New Diversity Issues

The 21st century ushers in a new set of diversity issues brought about by pending demographic changes. By 2060, ethnic minorities are projected to be the majority population (50.4%) in the US. Over half of this majority (27%) will be Hispanic or Latino/a, with 13% African American, and 10% Asian American and Pacific Islanders (CEMRRAT2, 2007).

How will this sea change affect psychology? In this column I reflect on the impact of these emerging demographic changes on our profession. Over the last decade they have stimulated a major initiative to increase ethnic minority participation in APA and its divisions. I report here some of the proactive steps APA and its divisions—including the Society for Community Research and Action—are taking in response to this changing world and in anticipation of diverse, newly evolving communities. These steps include the multi-year, multidivisional work of a task force chaired by Ken Maton, SCRA Past President, briefly described below and summarized by him in this issue (see inset, p. 3).

Minority Students of Color and the Psychology Graduate Pipeline

In 2000 Maton established the task force to identify “factors connected with minority student recruitment, retention and excellence in psychology” (Maton, this issue, p. 3). The work of this task force culminated last year in a ground-breaking four-article series in the American Psychologist documenting the pattern of entry into the psychology graduate pipeline of ethnic minority students. The first of these articles sheds light on the movement of
minority students through the pipeline (Maton, Wickerski, Leary, & Vinokurov, 2006). Entry trends were strongly positive at the lower end of the pipeline in the BA and MA programs, but the rate of increase in PhD degrees received by students of color stalled across the first five years of this century. Without increasing the number of students of color who enter doctoral programs, the field of psychology will fall behind in its capacity to deal with an increasingly diverse world.

The second article in this series, by Vasquez and Jones (2006), reviews the history and current status on affirmative action as a policy for increasing ethnic minority recruitment in educational institutions. Rogers and Molina (2006) examined universities’ efforts to recruit and retain graduate students of color. They found that successful efforts are associated with solid packages of financial aid, personal contacts between faculty and students, and associations between historical institutions of color and their own institutions. The most effective institutions were those that assembled a critical mass of faculty of color. The last of this four-article series presents the individual reflections of six students and faculty of color on their experiences with the barriers they encountered at their institutions and the strategies they developed to deal with them (Vasquez, Lott, Garcia–Vazquez, Grant, Iwamasa, Molina, Ragsdale, & Vestal–Dowdy, 2006). The work of this task force is widely cited in APA’s Commission on Ethnic Minority Recruitment, Retention and Training (CEMRRAT, 2007).

APA’s Council of Representatives: Affirmative Action to Promote Ethnic Minority Leadership

In 2001 the APA Council of Representatives passed the following resolution targeted to increasing ethnic minority participation in APA’s leadership ranks. It begins with a simple but powerful statement:

Because it believes that racial and ethnic diversity in the membership of Council has not been and is not currently satisfactory, Council finds that a program to provide incentives to Divisions and States, Provincial and Territorial Associations to elect ethnic minorities as Council representatives is in the best interest of APA.

Accordingly APA will reimburse any Division . . . for the expenses incurred by representatives to Council who are ethnic minorities and who are elected during the years 2002–2004 to attend Council meetings. Reimbursement will be provided to Divisions . . . for transportation, hotel and meal expenses for both the February and August meetings of Council. APA strongly encourages Divisions and State and Provincial Associations to submit one or more slates of nominees comprised solely of ethnic minorities.

Furthermore, Council acknowledges that this represents an important first step in increasing ethnic minority participation in APA. Accordingly, Council directs the Committee on the Structure and Function of Council and Membership Committee to develop specific recommendations to Council to increase ethnic minority participation in APA. (Minutes of the Council of Representatives, August 2001)
This resolution was renewed in 2004 for another three years. Council has requested that the effectiveness of the proposal be reviewed and will consider a recommendation for funding beyond 2007 at APA’s annual convention this summer.

A significant feature in this resolution—beyond the initial admission of unsatisfactory minority status within Council—is its use of affirmative action. Paying for the expenses of only the ethnic minority representatives elected in those years and submitting slates for Council representatives made up solely of minorities are examples of affirmative action policies directed to redressing situations of past and present discrimination. Affirmative Action has strong advocates as well as opponents. Vasquez and Jones (2006) address the 2003 Supreme Court decisions that continue to support this important tool for promoting access to higher education for all our citizens.

Many factors dictate a major increase in ethnic minority membership in the ranks of professional psychology, as in the other professions. Social justice is one, and APA’s funding of this resolution is a clear commitment of their intent to work for this goal. Another factor is the need to respond to communities in context:

This rapid growth in the nation’s populations of color will not be evenly distributed. In fact, most of this growth will occur in the nation’s southern and western regions and the 40 largest metropolitan areas. This pattern of growth will result in increased human diversity and increased political polarization […] To respond adequately to such issues, psychology finds it necessary to include in its ranks a dramatically enlarged cadre of persons of color and to ensure that all psychologists demonstrate some level of multicultural competence. (APA CEMRRAT, 1997, Visions and Transformations: Final Report)

**APA’s Commission on Ethnic Minority Recruitment, Retention and Training (CEMRRAT)**

In 1994 APA established a Commission on Ethnic Minority Recruitment, Retention, and Training (CEMRRAT2, 2007). This action again came from an APA Council Resolution, which cited the recruitment, retention and training of ethnic minorities in psychology as one of APA’s highest priorities. A 15-member advisory group developed major objectives and an action plan. This group was subsequently replaced by CEMRRAT2 in 1999. The latter four-member group oversees the implementation of the CEMRRAT Action Plan. The multi-year history and reports produced by these groups are too extensive to be reviewed here, but are well worth reading (to read the Draft Report, go to http://www.apa.org/pi/oema/programs/cemrat_report.html).

The necessity of serving predominantly ethnic minority communities in much larger numbers than we serve today challenges the professional resources currently at our disposal. Training many more people to fill this need, particularly people of color, is a priority of the highest order. That challenge will be difficult to meet. A more difficult challenge will be to open the ranks of leadership to include people of color in developing and managing the training programs and service delivery systems that will serve our increasingly diverse communities. Assuming the graduate student pipeline is expanded to accommodate many more ethnic minorities, we have a responsibility to work for their equal access to leadership positions in the rearranged diversities of this century’s health and mental health industries, and in our educational systems.

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**The Interdivisional Minority Pipeline Task Force**

~Ken Maton, University of Maryland, Baltimore County

The Interdivisional Minority Pipeline Task Force was formed in 2000. The ongoing mission of the task force has been to enhance understanding of factors that influence minority student recruitment, retention and excellence in psychology, and to work with other committed psychologists towards a psychology in which all minority groups are fully represented. The task force includes members of divisions 9 (SPSSI), 16 (School), 17 (Counseling), 27 (Community) and 45 (Ethnic Minority). The current members are Sheila Grant, Bernice Lott, Ken Maton, Margie Rogers, Melba Vasquez, and Michele Witting. I initiated the group when I was SCRA president, and continue to be the chair.

The task force spent its first several years reviewing existing work in the minority pipeline area, conducting background research, examining trends over time in minority student rates of graduate school entry and completion, identifying best program practices to enhance minority student recruitment and achievement, and generating policy implications for the field. This work resulted in four papers published in the February 2006 issue of the American Psychologist. The titles of the papers are: (1) “Increasing the Number of Psychologists of Color: Public Policy Issues for Affirmative Diversity,” (2) “Minority Students of Color and the Minority Pipeline: Disquieting and Encouraging Trends,” (3) “Exemplary Efforts in Psychology to Recruit and Retain Graduate Students of Color,” and (4) “Personal Reflections: Barriers and Strategies in Increasing Diversity in Psychology.”

The second major initiative of the task force is a national study examining the experiences of over 3,500 undergraduate and graduate psychology students, with special focus on students of color. The study combines a web-based survey instrument with in-depth follow-up interviews of several hundred students. We have done preliminary analyses of the quantitative survey data, and are currently coding the qualitative data. Findings from this unique study are expected to provide important insights into the factors which both contribute to, and impede, minority student achievement and retention in psychology and are expected to result in multiple publications and conference presentations.

