Editor’s Note

Some thoughts on the occasion of my second anniversary as editor of the Newsletter. . .

I am celebrating this anniversary by introducing a new column which announces the availability of preprints of American Journal of Community Psychology articles currently in press. Jack Glidewell, editor of AJCP has been kind enough to cooperate in this effort to provide our readers with these articles at cost.

The positive responses I have received to the newsletter have been much appreciated, and very powerful reinforcement for the never-ending and usually tedious task of putting together a newsletter three times a year. This plus the excitement and pleasure of working with the Executive Committee are what make the job worthwhile.

I have learned painfully that I must count on 6 weeks between the time I submit final copy and the receipt of the Newsletter. This presents the obvious and frustrating problem of trying to keep the members of Division 27 informed in a timely manner by pressuring readers to contribute material under unrealistic deadlines. We will continue to struggle with this. To assist you in your planning, the deadlines for the three issues are as follows: Fall, October 1; Spring, February 15; and Summer, June 1.

I am indebted to Terry Gellis and to Gayle Hill before her, for the invaluable contributions they have made as editorial assistant, layout person, manager of mailing lists, adviser, confidante, and so much more. I hope the Newsletter will continue to provide a forum for opinion and information around current issues in community psychology, and will continue to meet your needs as members of Division 27.

President’s Column

Should the Surgeon General Require that Some Government Agencies Carry a Label Warning that Dealing with Them May Be Dangerous to Your Mental Health?

MURRAY LEVINE*, State University of New York at Buffalo

Public resources allocated to human services show that we feel we are indeed our sibling’s keeper, and those acts should enhance the psychological sense of community. Human service agencies should contribute to social integration, enabling people to use community resources when the resources of the family or the market place are inadequate to meet important needs. When however, human services are provided through governmental, bureaucratic agencies, the bureaucracies may be their very nature distort noble intentions, fail to contribute to a sense of social integration, and actually create feelings of alienation among people in trouble.

The reality of that process was brought home to our family when we dealt with one bureaucratic complex; Blue Cross of Western New York acting as fiscal intermediary for the Medicare program with the Social Security Administration. Not only have we had an object lesson in the ways of bureaucracy, but we have also learned that some agencies of government seem to define their own versions of their mission, ignore individuals, and respond to questions by treating questioners as adversaries. Moreover, bureaucratic processes stack the deck in such a way that dealing with the agency leaves the individual feeling frustrated, helpless and cynical.

The specific case concerns my father-in-law, an 85 year old man who had a mid-thigh amputation as a result of peripheral vascular disease. He recovered from the amputation, and entered a nursing home where he received skilled nursing care and daily physiotherapy to learn to use an artificial leg. So far all went well. Medicare had covered the bulk of his hospital charges including his stay in the hospital’s extended care facility. Six weeks after he entered the skilled nursing home in November, 1978, he received word that he no longer required skilled nursing care. Payments would cease, even though he had not yet exhausted his benefits. At that point my wife and I had no questions, assuming that if Blue Cross and the government said it was so, it must be so. We had expected, since the beginning of his illness, that the burden of paying for long-term care (in this nursing home over $1500 a month) would fall upon him until his financial resources were depleted.

About two weeks later, he was hospitalized with a heart attack. He recovered, but within 24 hours of his readmission to the nursing home, he received word that he could receive no Medicare coverage for his condition did not require skilled nursing care. Now we were puzzled. It seemed to us that an 85 year old man with an unstable heart condition, fresh from the hospital, recently recovered from an above-the-knee amputation, with peripheral vascular disease in his remaining leg and learning to use an artificial leg, did not need skilled nursing care.

We began to investigate, and were informed by the nursing home staff that Blue Cross almost routinely turned down claims, and that the home just as routinely filed for reconsideration of the claims. Our curiosity aroused, we examined the rejection notice more carefully. It was an unsigned computer printout, on a government form, with a Blue Cross address in one corner. The notice said, with no further explanation, that his care could be safely provided by non-medical personnel. Later we learned that Federal regulations require that the initial notice of determination specify in detail the reasons for the determination. Medicare apparently believes that the one sentence meets their obligation to specify reasons in detail. The notice also said, in small print at the bottom of the page: “. . . if you have any questions about this determination, call your local social security office for a detailed explanation.” Dutifully, we looked up the telephone number of the local social security office, and contacted a puzzled worker who, after conferencing with a supervisor, told us they had no information at all but would be happy to send us a form requesting a reconsideration of the decision to reject.

*"Some agencies of government seem to define their own versions of their mission, ignore individuals, and respond to questions by treating questioners as adversaries."
We then called Blue Cross of Western New York requesting information to enable us to prepare a statement for the reconsideration. We asked who made the initial decision, what guidelines they had used, and what evidence they had at the time the decision was made. To our surprise, the Blue Cross clerk said they would not provide such information. When we insisted, she finally, reluctantly, gave us the name of her supervisor. Her behavior is interesting in view of a clause in the standard contract between Medicare and Blue Cross which states: “Upon inquiry, assist individuals with matters pertaining to this agreement.” Article II-N.

In early April we wrote to the supervisor with a request for the information denied in the telephone call. Weeks later we received, not a reply to our inquiry, but a form letter telling us the case would be reconsidered in due course. No reply arrived to our inquiries for specific information about the decision made in the case. In July, after another cardiac episode and hospitalization, within 24 hours of my father-in-law’s discharge to the nursing home, we received a notice that his claim for skilled nursing care had been rejected again. Piqued as well as puzzled by the differential response latencies, we wrote three more letters, spaced a week apart, repeating the request for information originally made in April.

When we received no answer to our letters, we decided to complain. That presented new problems, for we could find no regulatory agency with jurisdiction over Medicare/Blue Cross. It took seven telephone calls to various places simply to obtain the name of a responsible official in Medicare. It was only after we wrote to the President of Blue Cross, the Regional Director of Medicare, and our Congressman that in August we received a perfunctory apology and acknowledgement of the inquiry we had made in April. Our experiences have been far more extensive than we can describe here, with fresh surprises jarring us at every turn. The experience we described in part here has been typical, with every bit of information extracted painfully from Blue Cross, and with only slightly less problem from Medicare.

We have made ourselves knowledgeable about the whole appeal process, have armed ourselves with copies of the guidelines stating what constitutes skilled nursing care, and have researched the original Medicare statute and whatever relevant Federal cases we could find. We discovered that reimbursement for extended care in nursing homes is one of the more embarrassing affairs in Medicare history. Shortly after the legislation took effect in 1965, large numbers of patients entered nursing homes paid for by Medicare.

“Community psychologists ought to be alert to such phenomena, and should be thinking seriously about alternative forms of service organizations, more responsive to their clientele.”

Turning down most cases helps everyone but the patient. It protects the provider, and Blue Cross receives additional funds for administrative costs of reconsideration. Most patients, believing in the benevolence of government, or fearing the complexities of involvement, do not appeal the decisions. In those cases where the patient takes the claim to court, having exhausted the administrative review process, there is no cost to the government since all legal expenses on the patient’s side of the suit have to be paid for by the patient. In other words, if the courts agree that Blue Cross and Medicare wrongfully turned down a claim, the costs of proving that point are borne by the patient.

