent research. Courses on applied public policy are rare or non-existent in graduate school curriculum. Training opportunities at regional and national conferences are sporadic and highly topic-focused. Although these circumstances are of no one’s making, there is a clear need to address these issues if, as some hope, our discipline is to realize its potential as a public resource that informs policies at all levels of society (Strickland, 1996).

One of the more conspicuous gaps in our collective policy knowledge is the definition of public policy itself. As a field guided by the compulsion to operationalize every term, it is almost embarrassing that such an important concept has been overlooked. This should not be surprising, however, as this term is inherently vague and used inconsistently across all scientific and non-scientific disciplines. Furthermore, the term policy is one of those words that many feel they have a sense of and do not ponder the specifics. In any case, a discussion concerning the definition of public policy is very much in order.

Cordray & Morphy (2009) use a simple approach to define public policy by referring to the Merriam-Webster dictionary and combining the definitions of the words public and policy. Consequently, they defined public policy as a deliberate course of action that affects the people as a whole, now and in the future (p. 1). As you can see, this definition is quite broad and does not distinguish between governmental and non-governmental policies.

Definitions of public policy from political science and related disciplines, however, are typically more constrained. Take for example the definition offered by Kraft & Furlong (2007): Public policy is a course of government action or inaction in response to public problems (p. 5). The consequence of such a definition is that many individuals conceive of a policy as a law, ordinance, or regulation, created by a government that should or must be followed. However, our committee feels that it is unnecessarily exclusive to refer only to the policies of regional governments as opposed to all governing bodies, some of which exist in the private sector (e.g. corporate executive boards, non-profit directors). Considering the interconnectedness implicit in all social systems, it is misleading to compartmentalize policy as strictly public or private and thus we prefer a more general notion of public policy.

Another confusing aspect of public policy is that it is commonly thought of as a top-down approach. It is true that policy works in a top-down fashion; however, policy interventions can be constructed in either direction. That is, social change through policy can be instigated internally during the drafting of the policy or externally through grassroots organizing and mobilization. As such, we feel the term public policy more effectively incorporates all of the different policy activities our committee and division members participate in, whether those activities use top-down or bottom-up approaches or originate from the public or private sectors of governance. Additionally, since public policies are the actual levers that are used for social interventions, we feel the new committee name captures more pragmatically the approach needed for second order change.

Clearly, the debate over what constitutes public policy is not resolved. Although nomenclature is important and does create certain implications, let us not forget that the mission of our committee remains the same: to assure that the experiential and empirical knowledge base of community psychology is used to make substantive contributions to contemporary policy debates at all levels of public and private governance. We on the committee feel that the term public policy is a better way to represent this mission, and I hope the previous discussion has provided some perspective on this important issue.

**The Policy Blog and Policy NewsFeed**

As many of you know, we now have a Policy Blog. The first post was recently made by the chair-elect, Judah Viola, requesting community psychology white papers. For all of our exciting projects not covered in this column (BioFeed, White Paper Templates, etc.), I encourage you to visit our blog in the coming days and weeks. We’ve made plenty of new friends and have had fun discussing all of the excitement around policy among SCRA members. In fact, we welcome input, feedback and suggestions from SCRA membership, whether or not they are affiliated with the Public Policy Committee or Policy Community. Please feel free to contact our committee chair at <nporter@depaul.edu>.

Another exciting development that is central to our new community structure is the NewsFeed. For those individuals who are interested in policy but do not desire the responsibility and close involvement attached to committee positions, please feel free to join our group as a policy community member and receive occasional email updates from the committee. These updates will include information on training opportunities, job vacancies, and
current policy debates relevant to community psychology. Between the Policy Blog, the Policy NewsFeed, and upcoming conference meetings, the discussion should be lively. If you are interested in joining our policy community, please send your name and email address to our government relations liaison, Blair Coleman, at <bcolema6@depaul.edu> and you will begin receiving our email updates. Also, if you like this group structure, you can initiate a community associated with another ongoing committee of your own interest (e.g., International Committee, Women’s Committee, and/or Cultural and Racial Affairs Committee).

I have only scratched the surface of the exciting developments and opportunities becoming available in public policy through the hard work of our committee members. Please stay tuned to one of these communication channels for up-to-date policy information.

Training Students in Policy

Beginning at the last biennial in Pasadena, 2007, Nicole Porter noticed that participants in policy-oriented workshops and roundtables were overwhelmingly asking for policy training opportunities, at the undergraduate, graduate and post-graduate levels. As such, we began searching for a committee curriculum coordinator that would assist the committee in organizing its training efforts. Nancy Bothne has graciously accepted this post and recently put out a call for policy-related syllabi and modules on the SCRA listserv. These community psychology-focused templates and materials, useful to a course on policy, will be made available on the SCRA website. They will also help us to develop a community psychology-based public policy curriculum for an online course. This course may be made available to all levels of students, as well as continuing education practitioners. Any resources along the lines of unit modules, course readings, text suggestions, PowerPoint presentations, and the like will be very helpful to Nancy’s efforts. Additionally, if you know of anyone who teaches a policy course in a related program (e.g. Family Studies & Human Development, Community Health, Urban Planning, Political Science), please consider forwarding this email or passing on their name. Nancy can be reached at <nbothe@depaul.edu>.

References


Regional Update

Edited by Bernadette Sánchez
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Australia/New Zealand/South Pacific

Regional Coordinator

Katie Thomas: katie.thomas@curtin.edu.au

The SCRA end of year meeting and celebration was held at a vegan restaurant in Perth in acknowledgment of the contributions meat eating makes to global warming and in an attempt at fairness for vegetarian members who had coped with limited vegan choices throughout the year! The main focus of the meeting was on ways of providing collaborative peer support for social justice workers and on ways to link with other groups and people who have similar ethics and motivations. The meeting brought together members from four universities in the Western Australian region, providing an ideal opportunity for comparing environs and discussing the funding challenges being faced by community psychology courses in the tertiary sector. Linking and networking to promote the profession and the social justice goals of SCRA are now crucial to discipline advancement.

Members also discussed the upcoming 11th Trans–Tasman Conference which is being convened by the Australian College of Community Psychology and is the prime opportunity members across the region have for meeting face-to-face and for future planning. The conference theme is Exploring Boundaries, Expanding Frontiers. Lauren Breen and Anne Sibbel are convenors for the event which will be held in the harbor city of Fremantle, Western Australia, from Wednesday, July 15th to Friday, July 17th, 2009.

The primary aim of the conference is to advance discussions concerning community psychology. The sub-themes center on current and emerging discussions and debate within community psychology and are relevant to community psychology research and practice. The sub-themes are:

1. Crossing borders: Presenters are encouraged to reflect upon their partnerships with other disciplines and across cultures and nations.
2. (Re)moving barriers: What hurdles currently impede us and how can they be overcome? What innovations are required? Where do we start?
3. Driving change: Presenters are encouraged to share their successes of and lessons learned in the application of community psychology.
4. Challenging assumptions

All SCRA members, from northern and southern hemispheres, are encouraged to attend this unique opportunity to further and develop skilled community psychological approaches and learning! This is an opportunity to support community psychology in the region and, for APS members, is also an eligible professional development event. For further information please go to <http://www.groups.psychology.org.au/ecom/2009_conference/> or contact Lauren Breen at <l.breen@ecu.edu.au>.
SCRA website development for the site for the Australia, New Zealand and Pacific regions is continuing with the able assistance of Dr. Scot Evans. We hope this will soon be active, and we would like to invite all of our northern hemisphere colleagues to visit the site. The regional research listing will detail the depth and scope of research occurring in Australia, New Zealand and the Pacific and hopes to foster greater international collaboration.

Canada
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Student Regional Coordinator
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Scot Evans has stepped down as Canada’s regional coordinator following his move to the University of Miami. We hear that Scot and his family are settling well in Florida, although they miss the Canadian winter’s cold and snow—a little bit! Liesette Brunson assumed the role of regional coordinator in September, 2008. Liesette earned her PhD from the University of Illinois at Urbana–Champaign, and she moved to Montréal, Québec in 2000. After working as a research consultant and program coordinator and learning French, she joined the community psychology section in the psychology department at the Université du Québec à Montréal in 2003. She is looking forward to helping to build links between SCRA and Canadian community psychology.

2008 was a busy year for community psychology in Canada, and 2009 is shaping up to be active as well. In addition to preparing for the APA conference in Toronto and for the upcoming SCRA Biennial, the Université du Québec à Montréal hosted the fourth Québec–Ontario Community Psychology Conference. Members of the four Canadian graduate programs in community psychology—Université Laval, Université du Québec à Montréal, Wilfrid Laurier University, and the University of Ottawa—met at UQAM from May 23rd - 25th, 2008. We were privileged to welcome our distinguished keynote speaker, Dr. Nancy Edwards from the University of Ottawa and newly appointed Scientific Director of the Institute of Population and Public Health at the Canadian Institutes of Health Research. Dr. Edwards, a community health nurse and epidemiologist, shared insights from her work across four continents on the design and evaluation of multiple interventions for population health.

Michel Tousignant, Brian Mishara and Marie–Hélène Gagné participated in a panel discussion on science in community psychology and the tensions between the need to develop scholarly knowledge and the urgent needs of community groups who no longer accept to simply be passive objects of scrutiny. Knowledge sharing was the topic of a series of presentations and discussions led by François Chagnon, Marie–Joëlle Gervais, Julie Bouchard, Nathalie Bigras, and Tim Aubry. Each presenter shared theoretical and practical insights and concrete examples of how to make research results maximally useful for communities. Scot D. Evans, Natalie Brown, Jacqueline de Schutter, and Sherry McGee led conference participants through a reflective discussion on the role of the “critical friend” in community-university partnerships.

Rachel Fayter and Keith Adamson built on the visioning process started at the 2006 conference by presenting results from the previous visioning sessions and proposing a series of themes for discussion. Conference attendees then participated in a series of small group discussions around key themes, culminating in a set of recommendations for action plans to be put into place before the next conference. The six interest groups themes were: (1) Re-inforcing our identity and sense of community as Canadian community psychologists; (2) Defining the profession and promoting community psychology practice; (3) Recruitment and exposure to CP; (4) Including international and aboriginal perspectives in our work; (5) Reflections on accreditation and licensing; and (6) Promoting healthy communities through collaboration and grassroots social actions.