In the upcoming months, we plan to consider what our next initiative should be. Ideas are welcome!
### Executive Committee 2006–2007

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**Cultural & Racial Affairs:**  
Pamela Martin,  
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**South Pacific:**  
Ingrid Huygens, Aotearoa, New Zealand  
Chris Sonn, Victoria University, Australia  
Katie Thomas,  
Curtin University of Technology

### Interest Groups

**Aging**

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

**Children, Youth and Families**

The Children, Youth and Families interest group facilitates the interests of child and adolescent development in high risk contexts, especially the effect of urban poverty and community structures on child and family development.  
Chair: Richard 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,  
loundsbud@mskcc.org  
Shannon Gwin Mitchell,  
(202) 719-7812,  
gwinnmitchell@hotmail.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: Fabrizio Balcazar,  
(312) 413-1646,  
fabricio@uic.edu

**LGBT/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: Cathy Chovan  
cc_taylor61@yahoo.com  
Peter Ji  
pjimani1@hotmail.com

### Prevention and Promotion

The Prevention and Promotion interest group seeks to enhance development of prevention and promotion research, foster active dialogue about critical conceptual and methodological action and implementation issues, and promote rapid dissemination and discussion of new developments and findings in the field.  
Co-chairs: Monica Adams  
madams8@depaul.edu  
Derek Griffith  
devekmg@umich.edu

**Rural**

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

**School Intervention**

The School Intervention interest group addresses theories, methods, knowledge base, and setting factors pertaining to prevention and health promotion in school.  
Chair: Susana Helm,  
shelm@hawaii.edu

**Self-Help/Mutual Support**

The Self-Help/Mutual Support interest group is an international organization of researchers, self-help leaders, and policy makers that promotes research and action related to self-help groups and organizations.  
Chair: Bret Kloos,  
(803) 777-2704,  
kloos@gwm.sc.edu
FROM THE EDITOR—

Elizabeth Thomas,
University of Washington Bothell

I am pleased to share this Spring 2007 issue of The Community Psychologist with you. Thanks to all of the column editors and contributors for their fine work on this issue.

In addition to the regularly featured columns, I want to draw your attention to our special features for this issue. An exciting special section focused on Community Health and Community Health Research is edited by David Lounsbury and Shannon Gwin Mitchell, co-chairs of the Community Health Interest Group. They have assembled a strong collection of papers that provide “a variety of perspectives and experiences about community and health and how these constructs are being linked, in terms of theory as well as action, within the discipline of community psychology.” The Community Student, edited by Mike Armstrong and Marco Hidalgo, is meaningful and timely with its focused theme, “Student Perspectives on War and Oppression.” Finally, the Education Connection, edited by Jim Dalton and Maurice Elias, and the Community Practitioner, edited by Dave Julian, team up to present an article by Kelly Hazel, “Infusing Practice into Community Psychology Graduate Education.” This article represents the third part of a series focused on defining community psychology practice, and as you will see, it has inspired quite a few initial responses.

Columns in the Spring 2007 issue lead readers through a variety of challenges, opportunities, and contexts. SCRA President Carolyn Swift outlines efforts of the American Psychological Association, including a task force led by Ken Maton, to increase ethnic minority membership and leadership. She calls on SCRA members to participate in these efforts by recruiting ethnic minority students and professionals of color to join SCRA, electing ethnic minority members to chair or co-chair the SCRA committees that elect their own leaders, and nominating ethnic minority members as officers on SCRA’s Executive Committee.

Richard Roberts, new column editor for TCP, opens up a space for dialogue among community psychologists interested in Children, Youth, and Families with examples from three different settings. Representing the Community Action interest group, Brad Olson offers an appreciation of the community advocate. He suggests that we collect and archive stories of “heroes” in the field and that we use these stories as sources of inspiration and guidance. Peter Dowrick and JoAnn Yuen describe the work of the Center on Disability Studies at the University of Hawai’i at Manoa, bringing together disability studies and community action research as exemplified in their Community Responsive Model.

continued on page 7
SCRA is the world writ small. If we cannot open our small world to the diversities in our larger one, we have failed our vision. One of the CEMRRAT studies provided the raw numbers to calculate a statistic that did not end up in the report. Curious, I calculated it. I thought I must have made an error, and edited it from my column. There’s no error. SCRA reported four ethnic minority officers in a total membership of 734. The percentage of ethnic minority officers in SCRA in 1999 was 0.005, or .5% (CEMRRAT2, 2007, p. 65). This result was derived from the figures in a table of nine APA Divisions out of 52 determined to have used successful strategies to increase ethnic minority representation. None of the nine reached even 1 percent ethnic minority officers in 1999. Now, seven years later, it isn’t clear whether this percentage has changed.

What does this result say about our commitment to empowerment? How does it impact our newly created vision? I strongly urge us, as SCRA members, to take the lead in nominating and supporting the cadre of highly competent professionals of color now in our Society. SCRA has the distinction of having the highest percentage (13.4%) of ethnic minority members of any of the 52 divisions surveyed in 1999 (CEMRRAT2, 2007, p. 65). SCRA has outstanding ethnic minority personnel for leadership positions not only in our own Society, but in colleges and universities across the country, in APA governance, and in the multiethnic communities arising around us.

SCRA needs to plan proactively for its future. A good start would be to follow APA’s lead in applying affirmative action policies to increase the participation of ethnic minorities in SCRA’s membership, and in its leadership ranks. With the tight budget this year there are few funds to provide incentives as APA has done. The option of submitting ethnic minority slates is available, especially for the Executive Committee offices that introduce newly elected members to its governance, responsibilities and practices. I first served on the Executive Committee as a Member-at-Large, a three-year position. It was an ideal way to learn about this group’s functions and to train for future leadership. Serving on committees, interest groups, and task forces are also paths to SCRA’s elected positions. Experience in these groups is SCRA’s pipeline to leadership.

CEMRRAT Surveys of APA’s Divisions

The data in CEMRRAT’s Draft Report support the goal of APA and its divisions by identifying specific practices related to ethnic minority recruitment, retention and training. One example: APA’s divisions were surveyed three times over a five year period (2000–2005) on 13 items asking about activities related to ethnic minority recruitment, retention and training. The items asked whether the division had a committee devoted to ethnic minorities, whether the division’s journal published special issues on ethnic minorities, whether the division’s newsletter included a column by ethnic minorities, had an award for mentoring ethnic minority students, and so on. The “yes” responses showed increases varying from 8% to 58% for the 13 items across five years (CEMRRAT2, 2007).

One of the 13 items in the survey asks whether the division’s journal has published special issues or sections related to ethnic minorities. William S. Davidson, Editor, reports that The American Journal of Community Psychology has printed three such special issues (15% of all issues) in the last five years: “Conceptual and Epistemological Aspects in Community Social Psychology” (AJCP, 2002, 30, p. 4) edited by Maritza Montero; “The Psychology of Liberation: Responses to Oppression” (AJCP, 2003, 31, pp. 1-2) edited by Rod Watts and Irma Serrano–Garcia; and “Stories of Diversity Challenges in Community Research and Action,” (AJCP, 2006, 37, pp. 3-4) edited by Meg Bond and Chelly Harrell. AJCP’s Senior Editorial Board has 25% minority group members and the Editorial Board 30%. A recent review of AJCP’s contents (printed December, 2004) showed 29% of all authors of articles published in AJCP were members of minority groups. AJCP’s editors and policies communicate strong messages confirming the value of ethnic minority research, scholarship, and practice.

Although the data are not reported by division, and I haven’t seen a copy of the responses returned by SCRA, it’s clear from the questions that SCRA’s responses were consistently in the “yes” column. SCRA’s strength in this survey comes primarily from the strength of SCRA’s Cultural and Racial Affairs Committee in creating visibility for the accomplishments and concerns of people of color. The regular columns in TCP, edited and often written by the Chair of the committee, Pam Martin, bring attention to the research and action programs of this constituency, and to the strengths and differences within ethnic minority communities.