Since cases now come to court, we can see the sort of claims Medicare has been rejecting on grounds that the persons are not in need of post-hospital skilled nursing care. The following examples are taken from cases decided in the Federal Courts over the last several years:

1. Male, 78, hemiplegia; bowel repair post cancer surgery.
2. Female, 77; injuries following fall; cerebral infarction; with weakness and confusion; nutritional deficiency.
3. Female, 73; rheumatoid arthritis; persistent iron loss anemia; urinary tract infection; previous gastrointestinal bleeding.
4. Female, 89; recovering from hip fracture; infection and other complications.
5. Female, 81; post-surgery for hip fracture; dyspnea; terminal cancer.
6. Female, 71; two fractured wrists; hypertension; multiple, minor cerebral thromboses.
7. Female, 72; cancer; diabetes; emphysema.

Other cases of a similar kind could be cited. In each instance the Federal courts held that the Secretary of HEW was wrong in denying benefits to these patients under the Secretary's interpretation of a provision of Medicare legislation excluding payment for custodial care. According to the courts, the custodial exclusion was meant to prevent elderly people who merely needed a place to live from being placed in nursing homes. The Courts have repeatedly held that patients are entitled to the skilled nursing care benefit if there is any medical reason whatsoever for their receiving care. The interpretations made by the courts seem to have had little effect on practice by Blue Cross which acts on instructions and guidelines received from Medicare authorities.

When we attempted to find out how Medicare instructs Blue Cross, or when we sought information or assistance in preparing an appeal, we have been met with silence, received perfunctory replies to our inquiries (rarely hearing from the same person twice).
or have been given information favorable to the Medicare interpretation of the world, but which ignored Federal court decisions which gave legitimacy to other interpretations. Communications from officials are evasive, and frequently contain factual errors. We have yet to receive a direct reply from the President of Blue Cross of Western New York. Staff at the nursing home report that lower level Blue Cross personnel are arrogant and callous in their response to protests against, or inquiries about, initial rejection of claims. A Blue Cross employee is quoted as saying: "Well, people can die at home you know," when turning down a claim for skilled nursing care for an aged, comatose, terminal, leukemic patient. A Medicare flak catcher who called my wife and me to mollify our anger told us: "I guess we here in New York tend to forget there is a human factor."

Bureaucratic officials seem to treat the clientele not as constituents but as enemies. Then they rationalize their own positions by seeing themselves as protectors of the public treasury, and upholders of the law. Perhaps we shouldn't be surprised, given the Milgram studies of obedience to authority, the Zimbardo demonstration of role dominance, the Watergate lawyers who went along, and the Eichmann phenomenon. It is terrifying to realize that a public or quasi-public agency not only alienates its clientele, but has the propensity for dehumanizing its employees as well. As more and more service is delivered through big government bureaucracies, it seems to me that community psychologists ought to be alert to such phenomena, and should be thinking seriously about alternative forms of service organizations, more responsive to their clientele.

I also think there is a lesson here for those Community Mental Health Centers who may be made eligible, under pending legislation, to provide services to the aged under Medicare. Although not reimbursable, and advocacy service to help patients and their families cope with unresponsive bureaucracies might be of considerable attraction to an aged population. My wife and I are experienced in the ways of bureaucracy and can call on resources not available to most people. The time involved in fighting is huge, and while bureaucrats get paid with your tax money while they stonewall, the individual fights on his own time and pays his own costs. Four per cent of the clientele of Community Mental Health Centers are over 65. I would guess that an advocacy service might increase the numbers coming for care.

Finally, my wife and I invite correspondence from those of you who may be in our age bracket, faced with the care of aging parents, (or who may be within a decade or so of joining the over 65 set themselves). We would be happy to share information with you, or to learn about your experiences, and in that way to learn to deal with governmental service agencies which contribute to our sense of collective trauma.

I want to thank my wife who provided help and inspiration, editing, and a father-in-law.

P.S. On February 3, 1978, we received a decision from the Administrative Law Judge on our appeal from the original decision by Blue Cross. The Administrative Law Judge's decision was "wholly favorable" to my father-in-law's claim, and he has directed Blue-Cross/Medicare to pay the claim. It pays to fight City Hall.

NSF Applied Research Directorate

The National Science Foundation (NSF) has a division called the Applied Research Directorate. The program is little known to psychologists, since in the past approximately three tenths of one percent of its 70 million dollar budget has been spent on psychological research. It is a program community psychologists ought to know more about because we consider ourselves innovative and risk taking. Its mission is directed toward supporting risk taking and innovative work. The Applied Research Directorate defines its mission by looking at what other agencies won't support. If you cannot find an agency which considers your project within their purview, or if you have a problem which spans the interests of several agencies, and it is not within the priorities of any single one of them, then the Applied Research Directorate may be for you. If your research is in the national interest and can be characterized as high risk-high payoff (issue of great importance, with a low probability of success) then you may wish to explore this NSF program.

Vaughn Blankenship is concerned with psychology projects at NSF's Applied Research Directorate. You can write to him at NSF, 1800 G. Street NW, Washington, D.C. 20550, or call him at (202) 634-8620. You can get a quick response to a preliminary inquiry by sending a five to eight page proposal outlining the problem and the approach. No boiler plate, budget or bibliography is necessary in this preliminary application. Include a statement of the problem, indication of its importance and relevance to this agency, an outline of method, an estimate of the time table, and a lump sum budget.

When in Washington, you might wish to make an appointment with Jack Sanderson, Head of the Directorate, to learn more about the program and to acquaint him with Community Psychology's potential contributions to applied research in the national interest.
Executive Committee Report on Licensing and Accreditation

At its Midwinter meeting the Executive Committee of Division 27 considered a report developed by an Education and Training subcommittee on licensing and accreditation and community psychology's response. The subcommittee's report reviewed the historical context and present status with regard to a number of issues related to the practice of psychology. These included: (1) the responsibility of the Division for surveying and clarifying current practices in community psychology; (2) the responsibility of the Division for defining the practice of community psychology and for stimulating and enhancing innovative community psychology; (3) the need for the Division to adopt a value stance that community psychology should be primarily concerned with the public interest and the needs of consumers; and (4) the need for the Division to support alternative delivery systems to meet the needs of underserved populations.

Substantial time in the meeting was devoted to a discussion of these complex issues. The Executive Committee decided that a statement was needed which would reaffirm and clarify the Division's traditional values and commitments as they relate to these issues. As a first step, the Executive Committee voted to bring to the membership what it considered to be the most significant recommendations from the subcommittee's report. These recommendations as modified by the Executive Committee are:

A. There is a need for a statement of what it is that the Division views as descriptive of the work of community psychologists. This description should specify the skills, knowledge, and attitudes of community psychologists.

1. The description should be inclusive not exclusive. It should state what community psychologists do but should not imply that only community psychologists can do it.