SCRA support enabled conference organizers and participants to establish a student poster prize. Based on conference participants’ votes for the best student posters, we recognized four winners:

• 1st prize: Natalie Brown, Wilfrid Laurier University
• 2nd prize: Christian Macé, Université Laval
• 3rd prize (tie): Lindsay Buckingham, Wilfrid Laurier University
• 3rd prize (tie): Delphine Labbé, Université du Québec à Montréal

Tim Aubry and his colleagues from the University of Ottawa have generously offered to host the next Québec–Ontario conference in 2010. Plans are also shaping up to reconnect at the upcoming SCRA Biennial, so watch for events. Several students and faculty are continuing to network online via the Facebook group “Yes, I am in Community Psychology”—be sure to join!

U.S. Northeast Region
Regional Coordinators
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At the Eastern Psychological Association Annual Meeting (from left to right): Kathleen Dockett, Melinda Montgomery, Krystal Odom (presenters from University of the District of Columbia), Sudha Wadhwani, Joseph Ferrari (presenter and chair of innovative session from DePaul University), Chiara Sabina, LaKeasha Garner.
Currently, the two third-year coordinators are Chiara Sabina, assistant professor of Social Sciences at Penn State Harrisburg, and Seema Shah, principal associate at the Annenberg Institute for School Reform at Brown University. The two second-year coordinators are Sudha Wadhwani, outreach coordinator and staff psychologist at Montclair State University, and LaKeasha Garner, staff psychologist at Columbia University.

In early March, the Northeast Region coordinated a two-day SCRA program as a part of the annual meeting of the Eastern Psychological Association (EPA) in Pittsburgh, PA. The program included stimulating symposia, paper presentations, and posters, as well as a session with the nation’s first undergraduate chapter of PsySR—Psychology Students for Social Responsibility. The group, from the University of District of Columbia, shared information about how other universities can develop their own student chapters. Symposia and posters covered topics such as fostering a sense of community in a university setting and applying community approaches to health promotion in the United States, as well as internationally.

The Northeast Region is currently recruiting for a first-year coordinator, as well as a graduate student coordinator. Interested individuals should contact Seema Shah at <s_shah@brown.edu>.

U.S. Southeast Region

Regional Coordinator
Elaine Clanton Harpine: elaineh@usca.edu

Student Coordinators
Lindsey McGowen: lindseycm@hotmail.com
Angela Cooke: cookeangela@hotmail.com

The University of South Carolina Aiken is hosting the second annual School-based Mental Health Group Interventions Conference. This is a two-day, hands-on conference where attendees do more than simply listen to presentations on the latest group research. Participants will have the opportunity to work in small groups to discuss school problems and develop group interventions to take back to their school or home community. This is an opportunity for anyone who works in schools to network and problem solve with others working in school-based mental health. This conference is intended for psychologists, counselors, researchers in school-based mental health, social workers, administrators, teachers, after-school coordinators, mental health workers, community leaders, graduate students, and anyone who works with children, youth, or college students. We will have group sessions for pre-K through 1st grade, elementary students, middle school students, high school students, and university students.

Our theme this year is Evidence-based Group Prevention Programs for School Settings. There is a competitive paper session from which three papers will be selected for presentation at the conference. Competitive categories are: (1) an evidence-based group prevention program; (2) an evidence-based group treatment program; and (3) a graduate student category, which may incorporate prevention or treatment. The graduate student category will also include a free registration scholarship to assist the graduate student in attending the conference. All evidence-based programs must be suitable for implementation in school-based settings. School-based includes before- and after-school programs. Any program which works with pre-K through university is acceptable. Topics such as bullying, school violence, academic failure, ADHD, high school dropouts, drugs, teenage sexual behavior, social skills training, peer influences, suicide, depression, effects of divorce and family issues, multicultural influences, diversity, or other group interests are invited.

Top papers selected will be included for consideration in a special journal issue proposal being submitted after the conference. A published conference report is also being planned this year. Papers not selected for presentation may be invited to participate in the poster session Thursday evening after the keynote speaker. Refreshments will be served and it will be a wonderful opportunity to share concerns and explore programming solutions.

This conference will give participants the opportunity to work in small groups to develop programming skills and design school-based interventions that work. CE credit is available and a step-by-step program design workbook is included for all participants. The conference will be held at the University of South Carolina Aiken on October 8th and 9th. Deadline for Call for Papers is August 28th. For more information, please contact Elaine Clanton Harpine at <elaineh@usca.edu> or fax: (803) 641-3698.

U.S. West Region

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Student Coordinator
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Bay Area Region

The network of Bay Area community psychologists and colleagues from other fields with interests in community-based research and intervention continue to meet once a semester for an informal colloquium. For spring 2009, April 24th has been tentatively selected. We will contact those on our email list with the specific time/location/titles of presentation. For interest in attending and/or presenting please contact Marieka Schotland or Gina Langhout (see email addresses above). The goal of our network is to provide a forum to informally discuss work in progress, network with other community practitioners, and provide an exchange of ideas related to community intervention work. The larger group meets twice a year while encouraging smaller groups to form around particular interests. If you would like to be on our mailing list, please email Marieka Schotland or Gina Langhout.

Hawaii Region

We are currently recruiting volunteers to assist with tasks before and during our regional conference taking place February 11th - 12th, 2010, which will be held on the Island of Oahu. The title of the conference is Cross-Cultural Health Care Conference: Collaborative & Multidisciplinary Interventions. You will learn about cultural issues impacting health care in Medicine, Psychology and Public Health. Volunteers will get free conference registrations!! Contact Maria B. J. Chun, at <mariachu@hawaii.edu> or (808) 586-2925 for more info.☺
For this issue of the School Intervention Interest Group column, Kelly Lewis, Oseela Thomas, and Joyce King provide recommendations for how schools can contribute to improving race relations in the United States. Building from U.S. Attorney General Eric Holder’s landmark speech commemorating Black History Month, the authors argue for revisiting the concept of culturally relevant education and highlight several classic and emerging strategies for promoting positive ethnic socialization in schools. These strategies may serve as guideposts for actualizing Holder’s call for genuine dialogue among and about race.

America, a Nation of Cowards?
Schools, a Source of Courage

～Kelly M. Lewis, Georgia State University, Oseela N. Thomas, Eval Inc., & Joyce E. King, Georgia State University

One cannot truly understand America without understanding the historical experience of Black people in this nation—simply put, to get to the heart of this country, one must examine its racial soul. Though this nation has proudly thought of itself as an ethnic melting pot, in things racial we have always been and we continue to be in too many ways, a nation of cowards. Though race related issues continue to occupy a significant portion of our political discussion, and though there remain many unresolved racial issues in this nation, we, average Americans, simply do not talk enough with each other about things racial . . . So, I would suggest that we use February of every year to not only commemorate black history but also to foster a period of dialogue between the races. . . . And though there is a crying need for all of us to know and to acknowledge the contributions of Black Americans, a Black history month is still a testament to the problem that has afflicted African Americans throughout our stay in this country. Black history is given a separate and unequal treatment by our society in general and by our educational institutions in particular.

～Attorney General Eric Holder

Background

It is simply impossible to divorce the Black experience from American culture for their experiences are so tightly interwoven into the fibers of the American existence. Throughout American history, Blacks have significantly contributed to the growth and development of this country through their forced and voluntary labor, innovations, distinctions, undying dedication, and passion to excel. Among their national contributions are advancements in religion, leadership, military invention and power, intelligence, resistance to unjust control, scholarship, sports, arts & music, economics, education, architecture and building, writing, fashion/style, beauty, language, organizational skills, gender equity, political invention and power, science, medicine, astronomy, mathematics, and philosophy (Asante, 2002). Interestingly, Black Studies scholarship in particular has documented that these contributions are not unique to African Americans but also extend back to ancient kingdoms and empires in Africa as kings and queens used their ingenuity to lead more effectively (Lewis, Sullivan, & Bybee, 2006). However, despite these tightly woven threads, the educational leaders and systems in the last three centuries have attempted to discount the important contributions Blacks in America have made by omitting them from the U.S. history taught in schools, distorting the facts, leaving racial issues unresolved, and avoiding healing discussions around race and culture in our country (Lewis et al., 2006; Woodson, 1933). This systematic miseducation has transformed schools at all levels into training sites for the execution of inter-generational White power, privilege, injustice, oppression, and racism. At the same time, such perversion of education not only dehumanizes all Americans but leaves Blacks in America particularly unprepared not only to cope with typical developmental-related stressors, but also to negotiate the challenges of living in a racially hostile context where their strengths, abilities, and culture are often ignored. In other words, without intervention, educators are nurturing the systematic disempowerment of Black students and supporting White privilege. Schools need to be innovating and supporting leaders in creating a society that supports all of its citizens. Furthermore, school interventions can create a safe space to engage uncomfortable issues. If educators do not intervene, there could be negative effects on all students’ psychological well-being and behavioral health outcomes (i.e., delinquency, heightened levels of incarceration, poor racial identity development, academic failure).

Educational leaders and systems in the last three centuries have attempted to discount the important contributions Blacks in America have made by omitting them from the U.S. history taught in schools, distorting the facts, leaving racial issues unresolved, and avoiding healing discussions around race and culture in our country.

Research has found that formal education is one of the most powerful mediums for counteracting and transforming many of these social ills, and thus is one of the most effective places to intervene with young people. Schooling has the potential to shape social attitudes, cultural norms, mores, and values while maximizing access to occupational, economic, and social success (Watson, Modgil, & Modgil, 1997). However, after nearly fifty years of legal civil rights and twenty years of proposed re-
form, subtle forms of racist practices continue to persist in the U.S. educational settings (i.e., lower teacher expectations, negative stereotypes of Black students) and have greatly contributed to widespread educational disparities between White and Black students in such areas as standardized test scores, disciplinary action, and placement in remedial classes (Farkas, 2003; Mckelsson, 2003). Additionally, the current education system still fails to infuse Black culture into the curriculum and rarely presents information in a manner that is culturally relevant for Black students (Asante, 1991; Banks, Hogue, Timberlake, & Liddle, 1996). Furthermore, racial bias in instructional materials is still a monumental and pervasive problem and curricular offerings still restrict the cultural experiences in the school to a single, dominant culture—White Anglo Saxon (Hilliard, Payton–Stewart, & Williams, 1990; King, 1992; Simms, 1978; Tate, Ladson–Billings, & Grant, 1993; Woodson, 1933).