Determining the recipient of SCRA’s Ethnic Minority Mentoring Award is a significant responsibility of this committee. The presentation of this award to an ethnic minority mentor in 2004 is named in the APA Draft Report as fulfilling one of the goals listed in the commission’s five-year plan. The plan’s second major objective—to increase ethnic minority faculty recruitment and retention in psychology—includes the goal of increasing APA’s and psychology’s capacities to promote mentoring and linkages with psychologists of color (CEMRRAT2, 2007, Appendix C, p. 35). Emilie Smith, Committee Chair in 2004, provided the leadership that led to this award presentation.

The programs this committee consistently produces at SCRA Biennials serve to highlight and reinforce the activities of people of color within SCRA and to inform the total membership about this constituency, leading to increased interaction and collaboration among these groups. For SCRA’s 11th Biennial, held in Pasadena in June, the Cultural and Racial Affairs Committee planned to present community research exploring the intersections of faith and race/ethnicity. It also planned a round table with five previous winners of the Ethnic Minority Mentoring Award to discuss with the audience best practices in mentoring people of color.

SCRA has a solid base of ethnic minority members who share SCRA’s values, and who are destined to play major roles in the future of our discipline. SCRA’s ethnic minority members are a vital part of SCRA’s identity. We look forward to working together to pioneer new rich and productive relationships, and to serve our diverse communities well over the next generations.
APA has acted to bring about changes to increase ethnic minority membership and leadership. Can SCRA do the same? As an SCRA member, you can participate actively by:

- Recruiting ethnic minority students and professionals to join SCRA,
- Nominating ethnic minority members to chair or co-chair the SCRA committees that elect their own leaders,
- Nominating ethnic minority members as officers on SCRA’s Executive Committee.

References

"From the Editor” continued from p. 5

In the Cultural and Racial Affairs column, Lindsey McGowen shares her reflections on the Faithful Citizenship Voter Registration Project in which faith based communities served as a vehicle for political participation among ethnic minority groups. In the Disabilities Action column, Tina Taylor–Ritzler provides a grounded theory analysis of the experience of teenage mothers with learning disabilities. Her study focuses our attention toward the ways that social networks and schools fail to support the school persistence of these young women. In the LGBT column, Katherine Taylor suggests that it may be “time to put learned helplessness in the closet,” and she offers an antidote to learned helplessness in the concept of resilient connectedness.

Gloria Levin offers us a glimpse into the life of David Lounsbery, a community psychologist at Memorial Sloan Kettering Cancer Center in New York and co-editor of this issue’s special section. In the Prevention and Promotion Column, Caryn Rodgers and GiShawn Moore explore the specific challenges associated with the researcher of color working in a community of the same racial/ethnic group. Gary Harper and the regional coordinators provide timely international and US regional updates. In the School Intervention Column, Milton Fuentes, Brian Yankouski, Jennifer Gaskins and Jason Dickinson share results of a survey of New Jersey teachers examining teachers’ knowledge and perceptions of gang related issues.

Lynee Owens Mock, Keisha Wilson, and VaShan Kyles describe an ethical dilemma they faced in a Mutual Support Group and invite readers to share responses for the next issue. Joseph Ferrari, Mike Armstrong, and Marco Hidalgo introduce readers to a new format for the Social Policy Column in which two students, Lindsey Zimmerman and Aisha Dixon–Peters, express ideas related to the issue of “Poverty in America.” Armstrong and Hidalgo also bring important news and updates as part of their column highlighting Student Issues. Finally, the Women’s Issues column provides an introduction to new committee chairs, Elaine Shpungin and Carrie Hanlin, as well as updates and next steps for the women’s committee.

Thanks again to the many contributors to this issue.
In the last issue of *The Community Psychologist*, I asked interested readers who would like to write about their research or activities concerning children, youth, and families in a more informal way to send shorter descriptions of what they were doing so we could use this column as a way of interacting with other community psychologists with similar interests. These pieces should not be the finished product of a study that the author is intending to send to this or another journal for peer review. In fact, they should not be in the form of a fully articulated article. They can be anywhere from “Hey I need some help here in thinking this issue through (and here is my thinking so far)!” to longer articles or reviews of an issue. Shorter comments on different methodologies people have been using that they would like to share with others (or to find others who may be using it as well) are welcome. In short, I am hoping that the column will evolve over time into a place to go to read about what our fellow community psychologists interested in children, youth, and families are doing and how they are approaching different problem areas.

In short, I am hoping that the column will evolve over time into a place to go to read about what our fellow community psychologists interested in children, youth, and families are doing and how they are approaching different problem areas.

Several brave souls actually took me up on the offer and sent short (er than a full article) descriptions of their work. I have included their reports with only mild editing below. The purpose of this kind of exchange is to foster discussions as part of the column on how community psychologists address the wide variety of community-level problems and opportunities out there for children, youth, and families. So with that as an introduction, here are examples from three different contexts to kick off the exchanges. The first is from the APA Office on Children, Youth, and Families.

**Research From the Field**

**Children, Youth, and Families—**

*Edited by Richard N. Roberts*

**APA Office on Children, Youth, and Families: Public Interest Directorate**

~Mary Campbell, Director

The Children, Youth, and Families Office coordinates APA’s public interest, health, human welfare, and social responsibility activities in the areas of children, youth, and families. The office serves as an information and referral resource and it develops and disseminates reports and other written materials on professional and consumer issues to APA members, the public, and federal agencies. The office monitors the welfare of these groups as consumers of psychological services and promotes the development and application of psychological knowledge to address public policy issues affecting them. For additional information, visit the Children, Youth, and Families (CYF) website at http://www.apa.org/pi/cyf.

The office provides staff support to the Committee on Children, Youth, and Families; the Wingspread Conference Application Planning Committee; the Task Force on Resiliency and Strength in Black Children and Adolescents; and the Task Force on Evidence-Based Practice for Children and Adolescents. The office also liaises with the following child, youth, and family related APA divisions: Division of Developmental Psychology (7); Division of School Psychology (16); Division of Child, Youth, and Family Services (37); Section on Child Maltreatment (Division 37, Section 1); Division of Clinical Neuropsychology (40); Division of Family Psychology (43); Division of Clinical Child and Adolescent Psychology (53); and the Society of Pediatric Psychology (54). For information about these divisions and their child, youth, and family focused initiatives, please visit the CYF website at http://www.apa.org/pi/cyf/divisions.html. The Children, Youth, and Families Office staff include: Efua Andoh, CYF Administrative Coordinator; Mary Campbell, Director; and Keyona King–Tikata, Special Projects Manager.

The use of psychotropic medications for children and adolescents was brought to the Association’s attention by the Council of Representatives Child and Family Caucus. Acting on the Caucus’s recommendation, the APA Board of Directors
The Community Psychologist          Volume 40, No. 2          9

and the Council of Representatives funded three meetings of the Working Group on Psychotropic Medications for Children and Adolescents from March 27, 2004–December 2005 from their Discretionary Funds. Working group members were appointed by then APA President Diane Halpern, PhD. They were: Ronald T. Brown, PhD, ABPP, chair; David Antonuccio, PhD, ABPP; George J. DuPaul, PhD; Mary Fristad, PhD, ABPP; Cheryl Ann King, PhD, ABPP; Laurel Leslie, MD; William E. Pelham, Jr., PhD; John Piacentini, PhD, ABPP; and Benedetto Vitiello, MD. Laurel Leslie, MD, representing the American Academy of Pediatrics joined the working group in 2005.

The working group was charged with reviewing the literature and preparing a comprehensive report on the current state of knowledge concerning the effective use, sequencing, and integration of psychotropic medications and psychosocial interventions for children and adolescents. This review included a comparative examination of the risk-benefit ratio of psychosocial and pharmacological treatments and the range of child and adolescent psychopharmacology including the appropriateness of medication practices.