2. Such a description should incorporate content areas in addition to mental health such as criminal justice, public policy, gerontology, program evaluation, resource consultation and the like. Such an expansion would be in the best interests of consumers and could stimulate the development of alternatives to a therapy and a mental health orientation per se and allow other non-therapy oriented psychologists to pursue the development of legitimate alternative services.

3. The purposes of this description are to:
   a) help community psychologists define our common values and activities,
   b) share the description with psychologists from other Divisions, and
   c) share the description with the general public.

4. The description is not intended to be preparatory to licensing community psychologists.

B. Licensing should be limited to a circumscribed set of activities, such as psychological testing and psychotherapy, for psychologists functioning in these activities.

1. These activities should be defined carefully and precisely. Licensing acts should not deter the development of alternatives to a therapy and a mental health orientation per se and, therefore, should allow other non-therapy oriented psychologists to pursue the development of legitimate alternative services.

2. We recognize that licensing protects the public interest by attempting to insure ethical practice consonant with the state of the art. A profession constitutes a group whose members motivate each other to maintain the highest standards of practice. However, we also recognize that professions have sometimes placed guild interests over the public interest. We therefore urge APA to establish a strong consumer protection arm to act as a watchdog in the public interest.

C. The accrediting standards and process should support academic freedom; and should not require or limit "acceptable" theoretical orientations. It should support flexibility and responsible innovation in training and in education. The decision to seek accreditation should rest with the specialty area involved. While it may be desirable to accredit programs for the training of psychologists in some specific knowledge and competency and specialties, it does not necessarily follow that there is a need to accredit whole psychology departments. The definition of psychology in terms of specific courses is not desirable nor is it desirable to imply that interdisciplinary or other forms of innovative training for psychologists is inappropriate. The selection of specific courses and experiences that constitute preparation as a psychologist must remain flexible and open to new knowledge, roles and directions.

The following actions are to be taken with these recommendations:

1. Publish the statement in the Division 27 Newsletter for membership reaction;

2. Coordinate presentations by the Regional Coordinators at the regional meetings;

3. Request the Program Committee Chairperson to provide a two-hour symposia at APA, jointly sponsored by at least one other Division to discuss the statement; and

4. Seek Divisional approval for the statement at the Division's Business Meeting in Toronto.

Comments about the statements are solicited and should be forwarded to:
Dr. Murray Levine
SUNY at Buffalo
Department of Psychology
Buffalo, New York 14212

Copies of the subcommittee's report can be obtained by writing:
Dr. Steven J. Danish
The Pennsylvania State University
Division of Individual and Family Studies
S110 Human Development Building
University Park, Pennsylvania 16802
Preprints Available

AJCP Articles in Press

With the publication lag of major psychological journals running upward to 18-21 months, journal readers often receive articles only after they are 2 or more years old. This column is designed to alleviate this problem by announcing the availability of preprints to articles which are currently in press in the American Journal of Community Psychology. The following authors have agreed to make their articles available gratis or at cost to interested members of the Division of Community Psychology.

Community Perspectives on Deviance: Some Factors in the Definition of Alcoholic Abuse. (No Cost) David J. McKirman, McGill University, Department of Psychology, 1205 McGregor Ave., Montreal, Quebec, CANADA H3A 1B1.

Life Stress and Maladaptation of Children (§.50) Irwin Sandler and Marline Block, Department of Psychology, Arizona State University, Tempe, Arizona 85201.


Relationships Among Experience Level and Value Orientation and the Performance of Para-professional Telephone Counselors. ($1.15) John Kalafat, Daniel Boroto, & Kenneth France, Counseling Center, Fairleigh Dickinson University, Teaneck, New Jersey 07666.

Goal Attainment and Satisfaction Scores for CMHC Clients. ($1.00) A. R. Fester, CMHC, 1041 45th Street, West Palm Beach, Florida 33407.

Factors Associated with Number of Treatment Interviews of Patients from a Barrio Neighborhood Mental Health Service: A Cross Validation. (No Cost) Marvin W. Kahn and Elliott Heiman, Psychology Department, University of Arizona, Tucson, Arizona.

Outcome Evaluation of a Referral System for Juvenile Offenders. ($1.00) James L. Sorensen, Division of Program Evaluation, UCSF/Langley Porter Institute, 1464 5th Avenue, San Francisco, California 94123.

Mental Health Professionals' View of Self-Help Groups. (No Cost) Leon H. Levy, Department of Psychology, Indiana University, Bloomington, Indiana 47401.

A Community Action Organization Under Stress. (No Cost) Ronald W. Perry, Ph.D., Battelle Memorial Institute, 4000 N. E. 41st Street, Seattle, Washington 98105.

A Method of Evaluating Impact of Services at CMHC's. ($1.00) A. R. Fester and D. J. Fort, CMHC, 1041 45th Street, West Palm Beach, Florida 33407.


A Comparison of Three Survey Methods to Obtain Data for Community Mental Health Program Planning. (No Cost) Andrew Hinkle and Glen King, Department of Psychology, Auburn, Alabama 36830.

Developing Comparison Groups for Community Mental Health: The Utility of Community Surveys. ($1.00) Daniel W. Edwards, Ph.D., M.P.H., Sacramento Medical Center, 4430 V Street, Sacramento, California 95817.

Goal Attainment Scoring: An Effective Treatment Technique in Short-Term Therapy. (No Cost) Robert J. Calwyn, Psychology Department, University of Missouri, 8001 Natural Bridge, St. Louis, Missouri 63121.


Student Physical Symptoms and the Social Climate of College Living Groups. (No Cost) Rudolf H. Moos, Ph.D., Department of Psychiatry & Behavioral Sciences, Stanford University, Stanford, California 94305.

Communication Skills Training for Paraprofessional Helpers. (No Cost) Dr. Arthur W. Avery, Department of Home and Family Life, Texas Tech University, Lubbock, Texas 79409.


Increased Client Awareness & Attitudes of Independence Through Client Advisory Board Membership. (§.50) James K. Morrison, Ph.D., 678 Troy-Schenectady Road, Latham, New York 12110.

Attitudinal vs. Ecological Approaches to the Characterization of Institutional Treatment Environments. (No Cost) R. E. McLain, A. B. Silverstein, L. Brownlee and M. Hobbel, Neuropsychiatric Institute—Pacific State Hospital Research Group, Box 100-R, Pomona, California 91786.

Systems Issues in Psychiatric Treatment of Adolescents in Their Community. ($1.40) Lowell Cooper, 1518 Sixteenth Street, Berkeley, California 94710.

The Impact of a Community Screening Program on Psychiatric Hospital Admissions. ($1.00) Andrew Billings, Psychology Department, University of Vermont, Burlington, Vermont 05401.

Use of Taxation Records for Random Sample Selection in Community Surveys. (No Cost) Dr. Ronald W. Manderscheid, Mental Health Study Center, NIMH, 2340 University Boulevard East, Adelphi, Maryland 20783.