As Attorney General Holder suggests in his speech, this is merely a reflection of our society. Nearly forty years after the monumental Civil Rights movement, we still restrict Black history to a single month out of the year. This is only one illustration of how, as Holder so poignantly articulated, Black history is given a separate and unequal treatment by our society in general and by our educational institutions in particular. Similarly, only now, after 43 White male U.S. presidents, dating from the ratification of the United States Constitution in 1789 (two hundred twenty years ago), have we seen the oath of office taken by a Black president. This is a monumental feat worthy of much pride and distinction, but on the heels of centuries of psychological enslavement and injustices that have sent shock waves throughout the nation and world about what it means to be a Black person. Because of these lost discussions about race and distortions about what it means to have equality, many people in our contemporary society believe that we have “overcome” all of our racial injustices and achieved Dr. Martin Luther King’s dream by electing a Black president into office, by having a Black history month, and by having a course elective or two in the school curriculum on Black history (Kaufman, 2008; Wise, 2009). Until we as a society can recognize, embrace, and practice transformative inclusion and integration of Black people, as well as other minorities, into the fibers of the American experience, we will not have “overcome” racial injustices and Dr. King’s dream will be left outstanding. Neither the promise of true democracy nor true racial justice and citizen rights will have been attained. “We [will continue to be] free to retreat to our race-protected cocoons where much is comfortable and where progress is not really made” (Holder, 2009).

Furthermore, Black youth will continue to suffer disproportionately from a host of negative psychological and behavioral outcomes that affect their learning and (psychosocial) development—largely due to the effects of institutionalized racism, social injustices, and educational inequities that adversely affect their engagement with the learning context. These adverse outcomes are and will continue to be multi-level and occur at (1) the individual level, (2) the cultural context of individual social networks, and (3) the broader societal, political, and cultural context (Murrell, 2009, p. 90).

A Solution: What can Schools and Scholars do?
For this reason, it is important to consider additional processes in schools and research-based approaches that might promote not just dialogue about Black history, race, and inclusion but more importantly, the well-being of African American adolescents, as well as the well-being of the American population in general. Acknowledging this interconnection, the American Educational Research Association (AERA) has recognized the urgency and complexity of Black education issues and has published a landmark volume that documents best practices and a transformative research and action agenda that takes culture seriously as an asset for teaching and learning (King, 2005). These recommendations of the AERA Commission on Research in Black Education, for example, suggest an important role for Black Studies scholarship in transforming educational practice:

- Identifying teachers whose culturally nurturing instruction improves student performance on standardized tests and supporting ways this group of teachers can pass on their knowledge to other teachers.
- Authentic assessments [that] reflect cultural and academic excellence as well as truthful curricula and instructional approaches that incorporate students’ funds of prior cultural knowledge and experience.
- Methods of visionary parent education that address the relationship between student alienation and achievement.
- [Focusing on and] evaluating what and how Black youth are learning about community economic empowerment and wealth creation strategies.
- Assessing the impact of African language, culture, and heritage study in motivating student effort and engagement as well as teacher knowledge and development in various African and Diaspora contexts (King, 2005, pp. 353-355).

Similarly, researchers and practitioners have increasingly suggested that cultural relevancy be incorporate into school curriculum to help improve academic achievement and promote positive youth development among Black youth (Banks, et al., 1996; Lewis, Sullivan, & Bybee, 2006; Thomas, Davidson, & McAdoo, 2008). Cultural relevancy is situated in the belief that all youth have cultural strengths (or assets) as well as experiential differences that are a function of their interacting ecologies consisting
of their family system, peer social network, and larger institutional, societal and historical systems (Lee, 2007). Interweaving youth’s unique cultural backgrounds and historical and sociopolitical realities into school curriculum could maximize the effects of positive academic and youth outcomes (Lee, Spencer, & Harpalani, 2003), as well as promote cultural assets that could facilitate protective factors to help them cope, negotiate, and manage stressors associated with their unique contextual environment and psychosocial development (Thomas, et al., 2008).

For example, Carter G. Woodson (1933) firmly believed and pointed out the significance of educating African American children in a manner that would equip them with the correct historical and cultural consciousness instead of being “mis-educated” in a Eurocentric educational system. He strongly advocated for the education of African American children in Black history, literature, religion, and African philosophy of human existence. Paulo Freire (1970, 1990) also advocated for raising the awareness and educating oppressed groups regarding their oppression. “Reading the Word and the world” in this way constituted a critical education focused on oppressed people’s historical and contemporary experiences (King, 2007). He asserted that students’ motor and cognitive activities are enhanced and become “more fully human” when they are motivated by philosophies rooted in their own cultures. Students are also more empowered to cope and effectively negotiate their environments.

Recently, a growing body of research illustrates the positive impacts of culturally relevant curriculum and pedagogy on African American student learning and development (Ladson–Billings, 1994; Foster, Lewis, & Onafowora, 2003; Lee, 2008). For example, Ladson–Billings (1992) conducted a qualitative study, observing a culturally relevant approach to literacy, which infused holistic, sociopolitical learning that validated and transformed students’ knowledge and critical understanding through the use of literature and orature that was relevant to their realities. Throughout the course, students became emerged in the learning process and aware of their ability to construct knowledge and meaning and became secure in the role they play in the future of their own lives, as well as in the life and future of their community.

Similarly, Lewis, Sullivan, & Bybee, (2006) experimentally evaluated a school-based culturally relevant emancipatory intervention called Project EXCEL—Ensuring eXcellence through Communalism, African Education and Leadership aimed to promote the psychological and behavioral well-being of African American adolescents using a promising empowerment framework drawn from elements of East African Ujamaa philosophy and practice. Results indicated that the intervention was effective at improving youth participants’ communal orientation, school connectedness, motivation to achieve, and overall social change preferences compared to youth in the control group. Two mediating relationships were also detected. Increased communalism orientation and increased school connectedness mediated the relationship between the intervention and students’ motivation to achieve. Competitive individualistic orientation was a partial mediator for motivation to achieve. Qualitatively, students in the intervention group endorsed: acquisition of leadership and social change skills; increased knowledge about Black culture and heritage; opportunities to learn and have fun; increased support from teachers and peers; and opportunities to talk about how they feel. This was compared to youth in the control group who only endorsed: acquisition of learning; increased comprehension; and increased ease and opportunities for relaxation. The study illustrates the positive impacts of culturally relevant curriculum and pedagogy on African American student learning and development.

Additionally, Thomas et al. (2008) investigated the effects of a school-based culturally relevant intervention on African American adolescent girls and found that it had a significant and positive impact on their ethnic identity as well as on their critical awareness of their sociopolitical context. The study also found that students were empowered to engage in activism to bring about further change to their circumstances. Thomas et al. (2008) stressed the importance of cultural relevancy in programming and schools to promote resiliency and address critical issues facing African American youth.

Other research on culturally relevant instruction has looked at how students’ home language and discourse styles are used in culturally relevant instructional practice such as Lee’s (2007) Cultural Modeling project, research using Dominican students’ community generated oral literature (Herrero, 2006), and Jamaican immigrant girls’ “transgressive speech” (Henry, 2001). Examples of cultural relevancy in other subject areas (e.g., science and math) include Hudicourt–Barnes’s (2003) use of Haitian Creole language in science instruction and The Algebra Project (Moses & Cobb, 2002; Silva & Moses, 1990), which has successfully provided higher-level mathematics learning for under-served youth. Thus, culturally relevant curriculum and pedagogy link students’ home culture and positive ethnic identity as operative variables to success in school and student resiliency. This growing body of literature demonstrates identity processes that contribute to achievement and resiliency in home, school, and community contexts (Gordon & Song, 1994).

Cultural relevancy is situated in the belief that all youth have cultural strengths (or assets) as well as experiential differences that are a function of their interacting ecologies consisting of their family system, peer social network, and larger institutional, societal and historical systems.
trates the process of positive ethnic socialization as a determinant or contributing factor in school success and resiliency (Bowman & Howard, 1985). Moreover, in their investigation of the relationship between racial identity and academic achievement among African American adolescents, Chavous, Bernat, Schmeek–Cone, Caldwell, Kohn–Wood, & Zimmerman (2003) emphasize the need to examine variation in how minority students “think about” group membership in order to better understand their academic development.

Summary

Essentially, Black history can no longer be a separate issue or matter of fact point of discussion if we are to see significant changes for the future of American people in this country (King, 1992, 2009). This is a topic that warrants ongoing dialogue about how to create systemic change at research, practice, and policy levels for Blacks in particular but for all people in general. This is not just a Black issue but rather an American problem that must be unpacked and engaged if there is to be informed dialogue about race in this country that can actually improve as race relations as well as education. Avoiding these discussions and actions will support the perpetuation of what Attorney General Holder as asserts as a nation of cowards. 

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**Self Help/Mutual Support**

Edited by Louis Brown

**Implementation of a Dual Recovery**

**Anonymous Group on an Acute Inpatient Psychiatric Unit: Promoting Empowerment in Recovery**

~Leanne Valentine & Lindsay A. Phillips, Department of Veterans Affairs Medical Center, Coatesville, PA

As psychology interns on the acute inpatient psychiatry unit at the Coatesville Veterans Administration Medical Center (Coatesville VAMC) in Coatesville, Pennsylvania, we were required to develop a unit project as part of our rotation on that unit. We had been trained to treat both the substance use disorders and mental illness at the same time, as opposed to treating one disorder at a time (i.e. either the substance use disorder or the mental illness).

As interns we were relative outsiders to the unit and our observation was that the psychoeducational and therapeutic interventions on that unit focused on mental illness only. Self-help groups have been efficacious in the treatment of substance use disorders and mental illness, so we decided to help initiate and informally evaluate a self-help group for both substance use disorders and mental illness (i.e. dual disorders) on such a unit. We also believed that implementing a self-help group on an acute inpatient psychiatric unit would provide an opportunity for consumers on the unit to feel empowered in a setting that tends to be disempowering. This paper is intended to describe what we learned both from our review of the literature and our experiences supporting such a group on the acute inpatient psychiatric unit.

**Rationale/Literature Review**

The prevalence of co-occurring mental illness and substance use disorders has been well documented (Hall & Farrell, 1997; Havassy & Arns, 1998; Minkoff, 2001). Research has shown that co-occurring mental illness and substance use disorders are associated with risk factors that complicate treatment involvement, ability to live in the community, and quality of life (Dixon, 1999; Havassy & Arns, 1998).