As noted in the executive summary of the report, the working group reviewed the existing literature in peer-reviewed journals (included as part of MEDLINE and PsycINFO, as well as Food and Drug Administration (FDA) data concerning safety. For the psychological disorders most prevalent in children and adolescents, the various psychosocial, psychotropic, and combination treatments were reviewed, including the effect of each therapy, the strength of evidence of its efficacy, and the limitations and side effects of each treatment in the short- and long-term. An Efficacy Summary Table for treatments targeting each type of child psychopathology is included in each section.

The report includes information on attention-deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, Tourette and tic disorders, obsessive-compulsive disorder, anxiety disorders, depression and suicidality, bipolar disorder, schizophrenia spectrum disorder, autism spectrum disorder, and elimination disorders. Information regarding specific psychosocial, psychopharmacological, and combined treatments for each disorder are included.

APA boards and committees and external reviewers reviewed and commented on the document. Through early 2006 the working group members continued to revise the document based on comments provided. During their August 2006 meeting, the Council of Representatives adopted the report titled Report of the APA Working Group on Psychotropic Medications for Children and Adolescents: Psychopharmacological, Psychosocial, and Combined Interventions for Childhood Disorders: Evidence Base, Contextual Factors, and Future Directions. The Office of Member and Public Communications distributed the Report to the media, and the Public Interest Public Policy Office distributed the Report to policy makers. The Children, Youth, and Families Office continues to provide the report to relevant organizations, agencies, and to the public. The full report is available at this Web address http://www.apa.org/pi/cyf/childmeds.pdf. Hard copies are available by contacting Efua Andoh by email at eandoh@apa.org.

The LYNX Program: A Strengths-Based Approach to Helping Adolescent Males At-Risk for Juvenile Delinquency

James G. Barrett,
Cambridge Health Alliance, Harvard Medical School

The LYNX Program is a strengths-based, wraparound approach to treatment with adolescent males who are at-risk for juvenile delinquency. The main goal of the program is to provide ecologically valid and culturally relevant services and supports to at-risk youth designed to enhance school attendance and prosocial competencies and to decrease probation violations as well the need for detention. The LYNX Program is currently in the planning stages and will be implemented in two school-based health centers in Boston-area high schools.

Wraparound Model

The LYNX Program will utilize the wraparound approach to service delivery in which comprehensive services are tailored to individual youths (Stevenson, 2003). The model seeks to move beyond the “individual therapy” approach which often overlooks the extent of support that is necessary during the 23 hours of the day that are spent outside of the therapist’s office (Rosenblatt, 1996; Swenson, Henggeler, Taylor, & Addison, 2005). Further, treatments that merely combine or package services for at-risk youth (e.g., individual therapy paired with group or home-based services) are typically fragmented, uncoordinated, and often terminate abruptly (Rappaport, Flaherty, & Hauser, 2006). In contrast, wraparound programs target the individual needs of the child and his or her family by working in collaboration with families to create a lasting or sustainable system of support (Stevenson, 2003).

The wraparound process through the LYNX Program will begin with a thorough assessment of the client in terms of academic functioning, mental health, peer relationships, family supports, and systems involvement. Next, all of the relevant stakeholders who are involved in care and support for the client will be identified and convened as a team (e.g., family, school staff, therapeutic supports, clergy, community members, friends, etc.). The team then will develop agreed upon treatment goals, which are flexible and can change as the treatment progresses (Bruns, Burchard, & Yoe, 1995). The LYNX clinician will serve as the point-person to follow-up and evaluate the treatment plan, link the client to supports and services as needed, and reconvene the team when necessary.

Individual Treatment

The individual treatment component of the LYNX Program is primarily what sets the program apart from traditional wraparound services for at-risk youth. Individual treatment in the LYNX Program is undergirded by an understanding that adolescent males, particularly young men of color, face significant barriers to success in school and the community (e.g., trauma histories, disrupted attachments, community violence, substance abuse, lack of support services, etc.) which contribute to school dropout and “delinquent” behavior (Ferguson, 2000; Little &
Steinberg, 2006). While some traditional treatment modalities may view “delinquent” behavior (e.g., dealing drugs, gang involvement, fighting) as a deficit in the adolescent’s capacity for moral reasoning or anger management, the LYNX Program conceptualizes such behavior as a way in which young men try to develop a sense of self and pride in the absence of prosocial mechanisms (e.g., supportive school and community environment) (Little & Steinberg, 2006).

In terms of the treatment process, the LYNX clinician will focus first on collaborating with the client in weekly meetings to identify the purpose that the behaviors that place him at-risk for incarceration serve (e.g., joining a gang for protection, selling drugs for money to help pay rent). Treatment will then center on finding ways that the client can feel empowered to make choices that will allow him to retain a sense of agency and autonomy, while at the same time staying connected to school, community, and familial supports, and perhaps most importantly, out of lock-up.

In terms of treatment goals, traditional treatment modalities with at-risk youth frequently stress the need for the client to recognize and verbalize feelings of sadness, fear, or loss (Walsh & Barrett, 2006). However, the expression of such emotions is often shaming or threatening for adolescent boys and violates the norms that many have learned for surviving in urban neighborhoods (Anderson, 1999). Consequently, the initial treatment goals of the LYNX program involve helping young men increase feelings of pride and decrease the experience of shame, which is often the emotion that underlies violence and maladaptive behavior in men (Gilligan, 2001). This goal will be primarily accomplished by the clinician validating the challenges faced by young men in urban settings while, at the same time, recognizing extant strengths and helping clients build upon the resiliency they have already demonstrated (e.g., helping to provide for family, ending a conflict between peers, resisting the temptation to fight).

Advocacy

One of the fundamental roles of the clinician in the LYNX Program is that of an advocate for his clients. Too often, young men at-risk for juvenile delinquency may be dismissed by service providers or educators as thugs, criminals, or “bad kids” and consequently have few consistent or stable advocates (Walsh & Barrett, 2006). Frequently, the resiliency that these young men display in the face of tremendous adversity is overlooked because the ways in which they manifest distress (i.e., externalizing behaviors) are typically considered abrasive, disruptive, or troubling. However, if that same distress was manifested in an internalizing manner (e.g., depressed mood), the adolescent may be more likely to receive effective mental health care as well as support services in school (Murray & Myers, 1998). Unfortunately, many of these young men do not receive mental health services until they are placed in the juvenile justice system (US Public Health Services, 2000).

In order to begin to address possible disparities in services, the clinician in the LYNX Program will advocate for his or her clients so that they receive the academic and therapeutic supports to which they are entitled (e.g., special education services). Moreover, the clinician will act on the client’s behalf to encourage other stakeholders (e.g., teacher, support worker, family member) to recognize the unique strength and resiliency that the client possesses. Finally, if a client is locked-up, treatment through the LYNX program will not terminate. The clinician will serve a “bridging” role while their client is in lock-up to collaborate with the clinician in the detention facility around treatment and discharge planning and facilitate the transition back to school and outpatient treatment.

Next Steps

The next steps in advancing the LYNX Program will be to secure initial funding and to pilot the treatment program with a small group of students who will be identified by the schools’ probation or health centers as at-risk for detention or long-term involvement in the juvenile justice system. It is important to note that the LYNX Program would likely not be the ideal treatment option for clients diagnosed with a primary psychotic disorder, significant neurological deficits, or who are at-risk for antisocial personality disorder and will need more intensive treatment (e.g., residential treatment).

Initial outcome assessment of the LYNX Program will consist of concrete, measurable outcomes such as school attendance, disciplinary activity in school, participation in prosocial groups/activities, parole violations/status offenses, and criminal charges. Psychosocial assessment pre-and post-test measures may also be utilized; however, the primary focus of outcome assessment will be on tangible indicators in which the LYNX Program has contributed to meaningful change in the lives of young people. In short, the LYNX Program is committed to building upon and fostering resilience in at-risk young men and marshalling formal and informal supports to help them stay connected to school, stay out of detention, and to achieve success in the community.