The Psychologist in the Community Mental Health Center: An Analysis of Activities & Training Needs. ($1.00) Bernard L. Bloom & Howard J. Farad, Department of Psychology, University of Colorado, Boulder, Colorado 80309.

Increasing Informational Competence in Crisis Workers Through Programmed Instruction. (No Cost) Don M. Hartsough, Ph.D. and Paul E. Delfin, M.S., Department of Psychological Sciences, Purdue University, West Lafayette, Indiana 47907.

Sample Bias in Questionnaire Completion at a Community Mental Health Center. (No Cost) Spencer A. McWilliams, Ph.D., Department of Psychology, University of Arizona, Tucson, Arizona 85721.

An Evaluation of a Community Outreach Program. (§.50) Donald E. Miskiman, Department of Psychology, Kings Regional Health & Rehabilitative Centre, Waterville, Nova Scotia, CANADA BOP 1VO.


American Journal of Community Psychology

The American Journal of Community Psychology continues to grow. Six issues will be published in 1978 and pages increased from 480 to 600. Two special issues will be published, one on Community Mental Health Centers and one on responses to transition events and crises. A year's subscription is only $15; complete the following form and mail it to the Plenum—or send for a free examination copy.

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LEGAL COUNSEL FOR APA? YOUR REACTIONS REQUESTED

It has been brought to the attention of APA's Board of Directors that it is time for the Association systematically to evaluate its needs and desires for a broad range of services and activities in the area of psychology and the law. There have been increasing demands for APA to engage legal counsel in the pursuit of many of its activities. As examples, several Boards and Committees have expressed the need for APA to develop guidelines for deciding when to enter court cases as an amicus. Many groups have also expressed the opinion that APA should monitor court cases and legislation in fields related to the science and practice of psychology both as a means of determining implications for the field and as a source of information for possible action by the Association.

Currently, APA secures legal assistance by contracting with external law firms but as the volume of APA legal activity has increased, this arrangement has become less cost effective. The Board of Professional Affairs believes that an in-house legal staff familiar with APA and the issues facing psychology could handle a large number of the issues we currently contract out to other firms in a more efficient and cost-effective manner.

An in-house legal office as proposed by BPA would serve the following functions: analysis of state and federal statutes and regulations of interest to psychology; assistance to individual psychologists and APA groups in litigation of concern to the profession at large; advice regarding the advisability and practicality of APA's involvement as amicus in various court cases; and technical assistance in preparing legal briefs and other documents.

As part of a needs assessment to discover (1) how all major APA groups perceive APA's needs in the legal arena, and (2) what gaps have appeared under current procedures, we would appreciate information from you as to how you view APA's needs for legal services, what areas and issues you think most require legal expertise, and what problems we are not handling well under our current system. Please send your comments to Murray Levine, President Division 27, 74 Colonial Circle, Buffalo, New York 14213.

Continuing Education

MARGE RUST, University of Kansas

As the new chair of Task Force Three, Continuing Education, of the Education and Training Committee, I would like to solicit input regarding directions that this Task Force might take. A central focus in the past has been the organization of APA Pre-Convention and Regional Workshops. These have met with varying attendance, although several regional ones were successful last year. It is clear that publicity efforts constitute a crucial factor. In addition, with the burgeoning movement of state licensing boards to require continuing education, it would seem important to document these Continuing Education experiences for appropriate credit. The Task Force hopes to develop recording and archival procedures in this respect.

In the past, Workshops have been conducted in such topical areas as Program Evaluation and Mental Health Administration. One topic that has been suggested for the coming year is that of "Minority Considerations in Community Psychology." This certainly warrants attention. I would also like to propose a topic that appears to resonate to interests on the Federal as well as the Divisional level (Conference on Primary Prevention, University of Colorado, 1977): "Primary Prevention Programming—Knowledge Base and Service Delivery." I would welcome ideas you might have as to specific topics or workshop leaders. Short of a formal needs assessment of our membership, the Task Force will have to rely on your letting us hear from you.

At the time that this newsletter went to press, three Division 27 pre-APA workshop proposals had been submitted to the review process. These workshops were in the areas of the practice of consultation, training models for paraprofessionals, and working with public boards. Since the goal of the Continuing Education program is to meet the needs of the general membership of the division, and the needs of specific target groups such as Community Mental Health Center staff, we were quite pleased with the variety of programs we received. The summer newsletter will carry more information about these and other continuing education events of interest to community psychologists attending the APA Convention in Toronto.

A final comment—These Pre-Convention Workshops have the potential for partially closing the gap between the academicians and the practitioners in Division 27 by encouraging a mix of data and applied expertise. If you would like to be involved in some way, please contact me: Marge Rust, Ph.D., Psychology Department, University of Kansas, Lawrence, Kansas 66045.

Division 27 Regional Coordinators

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Regional Reports

MIDWESTERN REGION

Efforts to facilitate interactions, sharing of information, and network building among Midwestern Community Psychologists will take place at the Midwestern Psychological Association. The convention will be in Chicago at the Palmer House from May 4 to 6th. In the past, community and applied research has often been underrepresented at MPA. At this year's convention, we will offer a workshop, formal presentations, informal discussion groups and a social hour. Tentative topics for the informal discussion groups include: impact of future funding on CMHCs, the helping-process social action model for community work, training issues and relationships with other mental health professionals. What it's like to get into CMHC and the real world, behavioral community psychology, consultation and education, networks and their development, mental health needs for Asian-Americans, program evaluation, and multifaceted early intervention programs. Some of the discussion leaders for these groups include: John Muldoon, Jack Glidewell, Sharon Schreiber, Bruce Kornhaber, Wade Silverman, Neil Hochstadt, David Glenwick, Rick Ketterer, Roger Feller, John Morisuto, Paul Sherman, Daniel Kirschenbaum, Joyce De Vega, and Howard Markman. At this point, we're looking for group leaders and topics for additional informal group meetings. If you have a particular issue or theme that you would like placed on the agenda or if you would like to be the facilitator of a group, please contact us.

The Midwestern Association of Behavior Analysts will also be meeting in Chicago from May 19th to 20th at the Sheraton-Chicago Hotel. In an attempt to forge more dialogue with the behaviorists, we will be scheduling a community symposium entitled "Early Secondary versus Primary Preventive Interventions with Children".

ROCKY MOUNTAIN REGION

The Rocky Mountain Region of Division 27 will sponsor a workshop entitled "Community Mental Health: The Rocky Mountain Approach" to be jointly chaired by William F. Hodges and Bernard Bloom. The purpose of this workshop is to bring together a group of individuals interested in community mental health problems unique to the Rocky Mountain Region, characterized by large urban areas and sparsely populated regions over huge areas.

We hope to use the first hour for informal presentations by psychologists directors of mental health centers in the region. In a second hour, we hope to foster a dialogue between the panel and the audience on the issues of community mental health. The focus of the workshop will be to allow people from different regions of the Rocky Mountain area to share common concerns in the area of community psychology.