Programs that simultaneously treat co-occurring mental illness and substance use disorders have demonstrated better outcomes than separate treatments for each issue (Hall & Farrell, 1997; Miller, Swift, & Gold, 1998; Minkoff, 2001). Dixon (1999) noted that integrated treatments have increased participation in treatment, reduced psychiatric symptoms, reduced substance use, and reduced rates of homelessness in this population. Miller, Swift, and Gold (1998) have noted that in spite of research indicating the superiority of integrated treatment, most settings adopt either the serial model, where psychiatric needs are addressed first then the individual is transferred to an addiction treatment program, or the parallel model, in which both services are treated simultaneously but in separate settings.
Coatesville VAMC uses a serial model in which consumers are treated first for their mental illness on the acute inpatient psychiatric unit, and then are transferred to an inpatient substance abuse treatment unit, which focuses primarily on treatment for substance use disorders. Also, the acute inpatient psychiatry unit offered group therapy to a few consumers with less debilitating mental illness and the remaining consumers received psychoeducational workshops.

We believed that all consumers should be given an opportunity to discuss issues related to recovery from dual disorders with other consumers in an environment that helps them facilitate community support from others similar to themselves, focuses on their strengths, and provides recovery tools that encourage goal setting and help-seeking behaviors. We believed that all consumers should be given an opportunity to discuss issues related to recovery from dual disorders with other consumers in an environment that helps them facilitate community support from others similar to themselves, focuses on their strengths, and provides recovery tools that encourage goal setting and help-seeking behaviors. We decided that the best way to do this was by offering a consumer-led group modeled on the principles of Dual Recovery Anonymous (DRA). DRA is a fellowship, modeled on the 12 steps and 12 traditions of Alcoholics Anonymous (www.draonline.org). The goals of individuals in the DRA fellowship include both abstinence from substances and management of mental health problems. A desire to do both is a key requirement for individuals who intend to be active in DRA. Like other self-help programs, DRA meetings are held at various locations using a structured meeting format. Laudet, Magura, Vogel, & Knight (2000) found that participation in dual-recovery mutual aid groups was associated with less substance use and mental health distress and higher levels of well-being; they also found that participation in dual-recovery groups was indirectly associated with recovery through perceived levels of support and that these associations held for dual-recovery groups, but not for single-focus self-help groups.

Implementation

After reviewing the literature, we conducted a focus group with current consumers on the inpatient psychiatry unit who identified themselves as having co-occurring mental illness and substance use disorders to hear their perspectives on integrating treatment on the unit. Most consumers on the unit received psychoeducational services only, but during the focus group, consumers told us that they would like to have the opportunity to participate in a therapy or process group. Although there was a therapy group that met three times per week on the unit, only a small percentage of consumers were selected to participate in that group. Consumers were selected based on staff beliefs about their ability to participate in such a group. Consumers also told us that they would like to have more time in the unit dedicated to the treatment of substance use disorders. They specifically asked for workbooks, reading materials, support groups (e.g. AA or NA), and help with finding appropriate aftercare. Prior to meeting with the consumers, some staff told us that they believed: (1) consumers were not interested in actively participating in their care and (2) consumers would not be willing to do work in the form of workbooks, etc. while in the unit.

We also interviewed a therapist and psychologist at the hospital who had previously implemented DRA groups on other units to get their perspectives about implementing a DRA group on the acute inpatient psychiatry unit. Both expressed excitement about our efforts, stating that having consumers involved in self-help early in recovery would aid recovery and engagement in later services, such as those offered on their units. Both also offered instrumental and emotional support to us. For example, the therapist provided a number of materials that he used when he supported consumer efforts to start a DRA group on another unit; we ultimately adapted those materials for use on the acute inpatient unit.

We then interviewed two consumers involved in DRA groups on two other units to hear their perspectives on starting a DRA group on the inpatient psychiatry unit. Both consumers previously completed inpatient treatment and identified as having a mental illness and a substance use disorder. Both were residing in settings that were helping them transition to the community, so their perspectives were important to us. Both veterans were pleased to hear that we were attempting to better integrate services for consumers with co-occurring disorders and shared how valuable DRA groups were for their recovery. One stressed the importance of self-help programming, indicating how much he learned from other individuals who also had co-occurring disorders. At this point, we felt we had enough information and support to begin the group. We first shared with consumers materials to guide them in the conduct of the meeting, similar to what occurs in DRA groups. We also shared a script to introduce the meeting and another to close the meeting, both adapted from DRA and available from <www.draonline.org>. The intent was to provide the consumers with the means to facilitate the group themselves. We found that consumers hesitated to lead the group, but most were willing to do so if encouraged. We received feedback from consumers after the group was started, thanking us for the opportunity to participate in a consumer-led group and also for the opportunity to participate in a therapy group.

We were asked by staff to include a psychoeducational component, so the DRA group differed from other DRA groups in that a staff member was present and assisted in leading the group when necessary; staff also provided education about dual recovery to the consumers. We developed a series of 3 educational components that we rotated over 3 weeks. The components (1) defined dual diagnosis; (2) discussed medication management of mental illness; and (3) discussed aftercare and recovery. We created small workbooks that correspond to each of these topics for consumers to conduct personal exploration and aftercare/relapse prevention planning.
between groups if they chose to do so. Consumers reported that they found the information helpful, but they also requested more time during the sessions for discussion, rather than education.

We had difficulty scheduling a time for the group, because the unit already had a number of psychoeducational classes scheduled throughout the week, and disciplines were unwilling to eliminate or change existing classes. We also had difficulty scheduling what we believed was an appropriate amount of time for the group. We asked for 1.5 hours, thinking we would spend the first half hour on education and the last hour on discussion/process. We were only able to schedule 45 minutes each on a weekday and a weekend day, so we had to modify our expectations about the amount of education and discussion that would be available to consumers. We received feedback from consumers that additional time in the group would be helpful, and we observed that discussion could have continued for more than the allotted time.

Consumers acclimated to the group immediately, many reporting that they looked forward to the session. We noticed that several consumers felt comfortable in the role of group leader, and some took the initiative to insure the group met on the weekend, sometimes reminding staff to open the group room when they forgot about the session. The group fit seamlessly into the schedule (primarily because we modified our expectations), and we received no negative feedback from staff about its implementation (we expected some problems on the weekends, because the hospital has fewer staff then). In fact, many staff members expressed appreciation that consumers had this recovery-oriented activity on the weekend. However, we did receive negative feedback from the interns that followed us on the next rotation. They reported that they were not comfortable facilitating the group, partially because it was led by consumers and partially because it tended to be a larger group, which they found more difficult to manage. Because we viewed it as a consumer-led group we did not have the same concerns, and in fact did not attempt to “manage” the group. Consumers did that on their own. After this initial concern, no other complaints were issued and this group continues to be implemented on the unit.

Discussion

So, how do our experiences fit within the community psychology framework, particularly within the guiding principles for community psychology? As a graduate student from a clinical-community psychology program, the primary author has frequently struggled to integrate community psychology principles, particularly in settings similar to this medical center that focus on pathology rather than consumer competencies and how those competencies can aid recovery. The second author has also worked toward integrating psychosocial rehabilitation principles, promoting empowerment and community integration, in inpatient settings. We found this project empowering, primarily because it supported our beliefs that consumers are capable of guiding their own recovery and that focusing on their abilities and providing a context in which they can use those abilities to help themselves promotes recovery. In addition to respecting the competencies and diversity of the consumers we served, we also found that implementing these principles meant respecting the diversity of views and backgrounds of staff. Starting the project by eliciting these views from all staff and consumers increased the odds of success for the group and also increased acceptance and support of the group by all involved. Although it meant compromise in the form of shorter meeting times for the DRA group, it provided an opportunity for staff to try a new way of implementing treatment, and we believe, also helped staff develop new respect for the abilities of consumers.

Prior to the implementation of this group, staff developed services on the acute inpatient psychiatry unit with the belief that consumers on that unit needed help and guidance in recovery. Although they certainly benefited from these services, the DRA group demonstrated that they also benefited from being provided a space to begin guiding their own recovery. The DRA group also demonstrated to staff that consumers are willing to work at their recovery, including completing written assignments if necessary. The DRA group challenged staff beliefs that many consumers with serious mental illness, particularly psychotic disorders, are not able to engage appropriately in a process or therapy group. Our experience with the group was that all consumers participated appropriately, and that most developed new insights into their disorders by participating and listening to others’ perspectives about these disorders. Some consumers found participating in a large group (15 - 25 consumers) difficult, but they were allowed to attend the group for any amount of time that they found comfortable and many attended for longer periods over time.

We were extremely pleased with consumers’ initiative on the weekends, reminding staff to make space available for them to meet. The consumers that led the group told us that doing so helped them feel more empowered and elevated their mood. We believe that engaging in these behaviors on the acute inpatient psychiatry unit increases the odds of consumers engaging in similar behaviors outside the unit, which improves their chances for successful recovery. We also hope that having consumers participate in a DRA group on the acute inpatient psychiatry unit will (1) lead to the implementation of similar groups on other units as consumers move through the system and begin to advocate for their needs, and (2) encourage them to continue attendance at DRA meetings in the community. It remains to be seen if this will happen, but community psychology has demonstrated that increased empowerment and opportunities for self-advocacy often lead to more of the same.

When we first encountered staff objections and concerns about implementing the DRA group we felt discouraged. Objections and concerns came from all staff: both psychology/therapy staff and nursing staff. However, we found that when we listened to and respected the concerns of staff and incorporated their concerns into our planning, they became more supportive of the group. In fact, staff approached us after the group was implemented, thanking us for providing the consumers with additional consumer-led activities, because it reduced staff burden. Acute inpatient psychiatry units tend to be understaffed and under resourced. Adding programming is often viewed as an additional burden and new programming is often implemented in terms of what will tax staff resources the least. We believe that staff experiences with the implementation of this group may have changed perspectives on the implementation of new programming on this unit. We hope that it will lead to additional, consumer-led programming which we believe will benefit both consumers and staff.

We were not entirely satisfied with the structure of the group when we left the rotation. Ideally we would have liked to have more time or even a separate group for education with time set aside for a consumer-led group with no staff involvement. We
also found that, although education was beneficial, it tended to detract from the self-help component. There is a new intern class at the medical center and we hope that they will follow up on this project by changing the group structure and/or increasing time allocated to self-help on the unit.