References


Research with Young People: Methodologies, Challenges, and Implications

~Rachael Fox, University of Stirling, Stirling, UK

It can be argued that young people are one of the least empowered and listened to groups in our community. Their voices are rarely heard in a meaningful way that is not tokenistic, and they have very little control or opportunities to make decisions, even over matters that directly affect them. In the institution of education where they spend large portions of their lives, young people are by far the majority group and yet are controlled and dominated most of the time. Our control as adults over young people needs exploration and action, but it also has implications for carrying out research. As community psychologists who wish to improve the well being of communities, we need to change the way we think and act towards young people in order to contest rather than collude with negative dominant beliefs.

This article will briefly touch on some of the considerations that can go into reflection and practice when trying to do meaningful research with young people. In order to do that I will be drawing on a particular piece of research I did with a group of young people focused on their experiences of school. Though there is not space here to discuss findings, the article will examine what methodological assumptions I began with, what decisions I made in research design, and some of the difficulties we went through in working together. The praxis throughout the work and the challenges faced revealed a lot about doing research with young people, as well as shedding meaningful light on young people’s experiences, in education and more generally.

The research focused on here was carried out as part of a larger project, involving adults and young people in Secondary Education in Scotland, and was with a cohort of young people aged around 15 years. The group had all been permanently excluded from their school and were attending their local Youth Project, which acted as a kind of exclusion unit, offering an alternative curriculum. Although they were no longer attending their school, it was still responsible for them and the young people were expected to abide by school rules. School exclusion in Scotland usually means expulsion from school altogether (as was the case for these young people), or suspension (i.e., being sent home from school for a fixed period), although it also describes internal experiences of exclusion where young people are prevented from learning, by being sent out of the class for example. Schools and educators, in general, report a wide variety of reasons for excluding children and young people and admit that there are often complex reasons for exclusion, but the majority of exclusions occur because the school feels the young person has behaved in an unacceptable way and, from a community psychological perspective, are somewhat blaming and individualizing.

When deciding how to approach carrying out the research, a long period of critical reflection was necessary to consolidate my values and assumptions, in particular towards young people. I started by feeling that adults tend to have negative expectations of young people and dominant societal beliefs, and I reflected that believing this would not stop me from having those same assumptions myself. I felt that a methodology that made young people central in the research would be key, but also that a lot of critical reflection would be needed for me to understand my own beliefs. Taking a lead from feminist enquiry I wanted to develop a standpoint that was young-person rather than adult-centric and that uncovered assumptions held about young people’s experiences. In this way, I hoped to develop a standpoint with young people that “carries with it the contention that there are some perspectives on society from which, however well intentioned one may be, the relations of humans with each other and with the natural world are not visible” (Hartsock, 1987, p. 159).

As previously mentioned I felt praxis, reflection, and action in a cyclical process would be very important. I wanted to use quite difficult theories in my research and wanted to do meaningful, empowering work with young people, as far as I possibly could. I felt praxis was an invaluable and fundamental aspect of this: intense periods of critical reflection which would allow me to construct thoughtful ideas, followed by experience in the field which would challenge these ideas. In this way periods of reflection, action, re-reflection and so on would allow for more exploratory work, leading to more meaningful research.

Leading on from issues of the rights of young people and the importance of praxis was a key methodological assumption throughout: that power is intrinsically related to knowledge. As a community psychologist wishing to develop a standpoint with young people, it would be important to uncover what was assumed or taken for granted in education, what was masked by hierarchy and institutional structure, and whose interests these issues served. I also felt doing research in this way would uncover assumptions about the research process itself, and about doing work, as an adult, with young people.

I found a lot of traditional methods, even qualitative, tended to reproduce the conditions which are problematic to young people, where an adult is in charge for example, and in that sense collude with convention. To try and resist these problems I chose to use participatory, collaborative, and transformative methods in an attempt to conscientize, empower, and learn meaningfully from the young people. We met once a week for an afternoon for a year discussing issues that were important to the young people, including their experiences at school, and producing art work. We made some small steps towards action.

I had spent this time immersed intensely in educational fields, reflecting at the same time on my experiences. There is not space to describe the experience here, but rather to reflect on the challenges and issues which arose, and the implications they have for both research and young people’s experiences. Below I
will focus on one particular issue that had several implications for my research: the control, or lack of, afforded to the young people by the institution we found ourselves in. When reflecting on the research I had done, I felt there had been many things which had made it difficult to do collaborative, meaningful, transformative work with the young people. Often researchers are expected to look to themselves to see what they could have done “better,” but as a community psychologist, I felt it was important to look at sociological, institutional barriers. These not only limited my research, but affect other research and tell us something about young people’s experiences and education as an institution.

One of the biggest hindrances we experienced was that the young people could not volunteer and were afforded little control over the research. It made collaboration in some aspects of the research impossible and, from a rights perspective, made the research less meaningful. Because permission had to be gained from adults before I could approach the young people, a lot of control, as in all areas of education, remained with adults who were put in a position, by the education system, of making decisions of what was best for the young people. In particular the participatory action research I attempted to do with the young people at the Youth Project ultimately suffered as we became drawn into conventional teacher and pupil roles, largely due to our immersion in education. This was particularly interesting as I was actively attempting to avoid these roles: the fact that we often got drawn into them is a testament to the power of education as an institution. Exploring ways in which we had become drawn into these roles, conflicting with one another and attempting control and resistance became a major finding in the project and had implications for ways in which adults and young people interact in education. Had I avoided educational settings altogether and chosen to approach young people away from education, I could still have asked them about school. However, I would have avoided some of the constraints present in this research and learned less about education itself.

When carrying out community psychology work, limitations and barriers like these can feel insurmountable and one can feel findings are meaningless. However, these issues arise in all work, especially in work with young people, or within institutions. What makes research truly meaningful is the careful, critical reflection of the implications of these barriers. Praxis allows us to reflect very carefully and explore limitations, not just conventional aspects, such as subjectivity or the performance of a researcher, but the societal, institutional factors that enable us to describe issues in research and in communities. In the same way, reflecting critically and spending time engaged in the field allowed me to construct research with the young people that was as meaningful as we had in our power to make. Findings from this project, while too lengthy to describe here, were research led from a young person’s standpoint and as such developed very different ideas of young people’s experiences, uncovering some of the negative assumptions we hold as adults about children and young people.

References

Community Action—
Written and edited by Bradley Olson
The Hero-Based Reality of the Community Advocate

It is in the interest of our discipline to afford more universal appreciation to the community advocate. Some of those advocates have borrowed principles of community psychology, some have influenced community science, some have never heard of the field, and many were born before it even arose to existence. We should respect these people and understand their skills and strategies, as well as their stories, their biographical life, and their work. The community advocate should have nothing less than a hero status, “hero” here having the most gender-neutral meaning. Now while many of the true advocates would not wish such a label of “status,” it is not really the status itself that is so meaningful. What is really more relevant is the understanding of the “hero myth” in all its complexity and relevance. It is about how this story can be practically useful for the development of our theories, studies, writings, actions, and ways of everyday living.

The community advocate is a person who argues for a social justice cause. She or he supports, pleads for, and strategizes with others who desire more effective approaches to improve their lives. The term “advocate” comes from the Latin phrase “to summon for counsel” (American Heritage Dictionary, 2000). Advocate in a different sense can mean “attorney,” and while the community advocate could professionally be a lawyer and some of the greatest advocates have had great familiarity with protective laws, the meaning of “advocate” is being used much more broadly here. It attempts to capture the efforts and effects of someone familiar with the language, rules, and barriers people face, and who works (beyond compensation) to ensure that a fair-as-possible system prevails. The advocate identifies the gaps and collaborates with others on how to bring down key barriers to the rights intrinsic to all people. This community advocate deserves hero appreciation in every respected sense, but perhaps also in a more mythical sense. In a usefully metaphorical way the fuller understanding of the advocate’s full existence can, for the reasons any story is so valuable, provide us with rich examples with which to pattern our own lives.