Participants will include Mr. Frank Lane, Director of Eastern Montana Mental Health Center; Dr. Phillip Swihart, Director of Montrose (Colorado) Mental Health Center; Dr. Raymond Muhr, Director of Southeastern Wyoming Mental Health Center; Dr. Mike Fordham, Director of Granite (Salt Lake City) Mental Health Center; and Dr. Richard Cripe, Director of Weld County (Colorado) Mental Health Center.

NORTHEASTERN REGION

A focal point for Division 27 activities in the Northeast Region this year will be the Eastern Psychological Association meeting scheduled for March 29-April 1 at the Sheraton Park Hotel in Washington, D.C. Graduate Students in Community Psychology will get together at the meeting for an open discussion on training and field experiences which will be guided by representatives of several programs in the region. A business meeting will also be held, and all students in the area are urged to attend. The schedule of events will be announced in a mailing prior to the meeting and posted in the convention hotel.

Plans are also underway for two special symposia to be presented by Division 27 members. Topics for these programs were developed from the suggestions of Division 27 members who responded last fall to a request for ideas. Four division members, Barbara Knox, Irene Shifren, Pierre Ritchie, and Marcella Bakur Weiner, are currently working on a program to be titled "Coordinating Hospital and Community Services." They hope to encourage a general exchange of ideas on this topic with a view to sharpening the focus for a possible second presentation at the APA meeting in Toronto. A second group of Division 27 members plans an EPA symposium on the topic: "Women's Issues: Are They Represented in the Community Psychology Literature?" Anne Mulvey, Rima Blair, Jody Brown, Beatrice Green, Sandra Kiersky, Ann Mamo, and Pat O'Connor will present some data recently collected in a survey of the major journals dealing with community psychology and will raise some issues for discussion. A social hour will be scheduled following one of these programs so that Division 27 members will have an opportunity for more informal gathering.

SOUTHWESTERN REGION

A wide range of activities will be sponsored by Division 27 at its year's meeting of the Southwestern Psychological Association in New Orleans (April 20-22, 1978). As a lead-in to the A.P.A. meetings in Toronto, Karl Slaiteu will chair a symposium entitled, "The Practice of Community Psychology: Interventions by Graduate Students, Postdoctoral Fellows, and Community Practitioners" on Thursday morning. This will be followed by a Division 27 sponsored Open Meeting during which Meg Gerrard will lead a discussion on accreditation and licensing. On Friday afternoon, there will be a Community Psychology Paper Session followed by a Social Hour cosponsored by Division 27 and Division 34 (Population and Environmental Psychology). Times and locations for each of these functions will be announced in the S.W.P.A. program. Individuals desiring further information should contact Karl Slaiteu, Regional Coordinator, or Brian Wilcox, Student Representative.

SOUTHEASTERN REGION

A meeting for individuals with interests in community psychology and Division 27 was scheduled as a Special Programmed Event for the 1978 Southeastern Psychological Association Convention in Atlanta. The agenda for this meeting included discussion of the following items: information on Division 27, specific activities of community psychologists in the Southeast, network-building in the Southeast, and training issues in community psychology. A major focus of this meeting involved identifying ways in which the Division can better serve its membership in the Southeast. Throughout the convention, symposia, paper sessions, and continuing education workshops of interest to community psychologists were presented.
DIVISION OF COMMUNITY PSYCHOLOGY
of the
AMERICAN PSYCHOLOGICAL ASSOCIATION

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Briefly describe your interests and activities relevant to community psychology.

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Date: __________________________ Applicant Signature.

Please return completed form to: Annette Rickel, Ph.D.
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Wayne State University
Detroit, Michigan 48202

Please do not write below this line

APA Council Actions
CHARLES D. SPIELBERGER
Div. 27 Council Representative

The most important action taken by the APA Council of Representatives during the San Francisco meetings was reaffirming its earlier decision not to hold conventions in states that have not ratified the Equal Rights Amendment (ERA). Council clarified and strengthened its previous action by directing the Board of Directors to terminate existing letters of agreement with the cities of Atlanta, New Orleans, and Las Vegas immediately following the next scheduled meetings of the Georgia, Louisiana, and Nevada legislatures should these states fail to ratify ERA.

On recommendation of the Board of Directors, Council voted to establish two new continuing committees. The Committee for the Protection of Human Subjects will monitor public discussions and proposed regulations, and collect information on public concerns in this field. This committee will engage in activities to inform the public and the APA on policies that relate to the use of human subjects in research, and will promote freedom of scientific inquiry in a manner that is consistent with the protection of human subjects.

A Committee on Research Funding was also established by Council with the responsibility for collecting information on sources of research funds, monitoring support agency policies that have potential impact on research funding, and disseminating information to public agencies and foundations on areas of psychology for which increased support is needed. It would be most beneficial for Division 27 to have representation on these new committees, and the Division EC is working on this.

In other actions, Council voted to oppose the publication by APA of a magazine about psychology for the educated lay public, primarily because of financial considerations. The official name for student APA members was changed from "Students in Psychology" to "Student Affiliates," which now makes APA consistent with Division 27. A number of minor changes in policies and procedures that should provide for broader representation of the views of the membership on APA Boards and Committees were also approved by Council.

The Division has been informed that we received 1.85 percent of the total ballots cast last Fall for representation on the APA Council. This is the highest percentage ever achieved by the Division and will entitle us two seats on the 100-member Council for the 1979 Council year. Since my term will end after the January, 1979, Council Meeting, we will need to elect two Council Representatives during the coming year. Division members are urged to send nominations for Council Representatives to the Chairman of the Division Elections Committee, Barbara Dohenwend, CUNY Graduate Center, 33 West 42nd Street, New York, New York 10036.

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Community Psychology Action Center
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Penn State University
University Park, Pa. 16802

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University of Kansas
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Program Evaluation in Community Psychology

THE ETHICS OF UNDER- AND OVERSTATEMENT
BRENNNA H. BRY, Graduate School of Professional Psychology, Rutgers University

As more community psychologists are doing program evaluation, more questions are being raised about the ethics of under- and overstatement. In fact, Murray Levine included this concern in his last President's Column.

It is clear that program evaluation is done to serve the needs of decision-makers. It is also clear that the standards that guide program evaluators in their evaluation design, data collection, and data analyses are those of the scientific community. But it is not so clear what the program evaluators' responsibilities are where there are conflicts between their service functions and their scientific ethics.

For instance, one community psychologist reports having operated very traditionally as an evaluator, listening to the data needs of the administrator, negotiating how they would be collected, and when and how the results would be reported. The administrator needed the results before he went before his board to ask for continued program funding. The community psychologist's report showed that there was no evidence that the program had been effective in the area investigated. The administrator went to the board anyway and asked for (and got) the continued funding without even mentioning the negative results that had been obtained.

What were the psychologist's responsibilities? I would say that he performed his service function very well and operated well within the ethics of the scientific community. He was not involved in under- or overstatement. Thus, there was no ethical dilemma in this case.

There may have been a personal dilemma however. The community psychologist may have been uncomfortable working for someone who makes his decisions (i.e., whether or not to ask for continued funding) without considering the data. If so, I'd recommend that the psychologist handle his personal problem in whatever way he's accustomed to handling his personal problems—adjusting himself to the work setting, sharing his discomfort with the administrator, trying to change the administrator, and/or finding a new job.