Finally, it is clear that “change strategies are needed at multiple levels in order to foster settings that promote competence and well-being” (SCRA Principles, 2009). Ours was a small project on one unit in a large psychiatric medical center. The medical center continues to use a serial, rather than integrated approach to the treatment of co-occurring disorders and overall the setting tends to foster dependence on the system rather than competence and well-being among its consumers. However, the DRA group demonstrated that consumers want and are capable of directing their recovery, and doing so may result in fewer admissions and fewer burdens on staff. Both authors have chosen to remain in this system, and we hope that over time we can continue to foster change strategies at multiple levels and help our medical center promote the competence and well-being of the veterans they serve. 

Author’s note: This material is the result of work supported with resources and the use of facilities at the Department of Veterans Affairs Medical Center, Coatesville, PA. The contents of this column do not represent the views of the Department of Veterans Affairs or the United States Government.

References

Student Issues
Edited and Written by Christopher Zambakari: christopher2002@gmail.com & Fernando Estrada: fernando.estrada@asu.edu

Seeking Nominations for Incoming Student Representative

In our last issue, we announced the arrival our newly-elected SCRA Student Representative, Fernando Estrada. As Christopher Zambakari approaches the end of his term, we are once again looking for a new student representative to work alongside Fernando. National student representatives serve on the executive committee and provide student voice to decisions made within SCRA. In addition, serving as national student rep. is a fun and rewarding learning experience. National student representatives serve two-year, overlapping terms (starting at the APA convention in August). If you would like to nominate yourself or someone else for the incoming national student rep. position, or have additional questions, please contact Christopher Zambakari or Fernando Estrada by email (see addresses above) by May 1st, 2009.

The only criterion for serving as a representative is that you must be a graduate student for the length of your two-year term. Nominees will be asked to prepare a one-page statement addressing:

- Their interest in the position
- Topics or issues related to student representation in the SCRA that concern them
- Any prior leadership or representative positions they have held (This leadership experience can include service in student government.)

In early June, all student members of SCRA will be sent an electronic election ballot and instructions on how to cast their vote online. If you suspect that your email address on record with SCRA is outdated, please notify Fernando so that your electronic ballot does not bounce back.

Call for Proposals!—
2009 SCRA Graduate Student Research Grant

Please consider applying for the Graduate Student Research Grant. This prestigious and competitive grant is specifically devoted to supporting pre-dissertation or thesis research in under-funded areas of community psychology. This year the amount has been increased to $400. The call will be put out over the student listserv, and on the SCRA website. Applications for the award will be due by July 31st, 2009. If you have any questions while developing your grant proposal, please contact Fernando Estrada or Christopher Zambakari. Decisions will be made and recipients notified by August 31st, 2009.
Podcasts of Interviews with Community Agencies Coming Soon

Guided by the mission of Division 27, this 2009 - 2010 student initiative will connect SCRA student members to community-based organizations for continued learning and research development in the field of community psychology. Three community organizations have already been identified (with a fourth to be determined) and 30-minute interviews will be conducted, recorded, and made available via podcasts:

1. *Phoenix Job Corp:* A non-profit, national training program in Arizona that offers academic, vocational and life-skills training to young adults 16-25 years of age from diverse backgrounds.

2. *NYC Gay & Lesbian Anti-Violence Project:* A non-profit organization in New York City providing free counseling, advocacy and outreach to survivors of hate crimes, domestic violence and sexual assault.

3. *Bienestar Human Services:* A non-profit organization in Los Angeles providing counseling, education and outreach services to Latina/o communities of all ages at risk for HIV transmission.

2009 Biennial Conference Student Travel Awards

Division 27’s national student representatives, with the approval of its executive committee, have created six new domestic travel awards of $300 each for students interested in attending the 12th Biennial Conference. The conference is scheduled for June 18th - 21st, 2009 and will be hosted by Montclair State University, NJ and in collaboration with Rutgers University.

Eligibility and Application Process:

Eligibility for these awards will be limited to current student members of SCRA (both graduate and undergraduate). Applicants are required to submit a 1-2 page proposal wherein they:

1. Describe their interests in linking community psychology research and practice to international/global efforts
2. Outline a travel budget
3. Include their CV

Other determining factors for the award will be the applicant’s number of presentation submissions, order of authorship, distance traveled, and indicators of demonstrated need. All application materials can be accessed through the SCRA website at: <http://www.scra27.org/calendar?event=%7B955ff5f8-aa10-4568-8cd0-9a90d0e9e5ea%7D or the conference website. Application materials may be submitted electronically (as a .doc file), or via post, to Fernando Estrada. All application materials must be received by 5 pm (US Central time) on Friday, May 1st, 2009. The award recipient will be announced by Friday, May 15th, 2009.

Conference Website: http://chss.montclair.edu/scra/

Conference Site Information:

The conference will take place at Montclair State University, Montclair, NJ. The conference will begin on Thursday afternoon, June 18th, and conclude on Sunday afternoon, June 21st, 2009. Conference registration includes admission to all sessions, continental breakfast, lunch on the full conference days (Friday and Saturday), and a cocktail social on Friday night.

Biennial Conference Student Mixer:

If you are planning to attend the conference, do not miss the opportunity to meet other SCRA student members! This event will bring together student leaders interested in community psychology, research and social justice. This event will be full of networking opportunities to further your educational and research development. Details will be sent via email soon.

SCRA Membership Information

To become a student member of SCRA or renew your student membership, and thereby become eligible for the travel award, please visit: <http://www.kistcon.com/scra/registrationtop.htm>.

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I believe feminist values align very well with community psychology values. I also believe it is important for teachers to consider how their pedagogical decisions reflect their values. This report is based on a study asking: How do feminist community psychologists integrate values into their pedagogy? Through discussing this question in interviews with 12 participants, another discussion emerged regarding the role of feminist values in the field of Community Psychology.

I see feminism as an inclusive social movement targeting injustice in all forms, including oppression against people based on race, class, disability, sexual orientation, ethnicity and religion. I also think of feminism as a worldview that demands attention to contextual variables, multiple levels of analysis and power dynamics within any given social problem. And I appreciate the work of community psychologists who have already articulated some of the connections between feminisms and community psychology. For example, Mulvey (1988) has argued that feminism and community psychology share similar values and approaches to social problems, and that a feminist-informed approach should be more incorporated into the discipline. Gridley & Turner (2005) also note that community psychology and feminism both “focused on social policy, prevention ahead of ‘cure,’ advocacy, empowerment and the demystification of experts” (p. 367). Their vision of keeping feminist values at the center of community research and work is inspiring, and includes consideration of the principles of ecology, prevention, community, power, subjectivity/reflexivity, diversity and partnership. But they do not address values in teaching. Likewise, articles in the special issues of AJCP in 2000, “Weaving feminism and community psychology” tended to focus on theory development and research methods (Bond, Hill, Mulvey, & Terenzio, 2000). The impact of feminism on the professional development of community psychologists was addressed in terms of women’s leadership roles in the Society for Community Research & Action (SCRA) (Bond & Mulvey, 2000). But professional development in terms of pedagogical training was not addressed.

Additional examples of integrating feminism and community psychology include a recent special feature in The Community Psychologist (Dello Stritto & Ayala–Alcantar, 2005), which discusses women and social justice issues and the processes of feminist research. A recent content analyses of the field’s primary U.S.-based journals found that quite a few research articles were concerned with feminist issues or women’s issues with feminist implications (Angelique & Culley, 2003). The Handbook of Community Psychology (2000) offers a review of the field’s research regarding “women’s issues” as particular topics. While each of these efforts to document the role of women and the influence of feminisms in the field is important, there has been little public consideration of the role of values in our pedagogy. The shared values of feminism and community psychology create a fertile ground for all the labor of community psychologists—including the informal teaching that often occurs in our work with communities, and the formal teaching of those of us located in academe. In academic settings we serve in multiple roles to our students: instructor, advisor, mentor, and thesis/dissertation committee member or chair. We do a disservice to our students and to our own professional development when we do not critically reflect on the influence of our values in all of these roles.

Methods

Design

I used an exploratory, qualitative approach. I conducted in-depth interviews with a sample of college/university level instructors who regularly teach courses relevant to community psychology and who are interested in feminist values and/or claim a feminist identity. I recruited participants based on inclusion criteria of self-identification as a feminist or someone holding feminist values and current teaching university/college level classes relevant to community psychology. Recruitment occurred through email communications and followed a snowball sampling technique. I conducted the interviews by phone and tape recorded them. Each lasted between 30 and 45 minutes. After transcribing the interviews, I used NVivo to aid in the identification and documentation of emergent themes from the data using the Strauss & Corbin (1998) method of property and dimension construction for each category.

Sample

Since I was interested in feminist values and pedagogy specifically in the field of community psychology, participants had to be currently working in a college or university setting and teaching courses related to the field of community psychology. This criterion was firm. They also had to personally identify as feminist, hold feminist values, or be interested in feminist research issues. Participants determined their own eligibility on this criterion. What exactly counted as “feminist” was purposefully left open to interpretation because I recognized that there are many approaches to feminism and I wanted to include them all. The relevant question was: If one claims feminist identity or values—whatever variety or however defined—how does it affect one’s teaching?

To develop a list of potential participants, first I consulted the SCRA website’s listing of all graduate programs in community psychology. I examined faculty interests and research topics on each program’s website and created a list of scholars who either
self-identified or identified her/his research interests as feminist. Three participants were recruited as a result. They each suggested others to contact for participation. The recruitment snowballed from there. Overall, 24 scholars were contacted, twelve participated, two declined, four decided they did not qualify, and six did not respond. All twelve participants were women and many work in Research I institutions. Seven participants teach in “stand-alone” community psychology PhD programs, two teach in universities that offer a terminal master’s degree in community psychology, and three teach in primarily four-year undergraduate institutions. Participants were located in all regions of the United States and across nine different states.

All participants indicated that they were part of the field of CP. Eleven participants had some or all of their graduate training in a CP or clinical-community program. One was trained in an applied social psychology program. Of those eleven, four came into the field primarily because a mentor or advisor identified a match between her interests and CP values or topics. The other seven were primarily self-motivated in seeking out a community program. Participants in this sample regularly teach a variety of classes, the most commonly taught among them are Introduction to CP, Research Methods/Statistics, Psychology of Women, and Practicum/Internship. Participants also taught an array of other topic or method-driven classes, including Program Evaluation, Environmental Psychology, and a Diversity seminar. All participants taught undergraduate level classes, and many also taught at the graduate level. Five participants had five or fewer years of teaching experience as a professional: five had between 5-10 years of experience, and two had more than 20 years experience.