Considering the community advocate as myth could have a number of possible effects. It could serve to counter-balance the stigma and ostracism with which “the advocate” is often seen in scientific and academic circles, particularly in psychology where the pure advocate can be perceived to exemplify “bias.” For some, the advocate is perceived to stand on the other end of the pole from objectivity, and the solution of the empiricist—seen as the opposite—is one of teasing apart “truth” from “values,” separating the “wheat from the chaff.” The reality is that the problem in science may not so much be in how to better pull “truth” and “values” apart, but in avoiding the pretense that the two can ever be extricated. For the traditional scientist who sees the community advocate as a contrast to their own discipline, the hero myth provides a balance. But that really is not the most useful role of myths.
The value of myth and the community advocate as hero myth cannot be fully considered without the more modern archetype of the “anti-hero.” The community advocate in every way reflects the ambivalence many feel in contemporary society toward power structures that oftentimes attend to themselves first and others only later, if extra energy and resources are available. The community advocate often stands up against this power structure with an underdog, get-your-hands-dirty focus on giving oneself up for the greater good, suffusing the underdog archetype with its most romantic qualities. Yet the hero myth and that of the anti-hero are really not all that different: one being a little more ideal, the other based in a little more realism, but both infinitely meaningful. What is even more complicated is that the hero/anti-hero myth is really no myth at all. It is this “myth,” the story, that is so eminently useful and effective for students and others recently venturing out who have the strong desire to become engaged in the community but who incorrectly believe they are left with no other option than to begin this arduous journey alone.

The student almost always hopes for validation, support, and guidance, but only sometimes find it in their most immediate mentors. The student’s efficacy and therefore eventual success toward any path depends to a significant degree upon obtaining external validation. Therefore, when the student does not receive it, the hardest part is often learning how to search for the support elsewhere, and this is often the beginning of the hero’s journey. Yet, if one looks, one can find validation almost anywhere and sometimes it is more in the form of reality and other times more in the form of fiction. It can be found in history, novels, films, poetry, essays, and other media. I often conjure up more geographically local sources. As a Chicagoan, I search for them in the seemingly ordinary and deceptively simple narratives documented by Studs Terkel, and in the boldly honest and community-tested strategies of Saul Alinsky. I find them in the community-psychohistorical writings of Jane Addams, and as figments in the lines of Carl Sandburg. The ghosts that help and guide are almost everywhere one looks if one opens the imagination a bit more. They can be found in the living activists of one’s city or town. Writing down the stories of the hero-community advocates helps solidify their meaning and benefit from their lessons. Because of this presence and this process, the student desiring to be a community advocate is never alone, and never has to step out on this mythical journey without the best guides as their sources of assistance.

From these myths, the student derives meaning and develops new reconstructions. Students can learn how to shape their style. They learn how to more eloquently, unabashedly, and tactfully demand what is naturally deserved. They learn to brush off criticisms of “entitlement” and know better what should be rightfully “owed” by others in regards to rights but which has hitherto been missing. In the world of myths described, compared, spliced, contrasted, and amalgamated by Joseph Campbell, the student can learn that the hero can be prepared for the journey by anyone who possesses the right kind of experiential wisdom. The student also learns that the meaning is in the adventure itself—the highs, the lows, the plot development, and the conflict—and this is where the future hero’s competence is truly refined and fully formed. The best of the hero is always shaped through an engagement with fate, as random and malleable as that fate may be.

In our field, there are other very strong and necessary tools for the start of this work, namely science and education. Science and education, while vital, are just two of the supplies we are given to help us better detect realities during the adventure. Future community advocates may depend more and more on science. However, as prized as these tools are, they should never be depended on too heavily. In the most ad hoc and chaotic situations, the tools of science are unwieldy at best, never able to match the contextual varieties that exist in the wind and rain of community activity, particularly when the heroes begin down more complicated paths. The tools of science moreover never seem to be as effective as they should be in increasing and sustaining motivation or in enhancing the vigilance of ethical practice.

It is this “myth,” the story, that is so eminently useful and effective for students and others recently venturing out who have the strong desire to become engaged in the community but who incorrectly believe they are left with no other option than to begin this arduous journey alone.

Science, though, can be helped along by stories, and stories can equally benefit from science. Blended together with ethics they all contribute to more effective advocacy. The new advocate should, therefore, never forget the stories themselves. The stories, as Joseph Campbell conjectured, are the best guides to reality, giving universal and eternal meaning to our experiences as they are passed down from person to person, from generation to generation, from culture to culture, with the express purpose of meaning and good direction. Discovering precisely how these myths can be better integrated with our episodic knowledge, ethics, and quantitative science is a significant challenge. Yet they do apply concretely to our real world needs and are critical for a more holistic translation of our science into practice, and subsequently praxis. These benefits may be summed up in the story’s ability to enliven and enrich meaning and to provide a meeting place between abstractions and action, perhaps by adding their tendency to throw in a little adventure into the mix as well.

In the scheme of science, community psychology does remarkably well with stories. It is a strong suit for us. The documentary studies of myth we possess are so generative, in part, because oftentimes the most dedicated, action-oriented community advocates spend little time writing fine words and are too busy instead working to redact the engulfing gaps in community realities. So some of the rest of us need to keep writing down their passages and travails, and for the sake of the future, record their stories without adulterating them excessively.
The compilation of these stories of the real community advocates would make up our own *People’s History of Community Psychology*—much in the tradition of Zinn’s *People’s History*. Documenting the advocate’s story as a hero of the field does not discount the empirical science derived from within the university. It more fully recognizes that much of our pragmatic science was first developed and validly tested in the proverbial “field” (the streets, storefronts, gravel roads, Alaskan woods, and other gathering places of dissension, empathy, and listening). Oftentimes without academic degrees, our pure advocates have gerrymandered the finest of innovations, and those innovations, justifiably, have since been borrowed and translated into our psychology. The academics have subsequently placed them in sometimes elegant and at other times harried models—I often like these latter chaotic ones the best. There has been a mutual exchange that hopefully will continue to go back and forth through time. It is nevertheless worth recording when the origin of these transformative ideas, like the heroes themselves, were forged within the community and shaped by the everyday activists.

The ghosts that help and guide are almost everywhere one looks if one opens the imagination a bit more.

The rationale to move beyond strict conceptual models and traditional nomothetic approaches of the person and community may be found in the need to understand the full lives and full communities, both their ups and downs, and their transition points. The rationale is found in the benefits of Campbell’s myths, and equally in the whole emerging of the anti-hero archetype within the last century. The rationale is found in the need to understand, not only strengths, but frailties, doubts, obstacles, mistakes, and redemption.

In more fully understanding the person, we should never forget the community. On the hero’s journey, the hero is rarely alone. Therefore, while we may discourage an exclusive focus on the individual, the best communities are always made up of a collection of heroes/anti-heroes working collectively. Our grouping together and documenting mythical and reality-based essences—understanding them on multiple levels and combining them with empirical science—can help give us strength and sustenance for our respective journeys. The community advocate is a fine ideal to help trace the initial paths for this long excursion.

**Community Action Research Center Network**—

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

Creating Futures in Disability Studies: Nesting Community Action Research

~Peter W. Dowrick & JoAnn W. L. Yuen, University of Hawai‘i at Manoa

In 1998, one of us (Dowrick) published an article describing our Center on Disability Studies, and other centers like it, as a “community response programme.” These centers, at the time called university affiliated programs (UAPs) for developmental disabilities, grew out of legislation by the Kennedy administration in 1962. Now every US state and territory has a UAP, and a few have two or more. What sets these programs apart from other centers for research and program development is their intimate responsiveness to the “community”—in this case, defined as people with disabilities and their families, within the local region and nationally. Legislation demands that consumers are included in every aspect of these centers’ activities, that state needs are identified, and that cutting-edge resources are developed to address the needs.