The next case is different however. The situation began in the same way as the above case but became problematic after the data were collected. The program data were in the direction of program effectiveness, but they were nowhere near statistically significantly so. The community psychologist reported that there was no evidence of effectiveness, but the administrator told her board that the evaluation data showed program effectiveness.

This case represents a clear ethical dilemma. The psychologist performed his service function very well but in so doing placed himself in jeopardy of violating his scientific ethics. It would have been unethical for him to allow an overstatement about his scientific data to stand without protest.

The form that the protest should have taken is debatable. I believe that it should have been delivered only to the administrator because of the ethics of the service contract. The community psychologist should have made it clear that he could not allow his scientific data to be misrepresented and that if it happened again, he would have to break his service contract.

This last example illustrates two pressing needs of people who are engaged in program evaluation. The first need is for a code of ethics regarding program evaluation. Such a code could serve as both a guide and a back-up for community psychologists, who are often working alone in non-scientific settings. Fortunately, several program evaluation societies are currently developing codes of ethics.

The second pressing need can be met by the community psychologists themselves. Everyone doing program evaluation needs to have a clause in their contracts stating that they cannot allow their scientific data to be misrepresented. If these clauses become common, no one should be surprised if psychologists protest about over- or understatement.

I have asked Jeanne Wurmsr to write a simultaneous response.

EVALUATION AT THE MICRO-LEVEL—PART OF THE MANAGEMENT PROCESS OR AN AFTERTHOUGHT
JEANNE H. WURMSER, Ph.D., Director of Evaluation and Research, Children's Psychiatric Center CMHC, Red Bank, New Jersey

In the Fall, 1977, issue of this newsletter, Clifford Attkisson discussed the differences between the functioning of a program evaluator at a macro-level (federal, regional, state and large metropolitan areas) and at the micro-level of the community program. This is a relevant distinction in considering alternative ways to cope with the problem Bremna Bry has presented.

An evaluator is likely to be in a very different position with respect to control of the use of his findings at these different levels. At the macro-level, the evaluator is often bureaucratically as well as attitudinally separated from the persons responsible for service delivery. If he/she is being employed for a specific large-scale evaluation study, he/she may be likely to negotiate a formal written contract. If the evaluator is an employee of a planning or regulatory unit of government, he/she is likely to have an understanding of the reasons an evaluation process is being used and the probable uses of the findings. At the micro-level, the evaluator is likely to find a different set of expectations and constraints.

The program evaluator at a community program level has a formal contract. If he/she has a job description, it will generally be couched in vague, general terms aimed at seeking approval from site visitors, funding sources or external accrediting agents rather than describing specific parameters of the role. Many program evaluators in local human service programs carry out this role as well as providing direct services or carrying other administrative responsibilities. Psychologists and members of other disciplines involved in program evaluation often have little contact with others who are struggling with the demands of similar roles. When program evaluators do meet, they find great variations in their positions, even within similar kinds of agencies. Some human service programs have staffs and budgets specifically allocated for program evaluation and quality assurance activities. Others have minimal allocations of resources. Some programs have sophisticated information systems which allow them to describe and monitor the services delivered and persons served. Others have an unorganized mass of papers, charts and figures which cannot provide timely data for management decisions. Finally, some program evaluators are included in their programs' planning and management processes while others are isolated from the decision-making arena and called upon to generate particular kinds of evaluation products from time to time.

The evaluator in a community program with no participation in the management process would appear to be most likely to find him or herself in the position Bremna Bry has outlined—with one's data being misrepresented and little leverage to alter the situation. Rather than relying on a clause in one's contract or job description, I would like to suggest some alternative strategies which may prevent such a dilemma.
As Atkisson has pointed out, evaluation can be concurrently a staff service to a program director and a method of inducing change in the social system. A program evaluator can bring about changes in the attitudes and expectations or program managers by providing information that is needed for program planning, internal review processes and external reporting demands rather than limiting his/her activities narrowly to the design and implementation of program effectiveness studies. An evaluator will benefit from conceptualizing a long-term strategy which builds on a versatile information base and aims at developing working relationships with managers wherein raising hypotheses about aspects of service delivery becomes a routine and joint endeavor. The program evaluator who seriously works at answering the questions posed by a program manager, even if it requires long efforts at shaping it into a researchable question and dull methods of data collection and analysis, will be further ahead eventually than one who implements a sophisticated study which is ignored. In a program culture where administrators and evaluators are not working in isolation but cooperating to make the best possible decisions with the data-generating capacities available, misrepresentation is less likely to occur.

In a task where the questions to be answered always outstrip both our resources and our technology, the following strategies are suggested as ones which may aid in making the functions of the evaluator in a community level program a valued and integral part of the planning and management process:

1. Regionalize on a local level. Pool resources with other human service agencies. You may find that each of you is re-inventing the same wheel in assessing the needs of your community. You may also find research professionals with areas of expertise which complement your own.

2. Build credibility by eliciting and attending to the priorities of the program manager. External reporting requirements, review and quality assurance procedures and pre-site visit questionnaire can provide an opportunity to meet program survival needs without compromising ethical standards. Use the data collected to help frame internally the kinds of questions which will be later exposed externally. The first step to the right answer is the right question!

3. Try to make data collection processes and review formats relevant to the needs and constraints of program staff. Take the time to review other aspects of their paper work load to eliminate duplication. Try to plan ahead so that current information can be linked with other management data to provide management tools which are needed and useful, e.g. linking service data with cost and income data.

4. Carry on an ongoing education process with management and program service staff to help them develop the attitude that evaluation feeds into an open process of program development and improvement.

5. Find out what kinds of technical assistance are available to your program—from state and federal sources, local colleges and universities, private industry.

My view is that evaluators in local community programs can benefit from an important concept put forth by organizational psychologists who have studied the processes of planning, management and organizational change—that of “muddling through.” When the pressure for decisions and action prohibits an elaborate search for unchallenged truths, we’re all forced to just do our best and “muddle through.” If we do it together with program evaluation as an integral part of the planning and management processes, the likelihood of misrepresentation of evaluation findings can be vastly reduced. The likelihood of evaluation findings really being utilized is similarly increased.

Ira Isaac, past president of Division 27, will be on leave from the University of Texas in the spring of 1978 as a visiting scientist at NIMH, Washington, D.C. He will be working on preventive and intervention programs in the Office of the Assistant Director for Children and Youth.

Steven Hersch, M.D.

Community Action

COMMUNITY PSYCHOLOGY ON THE COLLEGE CAMPUS

For the past three years the Personal Development and Life Planning Center at Bowling Green State University has been developing a community oriented counseling center. During the first and second years, efforts were made to develop a helping network on campus. This network includes all the formal and informal student resources. The PDLPC acts as consultant, trainer, and linking agent to these agencies. In addition there was a focus on organizational help sessions for groups such as fraternities, sororities, and university committees.