All participants were asked to describe in what sense they considered themselves to be feminist or hold feminist values. Most participants talked about recognition of power inequities and working toward change to reduce sexism, or the oppression of women. Four participants implicitly stated that they claimed feminist as a personal identity, with statements such as, “I certainly value gender equality” and seven others explicitly said, “I am a feminist.”

Procedure

I followed an open-ended interview guide for all interviews, though follow-up questions and prompts varied according to the responses of the participants. I created field notes and methodological memos throughout the research process and the ongoing analysis influenced future interviews.

Findings

Identification of themes

Themes that emerged from the data can be structured in three levels of setting: the classroom, the institution, and the field of community psychology. At the first two levels, there was a particular type of pedagogy engaged with key considerations. For the classroom setting, instrumental pedagogy has to do with the mechanics of the classroom, such as course content, teaching methods, assignments, and policies. For the institutional setting, relational pedagogy involved relationships that complicate the intention of teaching with feminist values and the pedagogy that is actually implemented. Relationships between instructor and students and between instructor and institution are part of this conversation. At the level of the field of community psychology, the primary consideration of participants was about the relationship of feminist values to community psychology values.

The Classroom—Instrumental Pedagogy

In the area of content, several participants mentioned using particular books written with a feminist perspective as either a primary or supplemental text or being sure to include articles or chapters on the reading list that introduce feminist issues, methods, or perspectives. Two participants specifically mentioned using Anne Brodsky’s book, With all our Strength: The Revolutionary Association of the Women of Afghanistan (2003), in an Introduction to CP class as an additional text. Brodsky’s work is explicitly informed by feminist and CP values. Some participants mentioned specific topics when asked about how course content was influenced by feminist values, for example: feminist theories, the role of pornography in violence against women, body image, the relationship of self and environment, what defines something as a difference, affirmative action, homelessness, welfare reform, and gay marriage. Integrating a feminist perspective regardless of the specific topic being discussed was also highlighted by several participants.

The shared values of feminism and community psychology create a fertile ground for all the labor of community psychologists—including the informal teaching that often occurs in our work with communities, and the formal teaching of those of us located in academe.

Teaching methodologies described by these scholars could be understood as feminist-informed tools, since they described intentionally integrating their feminist values with their methods. Eight participants specifically mentioned limiting or eliminating lecturing and replacing it with discussion. The idea of emphasizing student involvement during class time was evident in other techniques mentioned: collaboration, small group work, paired-shared exercises, debates, student presentations, and student-led discussions of readings. Assignments that were discussed by participants as being influenced by feminist values included: interviewing activists in the community, performing a collaborative organizational diagnosis, evaluating the ecology of a community problem or social issue, examining a social issue with multiple levels of analysis, and developing a creative synthesis of course content for a final project.

Issues related to course policies that surfaced primarily had
to do with providing some student choice in assignments and collaboratively developing ground rules for class space including issues of confidentiality and respect for diverse opinions. One participant eloquently expressed her attempt to negotiate feminist values and a need for enforceable late policies:

I have a fairly strict policy about late papers and late homework. You need to have an excuse, you lose a grade a day. And it’s because I have a lot of students who will take a mile if you give you an inch sort of thing. Nonetheless, it’s also very difficult for me not to listen to the multiple life experiences of my students and reasons and excuses and not be swayed and not want to—trying to figure out the balance between having principles and requirements and the things that a typical classroom does, and not feeling walked all over with also trying to meet students with where they are, and trying not to penalize them for complicated life experiences. (Interview 2)

The competing needs for enforceable policies and flexibility complicated this aspect of the classroom for her. This participant is reflective about the impact of strict policies on the educational experience and quality of life for her students.

Those who viewed feminism and CP as more integrated or inseparable from each other seemed to be more at peace with this relationship and tended to describe the relationship in positive terms.

The Institutional Setting—Relational Pedagogy

Relationship with students.

Relationships with students are complicated in terms of student experience, instructor information and authority. Seven participants mentioned the importance of acknowledging or incorporating reflections on how students’ experience the course material. Often this acknowledgement was facilitated with methods of journal writing and/or discussion about how personal biases or privileges might influence one’s work in the community or engagement with course material. Sometimes the importance of the role of student experience in the classroom was explicit, for example by acknowledging the interactive dimension of the classroom. Other participants noted the balance needed between students’ personal disclosures and academic rigor in the classroom.

Some participants talked about how much of their own personal information they shared with students, and the variety of opinion on this seemed to be influenced by particular class and institutional climates. A few talked about explicitly sharing their own feminist values or experiences of sexism with the class. One talked about modeling feminist activism in her personal life and encouraging her Psychology of Women students to be involved in a local NOW chapter (National Organization for Women). One talked about beginning each CP class with a personal story that had to do with the topic of the day. For example, when the class topic was child abuse, she lead off with a story about how she responds to seeing a parent hit a child in public. Another participant talked about the need to disclose her status as a survivor of sexual assault to her Psychology of Women students as a matter of personal and professional integrity.

On the other end of the spectrum, two participants discussed the importance of maintaining professional boundaries between themselves and their students. One participant talked about how she wished to express appreciation to her students who serve as research associates by giving them a year-end party. She intentionally holds this party on campus in order to facilitate maintenance of boundaries which might be more easily transgressed in a different context (in a local bar, for example). Another participant was much more adamant about her insistence on firm boundaries with students and her resistance to sharing much personal information at all. This rigidity was particularly evident in (but not exclusive to) the context of large classes with 200 students where issues of “crowd control” were of primary concern. Some male undergraduates attempted to take advantage of the environmental chaos and bully her. Managing this threat was an important concern, too. Strict boundaries were enforced to underscore the power difference between her and the students. She seemed somewhat frustrated by that, because she was consciously reinforcing hierarchy in the classroom for her own mental health, even though such strategies may not align with feminist ideals regarding power. General student resistance to feminist ideas or content was mentioned by an additional three participants.

Relationships with the academic institution.

Many participants spontaneously discussed how their relationship with their academic institution generated challenges to teaching. Class size prohibited some from using certain pedagogical methods, primarily small group work. Teaching load and grading responsibilities were also viewed as impediments to fully engaging feminist values in pedagogy. For example:

[T]o the extent that if you really enact feminist values, and if you’re interested in empowering students . . . in inspiring students, helping them to learn for themselves as opposed to just telling them things, that takes more time, and it takes more grading quite frankly. . . . that can be very difficult, given the other demands that are put on you. . . . I think institutionally it’s often structured against these kinds of pedagogies. (Interview 10)

The broader view of academic pressures in terms of multiple professional roles and tenure track requirements was invoked by three participants. The demands of publishing and seeking external funding were identified as negative influences on pedagogy because of the finite limits on time and energy.
Feminist Values and the Field of Community Psychology

Feminist values and community psychology values were viewed as inseparable, overlapping or influential. Half the participants thought feminist and CP values were indistinguishable and talked about the inability to separate the values. “I guess I have a hard time kind of separating them out, other than saying I think it’s the feminist values that really try to get us to think about embodied theory” (Interview 11). Other participants who echoed the inability to separate feminism and CP values said, “I don’t feel like we should be able to tease them apart,” (Interview 1) and “I don’t think it’s possible to do it [CP] without sharing the concerns of feminism,” (Interview 2) and “it is hard to say what of this is feminist and what is not” (Interview 5). Those who viewed feminism and CP as more integrated or inseparable from each other seemed to be more at peace with this relationship and tended to describe the relationship in positive terms.

Four participants described feminist and CP values as overlapping, with feminist values located in a marginal role in the field. For example, “I think there is a lot of overlap between the values, the stated values of the field of CP and feminism, but I think feminism is still largely marginalized in the field” (Interview 4). Another participant stated:

My sense is that feminist values are there—are present in CP . . . [but] they’re not necessarily recognized as feminist values in community research. And I don’t want to say they’re co-opted because I also don’t believe a lot of feminist values are exclusively feminist values . . . but I would say that feminist values or a feminist voice within CP is definitely a minority voice. And there’s more overlap than is acknowledged. (Interview 9)

Some specific examples of feminism’s marginal role included feminist research in CP receiving less attention in journals and at conferences than other research. Those who perceived feminism and CP as merely overlapping spoke with frustration and seemed to be very aware that their vested interest in promoting feminism in the field was often viewed with disinterest by others.

The third view of the relationship between feminist values and CP is one of influence. Two participants’ comments illustrated the idea that feminism is a tool and topic that is sometimes used in CP, but it is not essential to the field, nor does it overlap. One participant talked about bringing feminism into CP:

[Feminism is] not a core part of CP. It hasn’t been historically, I don’t think it is currently. So I think the feminist approach, feminist pedagogy, feminist theory is sort of one among a list of things that are starting to be sort of woven in now . . . community psychologists are bringing [feminism] into the field. So, I think it’s sort of having its influence from the outside in, and then over time, hopefully, it will become more core to the values of CP. (Interview 6)

Tensions of identity in the field were expressed by several participants. As a “big tent” field (Toro, 2005) composed of academics from various disciplinary backgrounds communi-

Those who perceived feminism and CP as merely overlapping spoke with frustration and seemed to be very aware that their vested interest in promoting feminism in the field was often viewed with disinterest by others.

ty psychology may have a fractured professional identity. One participant pointed out: “If you sat down five community psychologists, all trained in different programs, they would probably all have very different things to say about what the field is and what it means. In my opinion, doing therapy in the community is not CP” (Interview 11). She problematizes the identity of the field by suggesting what constitutes authentic CP. The idea that therapy in the community is not authentic CP may be perceived as shocking since promotion of mental health through therapy in the community has been a mainstay of the profession. Indeed, many of the doctoral programs in CP listed on the SCRA website are “clinical-community” programs which train mental health practitioners. And yet, the participant in the above quote is not alone in her sentiments. One other participant specifically mentioned the sense of a divided field when she attended a recent conference. She felt there were “tracks” in the conference program for different types of community psychologists: the clinical people and everybody else. And although promoting interdisciplinary connections is often framed as a strength of community psychology, some scholars seem to be wary of expansion to the point of losing the core meaning of the field, particularly when feminism is perceived to be part of the core meaning.