We could choose to feast on the funding priority of the day determined in Washington DC, but this would not make us more responsive to the communities we serve or adaptable to our unique socio-economic conditions in the Pacific Ocean. We need to adapt and expand our research and implementation niches, not to become extinct.

It is no coincidence that some of the most extensive overlap between disability studies and community action research in the US occurs at UAPs (now UCEs, university centers for excellence, original law PL 88-164). Centers in Hawaii, Illinois (Chicago), and Kansas (Lawrence) provide good examples. The two fields of endeavor have significant goals and methods in common—for instance, participation, self-determination, and full inclusion in society at large and in the associated research (see Keys & Dowrick, 2001).

The Federal Government provides $200,000 to $500,000 per year to each of its centers, for the sole purpose of leverage. That is, the core funding is to support activities that lead to other funding, which supports interdisciplinary training, model services, and research. Thus every UAP/UCE evolves differently. Our Center on Disability Studies currently has over 45 separately funded projects and 80 products ($12M, 2005–2006) for such issues as improving employment opportunities, transition to adulthood, inclusion in regular classrooms, health disparities, better basic education, cultural and linguistic differences, social skills, and uses of technology.

Within our Center, there are two distinct units and an additional slew of “freely associated” grants. Although UCEs are required to report on the participation and inclusion of the consumer community, there are differing degrees to which this oversight builds real responsiveness. As with other grant-funded enterprises, there are two other activity-shaping factors: first, what
the funding agencies are interested in and willing to pay for, and second, the interest and talents of the people willing to write grant proposals. Thus themes become short lived, and staff turnover is high, as an agency shifts from postsecondary education to the design of assistive devices, for instance. Or an activity continues beyond its usefulness, as a faculty member carries on pursuit of an area in which he or she has built a track record.

One unit of our Center, the Pacific Outreach Initiative, was created by separate and continuing funding to bring UAP activities to American Samoa, Guam, and other island nations that have special government status in the US. The other unit, the one we really wish to describe, is called “Creating Futures”—which is also the theme that unites its activities. We (the two authors of this article) direct a team of four faculty, five research/program assistants, and many site coordinators and partners currently implementing four grants in ten geographic communities.

There is another level at which the scientist-practitioner can respond to the community. All we have indicated above is that the selection of activity (tutoring literacy versus providing wheelchair access) is based on identified needs, and that members of the community participate in the decision and the actions. To that we have extended a Community Responsive Model (CRM) to the way we do business—the way we implement and continually adjust our goals and activities (e.g., Dowrick, 2007; Yuen, Dowrick, & Alaimaleata, 2006).

The CRM has seven elements, following the acronym “EIN STEP”:

1. Establish Our (the Agency’s) Potential to Act in Support of a Community.
2. Invitation Is Given by the Community such that our personnel can interact with insiders.
3. Needs are Identified as Defined by the Community.
4. Strengths Assessment and Awareness allow respect for and responsiveness to culture and values.
5. Training and Training Trainers for empowerment, capacity building, and beyond.
6. Evoked Images of Future Success, by the community at large and by its members.
7. Participatory Action Based on Data provided by the community and collected by the agency.

Intensive self-monitoring, observations, and discussions keep programs alive and on track. We have built considerable detail around these principles, as illustrated in empirical examples of our applications (also see Dowrick et al., 2001; Dowrick & Yuen, 2006).

Having a disability leads to marginalization. Whatever approach is used—individual skills training, changes to the environment, etc.—moving off the margins improves outcomes. In this way, community action research has equipped us to be helpful with other conditions of potential marginalization: minority/immigrant/indigenous status; situations of abuse or breaches of the law; linguistic or cultural diversity. Thus we have been able to pursue a variety of grants with an emphasis on human development and personal potential versus disability.

To support the creation of more positive futures, we focus on skills/situations with a history of failure or significant challenge. Whether it is the challenge of shooting free-throws, making friends, or mathematical problem solving, an image of future success, where hitherto there had been none, whips a person off the isolation of the margins (see Dowrick, 1999, 2007). Sometimes we create these images explicitly.

On average our ACE students (struggling in reading and math) gain 1 grade level (sometimes 2 or 3) in 8 to 10 weeks, with 2–3 hours of supplemental, engaging activities. ACE not only benefits tutees but our community-based tutors and trainers create new futures.

- High school student “Arie” trained as an ACE tutor and had natural classroom skills that were recognized by her coaches. She graduated and headed to beauty school. She needed a part time job and we needed an ACE coordinator so we hired her. She enjoyed the experience so much that she is now working on a degree in education, with a clear destiny to contribute significantly to society.
• “Clifford,” a high school student enrolled in an adjudicated youth program, became an ACE tutor in a community-based after school program. His attendance in school was less than perfect while his attendance as an ACE tutor was perfect. When Clifford received his first paycheck he was all smiles and wanted his picture taken with the check. He wanted to show his Mom what he could do, contrary to her belief that he was no good. Clifford has since been reinstated in his home school.

• “Chance’um” a high school boy from the Marshall Islands was having difficulty learning English and his teacher used video feedforward to create images of Chance’um reading English fluently. Watching the video he improved fluency by a factor of 3. When he took the video back to the Marshall Islands, it was aired on public television.

• Mene (‘meh-neh’) was an American Samoa teacher and ACE master trainer. When he established ACE after school, he was voted Samoan teacher of the year. He enjoyed the work so much that he moved out of the local classroom into teacher training at the university.

Pursuing a theme and a model entirely on soft money is risky. Twice in the last 3 years, we have pulled ourselves back from the brink of starvation. We have also had episodes of gluttony . . . from too much funding, creating problems of needing additional staff and space without the likelihood of maintaining them beyond the current surge of funding.

Adaptation and responsiveness has been the key to our survival. We developed the ACE Reading program to meet a specific need (for example, beginning reading in low-income, at-risk communities) defined by neighborhood schools. We used this success and furthered our action research by creating a family of ACE Programs (all ages, various literacies, math, technology, social skills, sports, etc.) based on the same principles and strategies, and crisscrossed with feedforward, video or otherwise. We adapted programs to a variety of contexts, for the community, by the community. ACE evolved from a school-based reading program (protocol integrity); to an after school reading program (replication); to reading, writing, and math in community technology centers (community responsiveness, more replication). Currently, we are moving these models into multicultural contexts (cultural responsiveness), which include Native Hawaiian and English as a Second Language settings. ☩

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CULTURAL AND RACIAL AFFAIRS—
Edited by Pamela P. Martin

Faith and Political Advocacy: The Faithful Citizenship Voter Registration Project

~Lindsey McGowen, North Carolina State University

How do theological orientations influence political participation among diverse ethnic groups? My experience conducting voter education and registration in ethnic faith based communities has led me to identify three mechanisms through which faith influences political participation: legitimacy and trust, values, and leadership. In working with the Faithful Citizenship Voter Registration Project, I found that faith based communities served as a vehicle for political participation. The Faithful Citizenship Voter Registration Project was an eight city non-partisan interfaith group working in partnership with local communities and faith based groups to register low-income and ethnic minority populations to vote. The project was organized by the National Interfaith Committee for Worker Justice and operated in eight cities: Chicago, IL, Kansas City, MO, Minneapolis/St. Paul, MN, Portland, OR, Tulsa and Oklahoma City, OK, and Elmira and Syracuse, NY. It was conducted during the summer of 2004 in preparation for the presidential election. The organization’s goal was to register 20,000 new voters.

References


I participated in the Tulsa FCP with four other interns and a site director. Our goal was to register 2,500 new voters in the Tulsa area while primarily targeting minority and low-income populations. By the end of the project, our team registered 3,468 voters, surpassing our goal by 54%, the highest percentage of all the eight sister projects. I attribute our success to collaboration and the sense of community we fostered with faith based communities as well as the long-term nature of these relationships.