The third and present year has been devoted to entry of a more preventive nature into academic areas. For example, we have worked with student teachers on ways of coping with stress, managing time, and giving and receiving feedback. We have also initiated an environmental assessment of the College of Health and Community Services. The results will give the college valuable information regarding academics and faculty/student relationships. There has also been an emphasis on evaluation of consultation and prevention this year.

There have been decided advantages to moving towards a proactive approach. For example, the Board of Trustees questioned the existence of the Center last year. But the impact of our consultation efforts was difficult to deny, and we came through the crisis in good shape. Also students in Clinical Psychology are beginning to seek us out as a source of training for skills in consultation and preventive activity.

Specific inquiries concerning the process of development of such a service, or information regarding other similar programs may be directed to:

Dr. Joseph S. Lombardi
Coordinator of Consultation
Bowling Green State University
Bowling Green, Ohio 43403

Community Action

Readers are invited to submit brief (250 word maximum) reports of research, programs, or projects about which they would like to correspond with other community psychologists. These reports will be published as space permits, with a request that interested community psychologists contact the author.
FIELD TRAINING AND INTERNSHIP MANUAL AVAILABLE

The Internship and Field Training Task Force of the Division 27 Education and Training Committee has written a manual on field training and internship settings in community psychology. This manual deals with the variety of community psychology field experiences available, how to find or create innovative placements, and how to assess prospective placements. Copies are available for $2.50 from Dave Stenmark, secretary-treasurer, Department of Psychology, University of South Florida, Tampa, Florida 33620. Make checks payable to Division 27.

Student Activities

Most of the activities that student representatives have been involved in since the last Newsletter have centered on recruiting in their regions through mailings and through informal discussions held in community psychology classes or at brown box lunches. The representatives are currently organizing programs to be presented at their respective regional conventions. A summary of activities by region follows.

Northeast

Mark Ginsberg and Kevin Conter are currently working with Anne Mulvey and Steve Danish on a student program for EPA which will be similar in format to last year's program though this year we will use students rather than faculty to initiate and lead the open discussion. Three or four students representing different model training programs will be invited to share their experiences with the larger audience in order to explore differences in training models, skills and curricula. These experiences will then be compared in terms of their implications for our future roles in community psychology. A mailing will be sent out announcing the discussants, time and location of the student program. Also watch for posters at EPA.

Anne Mulvey has been involved with organizing a discussion/research group focused on women and the community. The group, composed of students and faculty, has met every few weeks since the fall, and is planning a symposium for EPA which will look at women as a constituent group whose special needs in the community are often overlooked. Judith Albino, the Northeast regional representative, has been supportive of this effort and has requested program time for us from the EPA program chair.

Mark, Kevin and Anne are planning a student election in the spring. Anyone wishing to run for the Eastern region student representative position should send a one page position statement (include personal background and interests and goals for the position) to: Mark Ginsberg & Kevin Conter, Division of Individual and Family Studies College of Human Development, Penn State Univ., University Park, Pa. 16802; or to Anne Mulvey, 163 Garfield Place, Brooklyn, N.Y. 11215.

Midwest

Mike Zovon, though no longer a student, continues to represent students in the Midwest. Mike recently moved to Illinois and plans to extend his recruiting efforts in that part of the region once he is settled. His new address is: Department of Psychology, Western Illinois University, Macomb, Ill. 61455.

Mike's activities for the spring are concentrated on electing a student to replace him and on planning a day long open meeting for students at MPA. This year's student meeting will be more structured than last and will be organized around specific thematic content. The regional conference activities will probably involve a paper session centered on the field interrelationship to clinical and counseling issues.

Southwest

Brian Wilcox describes his activities as "primarily educational" since Texas at Austin is the only school in the area with a community program. Brian has focused his activities only on graduate students thus far but plans to expand his efforts to include undergraduates in the near future.

Brian is organizing a combined social hour with the Division of Population and Environment for SWPA. Brian is also working on a symposium on the practice of community psychology in the Southwest. The symposium will include students and field practitioners and will be a way of "gearing up" for this year's emphasis on regional practice at APA. Finally, Brian will conduct an election in the spring for a representative to replace him at the regional level.

Rocky Mountain

Len Haas, former student representative in the Rocky Mountain region, reports there is still no student representative to replace him. Anyone interested in representing the Rocky Mountain region, please contact: Anne Mulvey, 163 Garfield Place, Brooklyn, N.Y. 11215.

Western

Grant Wyborny has replaced Bonnie Burstein as student representative. Grant is in the doctoral program of the San Francisco campus of the California School of Professional Psychology. His address is: 3932 Harrison Street, Oakland, California 94011, Apt. 106.

Grant has introduced himself and done recruiting by mail and through discussions at some community psychology classes in the area. He has also submitted a proposal for a 2 hour symposium to be presented at WPA entitled: "Status of Community Psychology Today and Tomorrow: A dialogue between psychologists and students."

Student/Affiliate Membership Renewal

If you would like to request or renew Student or Affiliate Membership in Division 27 for 1978 please fill in the information below and send this with your check for $3.00 to:

Annette Riedel, Ph.D.
Department of Psychology
Wayne State University
Detroit, Michigan 48205

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AN ANALYSIS

HAROLD SILVERMAN, Ed.D., College of Education,
Wright State University

In the 1930's I enrolled in General Psychology 101. I was 16 years of age and had spent all of my life in New York City. Like everyone in my family, I read the New York Times every day. I had seen and read the Herald Tribune, New York's Republican daily newspaper, but I had never met anyone who actually purchased it. I came from a section of Brooklyn where there seemed to be more Socialists than Republicans and nearly 99% of the people were adherents of Tammany Hall. It was with amazement therefore, that I noted that my professor, Dr. Douglas Spencer, regularly entered the room with New York's Republican paper. He was a captivating teacher and perhaps due to his enthusiasm, my interest in psychology never ceased to be.

One day I asked him if he was a Republican, since he read the Herald Tribune every day. "No," he responded. He then went on to tell me how he reads the newspaper of the people he disagrees with every day in order to evaluate, in his own mind, the strength of his own thinking and position on major issues. I have never forgotten this exchange of words, and ever since that day, I have tried to read, to analyze, and to evaluate the material of those who take positions contrary to mine.

That is how I came about to read "The Private Practitioner," the newspaper of the American Society of Psychologists in Private Practice (ASPPP). I have been so amazed by this document, that I wish to share my perceptions with my colleagues in the field of Community Psychology.

In part, the purpose of this organization, which draws its membership from clinical counseling and psychotherapeutic psychologists, is to help select officers of the American Psychological Association who will serve the cause of the private practitioner, and, alas, to become involved in political action, so that those candidates friendly to the individual private practitioner of psychology can be elected to public office, according to the President of ASPPP, Dr. Robert Weitz.