Discussion

The classroom and institutional level barriers and facilitators to embodying a feminist pedagogy in community psychology are not necessarily discipline-specific (if we agree that community psychology is a discipline). For example, student resistance and bullying, heavy teaching loads, and professional demands of external funding and tenure-track requirements are realities in many if not all disciplines. Community psychology may be different from other disciplines in its explicit value orientation. But how that orientation includes or excludes feminist values is still an open question.

The strengths and limitations of this study are related to the methodology employed. The exploratory nature of the research questions fit well with an open-ended interview approach. The goal was to listen to the understandings teachers have about the relationship between their feminist values and their pedagogical decisions. The qualitative paradigm is well suited to this goal and was very useful in allowing insights to emerge. Limitations include not using purposive sampling to explore themes.

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about teaching by categories such as length of time as a professional, location in certain type of institution, or accessibility of pedagogical training or mentoring during graduate school. Another limitation is that because of the exploratory nature of the research question, specific negative case analysis was not pre-planned.

For future research related to feminist pedagogy in CP, several new directions could be explored. The experiences of academics in four year undergraduate institutions could be compared with those who teach in Research I universities. Scholars’ amount of formal pedagogical training and years of professional experience may influence teaching strategies, and could be investigated. Also, recruiting a more representative sample of community psychologists and including scholars from various types of settings would create a more thorough assessment of general pedagogy in the field—feminist or otherwise. Finally, the inclusion of CP graduate students and other stakeholders in academic settings, such as support staff, would add a new dimension to the discussion of pedagogy. ☮

References


Such an e-journal will also bring more specific benefits to SCRA and our professional field:

- It will extend SCRA’s global reach and advance our global mission.
- It will strengthen our interdisciplinary linkages.
- It should help SCRA attract more members.

We seek contributions from community practitioners in many fields, including community psychology, but also community development, public health, community organizing and others. Please consider sharing your knowledge, insights and accomplishments with the practice community along with innovations that may help communities throughout the world.

The Global Journal of Community Psychology Practice will be published quarterly online. Articles will be a mix of peer-reviewed (e.g., articles and tools) and non-peer-reviewed materials (e.g., submissions from section editors for videos, book reviews and interviews). Manuscripts are invited on a variety of topics related to the application of community practice in various settings. Manuscripts addressing the following topics are especially encouraged:

- Case studies of approaches to community psychology practice that would serve to teach others about values and techniques
- Ethical and philosophical issues related to practice
- Tools and materials that would be useful to share with other practitioners (such as professional development, new software, social media tips, etc.)
- Innovative partnership arrangements between practitioners and academics/researchers
- Community applications of new or innovative intervention strategies
- Policy advocacy and social environmental interventions to promote health and development
- Evaluations of community interventions focusing on the utility for practitioners as well as translation of evaluation/research into practice
- Marketing of community psychology practice
- Jobs and career development
- Lessons learned
- Sustainability/durability of interventions and policy initiatives
- Other applied practice topics, open to editorial board interpretation and based on innovative submissions to the journal including practical considerations for facilitating and measuring community change, implications for special populations, diversity and disparity, cultural competence, etc.
- Special issues and theme issues as proposed by potential special issue and theme issue editors

History of Development

This e-journal grew out of earlier organizing activities to develop more of a community psychology practice presence within SCRA. That effort spanned decades but more recently found traction at the biennial conference held at the University of Illinois in Urbana–Champaign. Since then a “Community Psychology Practice Group” emerged with a newfound zeal. At the biennial conference in Pasadena the Group sponsored the “Practice Summit.” Members have also actively participated at both international conferences on community psychology where there has been an even greater interest in promoting the efforts of community psychology practitioners. It became quite clear that there was not a single venue to publish the work of practitioners or to serve as a forum where practitioners and researchers could effectively collaborate. This new e-journal was designed to take advantage of new and emerging internet-based technologies to facilitate its mission.

Mission

The following mission emerged over the past year as a way to guide the e-journal’s initial development:

The Global Journal of Community Psychology Practice is devoted to providing high quality and practical information on community practice. It publishes authoritative peer reviewed articles and tools of strategic importance to a broad base of professionals engaged in the practice of developing, implementing and evaluating community interventions. The journal is committed to engaging and expanding the practice community and its broader social impact by offering a new opportunity for community practitioners of a variety of backgrounds and professional affiliations for collaborative development, to increase skills and to exchange information, ideas and resources. To that end, the journal has sections with videos, book reviews and interviews with practitioners in addition to peer reviewed articles and tools.

Management Structure

Given the desire for this to be a global forum for community psychology practice and community practice more broadly, a multi-disciplinary team is leading the effort. Partners represent eight countries so far and efforts are underway to get additional partners. Materials will be published initially in English (at the suggestion of our international partners). Multiple languages are possible and encouraged although we plan to have at least all the titles and abstracts of manuscripts in English. Translation will be facilitated by international partners and materials can be made available in their languages as the website infrastructure is extended.

The management team consists of the following individuals:

- Vincent Francisco, University of North Carolina at Greensboro, Editor
- Tom Wolff, Tom Wolff and Associates, Senior Associate Editor
- Victoria Chien, University of South Carolina, Managing Editor
- Dyana Valentine, <DyanaValentine.com>, Associate Editor
- Liesette Brunson, Université du Québec à Montréal, Associate Editor
The following individuals are members of the editorial advisory board:

- Cheryl Ramos, University of Hawai‘i at Hilo
- David Julian, Ohio State University;
- Bill Neigher, Atlantic Health
- Greg Meissen, Wichita State University

Finally, the following individuals will serve as international editorial board members:

- Wolfgang Stark, University of Duisburg–Essen (Germany)
- José Ornelas, Instituto Superior de Psicología Aplicada (Portugal)
- Irma Seranno García, Universidad de Puerto Rico
- Neville Robertson, Waikato University (New Zealand)
- Brian Bishop, Curtin University (Australia)
- Toshi Sasao, International Christian University in Tokyo
- Donata Francescata, University of Rome

We wish to thank our initial funders including Bill Neigher of Atlantic Health and Greg Meissen of Wichita State University for their generous support that allowed us to develop the website for the e-journal; our international editorial board for their contributions which will develop the multiple language infrastructures; and SCRA for being our fiscal agent as well as providing a financial contribution. Finally, we wish to thank the Community Practice Group of SCRA for all their help, encouragement and direction as this project has developed. The draft “Guidelines for Submission” that follow will allow readers the chance to think about what they want to submit to the new e-journal.

Draft Guidelines for Submission

We look forward to working with practitioners and applied researchers to share quality work and foster a learning community that will contribute to ongoing advancements in the broad field of Community Psychology Practice. Please share with the practice community, your knowledge, insights and accomplishments along with innovations that may help communities throughout the world.

Submissions can be made on our website at:
http://www.gjcpp.org/

Manuscript Types and Format Guidelines

Manuscript submissions to the GJCPP will be subject to a blind peer-review process. In some cases, an action editor will be assigned to work with the authors/submitters to improve the submission for publication. Every effort will be made to share manuscripts that are of the highest quality and reflect the values of the authors and editors. Please follow the guidelines below based on the type of manuscript you are submitting:

Formatting Guidelines:

- Manuscripts should be submitted electronically in English and should be in MS Word or Open Document format. If this is not possible, then PDF documents will be considered.

- Manuscripts must be typed double-spaced, font size 12-point, Times New Roman
- 20 pages MAXIMUM including references, tables and figures (does not include cover page or abstract)
- 1” margins on all sides

Include in your Submission:

- Cover letter
- Complete name, email address and one-line bios for all authors on the manuscript (i.e., Jane Q. Public, PhD, is Director of Health Education at Public Health University in Anytown, State/Province, Country (Longer bios will be edited to fit this example)
- Title page
- Keywords
- Abstract
- Manuscript with tables, charts and figures

Additional Instructions for Manuscript Contents:

- Manuscripts submitted for peer-review (e.g., applied research reports) should not contain any identifying information regarding the author of the paper, acknowledgements, project funding or author’s notes.
- The entire manuscript including references and citations should be written according to the Publication Manual of the American Psychological Association, 5th edition. Citations in the text should use the author-date method inserted at the appropriate point and should be listed alphabetically in the reference section in APA style. For example, in text citations: It is widely recognized that tobacco prevention and control programs should use policy advocacy interventions (Jones & Brown, 1998; Samson, Robb & Dunn, 1996).

Tables, Charts, Figures and Graphs

Tables, charts, figures and graphs are always helpful when appropriate to the submission. PowerPoint, Excel and Word are encouraged but PDF format materials are acceptable. Tables, etc. should be placed at the end of the paper. Placement notations can be made throughout the text (e.g., “Insert Figure 1 here.”). Please submit images exactly as you wish to see them when published online.

Photos and Images

Photos and images should be scanned in the size they will appear online in the journal or larger. Photos are best sent as originals or scanned in at the correct size and resolution (300 dpi usually works well). JPG format might be best but other formats (e.g., bitmap, GIF) can be accommodated. Photos and images should be submitted as separate documents/files with titles matching a placeholder in article. Photographs of the authors are also welcomed although they do not need to be submitted until materials are accepted for publication.

Videos

Video submissions will not be subject to blind peer-review although the editorial board may solicit input from others when working with the submitter to improve the format and content of the submission.
To Submit a Video of Interest to the GJCPP Community:
- Create and post a web-version of the video to YouTube.com or another video hosting site (see video FAQ’s for more details). It is recommended that you select a thumbnail image from your video that is representative of the video content.
- Complete a video proposal submission form (Word, Text or RTF) and email the completed form to <videoeditor@GJCPP.com>.
- The review panel will view your YouTube video. If the video is accepted for publication as a feature, a high-quality version of the video may be required.
- Suggested submission deadline is at least 6 weeks prior to the next “publish” date.

FAQ about Video Submissions:
- **What kind of videos can I submit?** You are encouraged to submit any video that is connected to the mission of GJCPP. This may include instructional videos, interviews, documentaries or community-produced videos. Please refrain from submitting videos whose sole purpose is to advertise a product or organization or whose content is misleading or offensive.
- **How do I submit a video to the journal?** Submitting a video to the journal entails a 2-step process. Step 1: If your video is not currently online, upload it to a video sharing site or to a private secure location. Step 2: Complete the video submission form including a link to the video along with a password if the video is being hosted in a secure location.
- **Which video-sharing site should I use?** We recommend using YouTube for all short-form (10-min or less) videos. Because YouTube limits the size of videos to 1GB, you may wish to use an alternative site such as Google Video or OurMedia.org.
- **How do I select a thumbnail image for the video?** Most sites will allow you to easily select a thumbnail image from your video. Instructions for how to select a thumbnail image on YouTube can be found here: &lt;http://help.youtube.com/support/youtube/bin/answer.py?answer=72431&topic=16612&gt;.
- **What about copyright clearances?** You must agree that all consents, clearances and other authorizations have been obtained from all performers in the video including parental consent if any performer is under the age of 16 years. You must fully agree to indemnify us and keep us indemnified against all loss liability cost and/or expense suffered by us arising out of any claims, demands, actions or proceedings commenced against us by reason of your breach of these guidelines.

**Interviews**
Interview submissions will not be subject to blind peer-review although the editorial board may solicit input from others when working with the submitter to improve the format and content of the submission. Please use the same guidelines as either the manuscripts or the video submissions (depending on the format of the product) as noted above.

**Tools**
Tools submitted will not be subject to blind peer-review although the editorial board may solicit input from others when working with the submitter to improve the format and content of the submission. Tools should be accompanied by instructions and examples of how they have been successfully used. While it is recognized that persons submitting tools for publication in the journal may have a monetary interest, the journal is not a vehicle for promoting that interest. Tools and materials published in the journal are freely available (and adaptable with proper reference to the source) to the readership.
Community News & Announcements

12th Biennial Conference of the Society for Community Research and Action

The Society for Community Research and Action invites you to its 12th Biennial Conference —

Realizing Our New Vision: Values and Principles for Practice, Research, and Policy

Host: Montclair State University, Montclair, NJ USA
Co-sponsor: Rutgers University, Piscataway, NJ USA

The Society for Community Research and Action will have a strong, global impact on enhancing well-being and promoting social justice for all people by fostering collaboration where there is division and empowerment where there is oppression.

The community psychology of the future will be guided by four key principles: a vision that is global in nature; the use of multi-sectoral, interdisciplinary partnerships and approaches; a focus on creating policies informed by community psychology and social justice values; and research and action that promote social justice.

To learn more about the conference or to register, please visit: http://chss.montclair.edu/psychology/scra/index.html

Questions related to the program can be directed to the program chairs:

Andrew Peterson
andrew.peterson
@sso.rutgers.edu
(732) 932-8003 x18

Maurice Elias
SCRA27MJE@aol.com

General conference inquiries can be directed to the conference co-chairs:

Milton Fuentes
fuentes
@mail.montclair.edu

Sandra Lewis
lewiss
@mail.montclair.edu

Call for Proposals—

22nd Annual Midwest Ecological-Community Psychology Conference
October 9th - 11th, 2009
University of Illinois at Chicago

Backpacking through Community Psychology: Pathways to Understanding Our Diverse World

The Midwest Ecological-Community Psychology Conference provides a opportunity for ecological and community-interested individuals, from both applied and academic settings, to share research and discuss mutual interests. Students in all phases of research and education are encouraged to submit proposals independently or in collaboration with other students, faculty, or community members on topics relevant to the following themes:

I. Preparing for the road ahead: Presentations in this category will focus on the application and significance of an ecological framework, empowerment and participatory approaches, and context-central paradigms that direct community research and development.

II. Blazing trails for social change: Presentations in this category will include recently completed or ongoing community- and organization-based research focused on understanding diverse communities, developing effective collaborative relationships, issues around working with community members and researchers, recognizing and building on community strengths, exiting communities, and documenting research in locally meaningful ways.

III. Reflecting on paths taken and footprints left behind: Presentations in this category will focus on lessons learned from community engagement, continuous quality improvements, sustainability of interventions, as well as collaborative relationships.

Proposals are due by August 15th, 2009. Please email the following information to midwest.eco.2009@gmail.com or to:

Ebony Burnside
University of Illinois at Chicago, Department of Psychology
1007 West Harrison Street, Chicago, IL 60607

(1) Name, university or organizational affiliation (2) Email address, presentation category (3) Presentation type: poster symposium, round table, individual presentation, workshop (4) Presentation title and abstract (max. 250 words)

Kindly note that registration is separate from submission for presentation. Information on registration will be posted on our forthcoming website.
Call for Proposals—

4th NW ECO/Community Psychology Conference
October 16th, 2009
University of Washington Bothell

Sponsored by the University of Washington Bothell, Portland State University, and the Society for Community Research and Action

The 4th Northwest ECO/Community Psychology Conference is a forum for diverse and interdisciplinary work of scholars, students, community members and practitioners engaged in community research and action throughout the region. The emphasis of the meeting is on the development, exchange, and support of community-based and community-relevant work from a variety of perspectives, employing a variety of methods and strategies, and at all stages of progress.

A variety of presentation formats is encouraged: posters, individual papers, symposia, roundtables, performance, videography, and other innovative forms. Individual papers and presentations will be scheduled for 30 minutes; symposia, roundtables and other group presentations will be scheduled for 90 minutes. All formats should allow ample time for discussion with the audience.

Proposals should include:

1. Completed proposal cover sheet (email jestewart@uwb.edu for cover sheet form)

2. Abstract (300 word limit) that outlines key goals/objectives or questions for the project, methods or framework for addressing them, initial understandings or conclusions, and remaining questions or dilemmas you wish to pose for discussion

For priority consideration proposals should be received by June 20. (Consideration will be given, on a space available basis, to later submissions, up until September 5.)

To submit proposals or for further information contact:

Eric Stewart
jestewart@uwb.edu
Interdisciplinary Arts and Sciences
University of Washington Bothell
Box 358511, 11136 NE 180th Street
Bothell, WA 98011-1713

The Institute for the Study and Promotion of Race and Culture 2009 Diversity Challenge: Racial Identity and Cultural Factors in Treatment, Research and Policy

Each year the Institute for the Study and Promotion of Race and Culture addresses a racial or cultural issue that could benefit from a pragmatic, scholarly, or grassroots focus through its Diversity Challenge Conference.

The theme of the October 2009 conference is the examination of racial identity and cultural factors in treatment, research, education and policy. The two-day conference held at Boston College includes panel discussion/symposia, workshops, structured discussions, a poster session, and individual presentations by invited experts and selected guests including educators, administrators, researchers, mental health professionals, and community organizations.

Individuals interested in presenting should check the ISPRC website where the Call for Proposals is posted, http://www.bc.edu/schools/lsoe/isprc/dc.html. General information about the conference including pre-registration will also available on the website. For all inquiries feel free to email isprc@bc.edu.
The Division of Community Psychology (27) of the American Psychological Association:

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

Four broad principles guide SCRA:

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

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

Who Should Join:

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

Interests of SCRA Members Include:

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

SCRA Goals:

- To promote the use of social and behavioral science to enhance the well-being of people and their communities and to prevent harmful outcomes
- To promote theory development and research that increase our understanding of human behavior in context
- To encourage the exchange of knowledge and skills in community research and action among those in academic and applied settings
- To engage in action, research, and practice committed to liberating oppressed peoples and respecting all cultures
- To promote the development of careers in community research and action in both academic and applied settings

SCRA Membership Benefits & Opportunities:

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

Name: __________________________
Title/Institution: __________________________
Mailing Address: __________________________
________________________________________
________________________________________
Day phone: __________________________
Evening phone: __________________________
Fax: __________________________
Email: __________________________

May we include your name in the SCRA membership directory?
☐ Yes  ☐ No

Are you a member of APA?
☐ No  ☐ Yes  APA membership # __________________________

If yes, please indicate your membership status:
☐ Fellow  ☐ Associate  ☐ Member  ☐ Student Affiliate

Please indicate any interest groups or committees you would like to join:
☐ Aging Interest Group
☐ Children & Youth Interest Group
☐ Community Action Interest Group
☐ Community Health Interest Group
☐ Cultural & Racial Affairs Committee
☐ Disabilities Interest Group
☐ Interdisciplinary Linkages Committee
☐ International Community Psychology Committee
☐ Lesbian, Gay, Bisexual & Transgender Concerns Interest Group
☐ Organization Studies Interest Group
☐ Prevention & Promotion Interest Group
☐ Public Policy Committee
☐ Rural Interest Group
☐ School Intervention Interest Group
☐ Self-Help/Mutual Support Interest Group
☐ Stress & Coping Interest Group
☐ Students of Color Interest Group
☐ Undergraduate Awareness
☐ Women’s Issues Committee

The following questions are optional, but they do help us to better serve our members:
What is your gender? __________________________
Your race/ethnicity? __________________________
Do you identify as a sexual minority? ____________
Do you identify as disabled? ____________

How did you hear about SCRA membership?

________________________

Membership Dues:
☐ SCRA Member $60.
☐ Student Member $30.
☐ International Member $50.
☐ Senior Member $15.

You must be 65 or older, retired, and a member of SCRA Division 27 for 25 years to qualify for this rate. Senior members will receive The Community Psychologist but not American Journal of Community Psychology.

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

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

SCRA
16 Sconticut Neck Rd. #290
Fairhaven, MA 02719
ABOUT THE Community Psychologist:
The Community Psychologist is published four times a year to provide information to members of the SOCIETY FOR COMMUNITY RESEARCH AND ACTION. A fifth Membership Directory issue is published approximately every three years. Opinions expressed in The Community Psychologist are those of individual authors and do not necessarily reflect official positions taken by SCRA. Materials that appear in The Community Psychologist may be reproduced for educational and training purposes. Citation of source is appreciated.

TO SUBMIT COPY TO THE Community Psychologist:
Articles, columns, features, Letters to the Editor, and announcements should be submitted, if possible, as Word™ attachments in an email message to: <ethomas@uwb.edu>. The editor encourages authors to include digital photos or graphics (at least 300 dpi) along with their submissions. Materials can also be submitted as a Word™ document on disk or as a hard copy by conventional mail to Elizabeth Thomas, University of Washington Bothell, Box 358530, 18115 Campus Way NE, Bothell, WA 98011-8246. You may reach the editor by phone at (425) 352-3590 or fax at (425) 352-5233.

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, 16 Sconticut Neck Rd., #290, Fairhaven, MA, 02719. Membership dues are $30 for student members, $60 for United States members, $50 for international members, and $15 for senior members (must be 65 or over, retired, and a member of SCRA/Division 27 for 25 years; senior members will receive TCP but not AJCP). The membership application is on the inside back cover.

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