In the January, 1977 issue of "The Private Practitioner," the past President of ASPPP, Dr. Jules Barron, points out that the organization is a tax-exempt society. Dr. Richard M. Samuels states that the organization, in 1976, had well over 550 members. Dr. Samuels, who is the Newsletter Editor, constructs a Question and Answer Column. The first question is from a psychologist who would like to conduct a private practice. However, he does not know what guidelines to use in establishing a fee for services to clients. Dr. Samuels advises him to call his colleagues in private practice to ascertain their policies. However, he admits that established private practitioners are reluctant to discuss fees; therefore, he suggests that the neophyte practitioner pass as a prospective patient and inquire as to the fee.

But of greatest interest, is the lead article by Dr. Robert M. Hughes entitled "The NIMH and Private Practice." Dr. Hughes makes the following points:

1—Psychologists and psychiatrists in private practice are a major component of the health care delivery system. These individuals are being threatened by the National Institute of Mental Health, which represents "big brother," for they have set up 600 community mental health centers. This approach of "Socialism" gives an inferior kind of service.

2—The original purpose of NIMH was a research, training and supportive facilities for mental health care. The present trend towards a 'direct services delivery system' is not legitimate.

3—The development of community mental health clinics has come at a time when mental health insurance and Medicaid has made it less necessary.

4—NIMH funding for buildings, administrative staffs, staffing tables and catchment areas are destructive and unnecessary.

5—CMHC "buildings, administrative organizations and clinic policies don't give a damn about an individual patient in distress." Some of the staff might, but the effectiveness of even the most caring staff members are diluted and rendered ineffective by CMHC policies and structure.

6—The CMHC therapist has primary loyalty and responsibility to his employer. "This almost inevitably dilutes the caring one-to-one relationship that is so essential to therapeutic success."

7—All successful independent providers are successful because they have "only one loyalty and one responsibility that is to provide the best quality of individualized treatment to his patient." If he fails to do this, he will not be in the business very long, and then can apply for employment in a CMHC.

8—NIMH should concern itself with genetic counseling, research, training, in-patient care, control of alcohol and drug abuse and nutrition.

9—Problems of child rearing practices should be referred to NIMH to the effective and economical services of the private provider.

10—This is no time for "big government" to attempt to wipe out "the efficient private psychological therapeutic delivery system—a system that works."

Alas, the New York Herald Tribune no longer exists. Like Dr. Spencer, I began to read it regularly in order to see what the Republicans were thinking. But today the literature of the ASPPP is the literature I turn to in order to see what my psychological colleagues who oppose CMH are thinking.

I have a feeling that the road ahead for CMH will be a stormy one if the ASPPP becomes a major thrust within our discipline.

REFERENCE

1978 NATIONAL MEDIA AWARDS
Since 1959 the American Psychological Foundation annually has presented National Media Awards to those individuals who during the year have best presented psychology to the general public. The purpose of the awards is to recognize and encourage outstanding, accurate reporting which increases the public's knowledge and understanding of psychology.

Awards are made in five categories: (1) Television/film; (2) Radio; (3) Newspaper reporting; (4) Magazine writing; (5) Books/monographs. Each winner will receive $1,000, a special citation and be invited to attend the 86th Annual Convention of the American Psychological Association in Toronto, Canada, August 28-September 1, 1978. The Foundation will pay expenses of each winner for up to three days.

Nominations may be made by anyone, including the author, and must be received no later than May 5, 1978. Send to: Mona Marie Olean, Public Information Officer, American Psychological Association, 1200 Seventeenth Street, N.W., Washington, D.C. 20036.

DEADLINE FOR RECEIPT OF ENTRIES IS MAY 5, 1978.

ANNOUNCEMENT OF NEW PROGRAM
Indiana University of Pennsylvania will initiate an M.A. program in Community Psychology in September, 1978. The program will emphasize:

1. The study of how social systems and physical settings influence behavior;
2. The design and implementation of interventions focusing on these systems/settings;
3. Research-based evaluations of these interventions.

Internships in community settings will constitute an integral part of the program. For further information contact:

Dr. Carl Schneider
Director of Graduate Studies
Department of Psychology
Indiana University of Pennsylvania
Indiana, PA 15701

POSTDOCTORAL RESEARCH TRAINING IN MENTAL HEALTH ADMINISTRATION
The Department of Health Administration and Biostatistics, School of Public Health and Community Psychiatry, School of Medicine of the University of North Carolina announce a fellowship program of research training in mental health administration. Under this program a limited number of well qualified post-doctoral fellows will be accepted for study to increase their research capabilities in the substantive areas of mental health services management, planning and evaluation within a broad multidisciplinary setting.

Applications are currently being accepted for the academic year 1978-79. For further information about the program or about application, contact:

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Department of Health Administration
263 Rosenau 201 H
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POST DOCTORAL FELLOWSHIPS AT FLORIDA STATE
The Florida State University Department of Psychology is soliciting applications for two USPHS post doctoral fellowships for specialty training in the applications of psychology to the problems of crime, delinquency and the criminal justice system. Both research and professional training will be stressed. Applicants must have completed a Ph.D. in an APA approved clinical training program including a 12-month internship. Contingent upon funding of a pending USPHS training grant, 12-month fellowships beginning September 1978 will be granted to one recent and one experienced Ph.D.

For information regarding application procedures, write Dr. E. I. Megargee, Department of Psychology, Florida State University, Tallahassee, Florida 32306.

SOCIETY FOR PSYCHOLOGISTS IN SUBSTANCE ABUSE
The Society for Psychologists in Substance Abuse (SPSA) has been formed as a vehicle for the exchange of professional and scientific interests among psychologists working in the area of drugs, alcohol, smoking, and obesity. The Society will meet these objectives through a Newsletter, a Directory, and the sponsorship of professional, scientific, and social programs at meetings of the American Psychological Association and regional and state organizations. Issues of prevention, treatment, training, employment, research, and funding sources for psychologists in this field will be the focus of our communications. All psychologists are welcome to join, including non-APA members. Dues are $4 payable to SPSA. For more information write to: Dr. Faye Goldberg, President/University of Chicago/5737 S. Drexel Ave/Chicago IL 60637.

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UNIVERSITY OF COLORADO, BOULDER

CHARLES D. SPIELBERGER
UNIVERSITY OF SOUTH FLORIDA, TAMPA

This comprehensive book is based on the proceedings of the National Conference on Training in Community Psychology held in Austin, Texas, in April 1976 to confront the need to modify graduate-level psychology programs to parallel the rapid and continuing changes in demands being made on psychologists working in community settings.

Analyses of current training models and approaches, discussions of central training issues, commentaries on critical training problems, and efforts to clarify future directions and trends are reported. Salient issues with regard to the current status of training in community psychology and the relationship between community psychology and other subspecialties are considered in depth in this volume along with training needs and future prospects.

While community psychology is still quite young as an area of specialization, there is conclusive evidence in this book that it has earned its place as a substantive field within the discipline of psychology.

PARTIAL CONTENTS: Planning the National Conference • Keynotes: On the Ideology of Community Psychology • Training Models and Approaches in Community Psychology • Central Issues in Community Psychology • Current Trends in Training and the Practice of Community Psychology • Problems of Concern to Community Psychologists • Epilogue • Appendixes • Author Index • Subject Index

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