The legitimacy that faith based communities have historically held in ethnic minority populations served as a vehicle for developing trust with these communities. Faith leaders are crucial for promoting civic participation because they set the tone for the congregation and instill a sense of priority and vision regarding the issues they address. This support is essential given low rates of voting. Pastor Calvin Battle, head pastor at Greenwood Christian Center, confessed that “the odds are stacked against them,” and continued, “Only 25% of Evangelical Christians voted in the last presidential election, and that number sharply decreases in minority communities.” By reducing barriers to participation, the FCP team sought to help those who have been disenfranchised to reclaim their own political power. Pastor Battle explained that “people often feel more comfortable discussing issues and meeting candidates in their house of worship than they otherwise might feel in a political forum.” He went on to cite a lack of accessible, trustworthy education about the candidates and political issues as the key factors that keep people from voting. Our FCP team worked with Pastor Battle to bring local candidates to the congregation to introduce themselves and their platforms. We also conducted educational outreach about voting laws and registered congregational members to vote. Given that ethnic groups have been deceived and disenfranchised for so many generations, we see our efforts as a step towards renewing hope and faith in the political process. Through partnership, our FCP team, and the commitment of the church’s leadership, this 800-member Evangelical and minority congregation registered almost all of its eligible members.

Our FCP team also worked with Higher Dimensions Family Church, a predominantly African American congregation whose Bishop, Carlton Pearson, is active in the community. Higher Dimensions has had a long standing relationship with my home church, All Souls Unitarian Universalist Church. This relationship allowed the FCP team to more easily gain access to the congregation by building on the existing sense of community. We worked with Imogene White, Director of Member Care, to plan a voter registration event at the Church’s next “Family Sunday.” Mrs. White said that her commitment to political participation came from her experience traveling abroad: “In my travels I’ve seen such oppression where people are literally dying for the right to vote. In America, we have that privilege but there’s so much apathy, and that disturbs me. A lot of people don’t vote, and then they grumble about the way our country is.” On the day of our voter registration event, Bishop Pearson’s sermon was on the importance of being an engaged citizen and living out one’s faith in civic life. He explained that while he believed in the separation of church and state, he felt that it was appropriate, indeed essential, for theological beliefs to influence daily life. People of faith believe that God gives life for a purpose, that each person’s voice is significant, and that it is necessary to work for justice and participate in civic life. Bishop Pearson concluded his sermon by encouraging the parishioners to be “devoted to voting!”

“In my travels I’ve seen such oppression where people are literally dying for the right to vote. In America, we have that privilege but there’s so much apathy, and that disturbs me. A lot of people don’t vote, and then they grumble about the way our country is.”

After the service, church members gathered for lunch and voter registration. Well-connected volunteers were recruited to participate in the voter registration efforts because they were active church members able to identify others that needed to register. Senior Executive Pastor Jesse Williams even helped out, setting an example by re-registering to vote with his new address. This faith community held that responsible citizenship is a virtue and participation in the political process is a moral obligation. This theological orientation influenced community members to become more involved in the political process.

My experience with the Faithful Citizenship Projects helped me to recognize the importance of faith based communities in fostering civic participation, especially in minority populations. In fact, my first experiences with the political process and civic engagement generally were with my church’s youth group activities. Congregations serve as safe gathering places where discussions of values and how they can be incorporated into daily living is encouraged. Faith leaders can play a key role in legitimizing political participation as a moral and ethical responsibility. Finally, faith communities have historically been trusted institutions within minority and wider populations. Due to the commitment and trust that community members feel for these institutions, faith based communities can begin to breakdown the barriers to political participation and mistrust that minority populations (as well as the larger population) often feel toward our national political system. I hope that my work to register minority voters has allowed those who may have felt that their voice was not heard to reclaim their own political power.
During the last several decades, educators have noted that youth who are teenage mothers (American Academy of Child and Adolescent Psychiatry [AACP], 2004) or have a learning disability (LD) (National Longitudinal Transition Study [NLTS], 2001) drop out of school at extremely high rates. While falling into either of these categories puts youth at great risk for high school dropout, during or just after high school approximately one half of young women with LD become mothers (NLTS, 2001), placing them in both risk categories. Although teenage mothers with LD had not previously been a focus of research, some research has found that young mothers with diverse disabilities, including LD, are particularly likely to drop out of school (Blackorby & Wagner, 1996). School dropout for these youth is of particular concern given findings that dropouts and their dependent children experience a host of negative consequences (Blackorby & Wagner, 1996).

Until the Young Moms with Disabilities Study, no research had explored the multiple individual and environmental factors that contribute to teenage mothers with LD dropping out of school. In addition, few researchers had attempted to study the process of high school dropout (Frymier, 1996). Further, the perspectives of students had typically not been included in efforts to understand problems in schools in general or school dropout in particular (Proweller, 2001). To begin to fill these voids in the research literature, I used grounded theory procedures to explore the conditions and contexts that led a group of teenage mothers with LD to drop out of school, the consequences they experienced as a result of dropping out, and the strategies they used to deal with these consequences.

An Ecological and Grounded Theory Conceptual Framework

There is much support for an ecological orientation or worldview to understand school dropout. For example, Proweller (2001) stated about teenage mothers who dropped out: “Like all students, they can and should be held accountable for learning and living, but the educational community can only ask this of them if conditions are created to support students reaching their goals” (p. 23). An ecological perspective (Bronfenbrenner, 1977) allowed me to take this range of factors into account. Further, because dropout is a process, I used a grounded theory approach (Strauss & Corbin, 1990) to facilitate the development of an empirically derived theory of dropout that prioritized the young mothers’ experiences.

I sought to answer the research question: Why do teenage mothers with LD drop out of school? To answer this question, a number of sub questions were posed, consistent with a grounded theory approach (Strauss & Corbin, 1990): (1) What conditions (e.g., what types of resources, people, or interpersonal situations directly impact drop out for teenage mothers with LD?), (2) contexts (e.g., what combinations of conditions directly impact drop out for teenage mothers with LD?), (3) consequences (e.g., what experiences did teenage mothers have as a result of dropping out of school?), and (4) strategies (e.g., what types of actions or coping strategies do teenage mothers use after they drop out of school?) are related to school dropout?; and finally (5) What are the patterns of relationships among conditions, contexts, consequences and strategies that make up the process of school dropout for teenage mothers with LD?

Method

Twenty teenage mothers with LD participated in the current study. All of the teenage mothers participated in a first interview and 17 of them (85%) were interviewed a second time. Ten of the teenage mothers with LD had dropped out of public high school programs and 10 had never dropped out of such programs. I included the young mothers with LD who had never dropped out of public high school programs to help me to both develop and validate the theory of school dropout; from this point forward I refer to these mothers as persisters.

At the time of the first interview, the 20 teenage mothers who participated were an average of 18.40 years old (range: 16 to 21) and had an average of 1.25 children (range: 1 to 3) who were an average of 21.4 months old (range: 1 month to 7 years). The mothers had been an average of 16.38 years old (range: 13 to 19) when they gave birth to their first child. All 20 of the participants had been diagnosed with LD by the local public school system and all were determined to be living in poverty. Seventeen were African American (85%) and three were Latino (15%). It had been about 3 years since the young mothers dropped out (range: less than 1 to 5 years). I observed no systematic differences on the demographic variables between the young mothers who had dropped out of public high schools and the persisters.

I used a semi-structured interview protocol to ensure that I could ask general questions about factors that have been found to be important in the research literature, and at the same time, provide participants with opportunities to share other experiences and perspectives that may not have been represented in the research literature.

One graduate research assistant and I collected data from teenage mothers with LD in schools, community agencies, and in their places of residence, including homeless shelters. We paid teenage mothers $30 for participating in each interview. All interviews were audio-taped and transcribed verbatim. Transcripts were imported into the NVivo software program.
I analyzed the interview transcripts using open, axial and selective coding (Strauss & Corbin, 1990). I focused my coding on the core code of school dropout in order to develop a parsimonious theory. In terms of axial coding, I used the coding paradigm developed by Strauss and Corbin (1990) to identify and understand how categories represented conditions, contexts, consequences, and strategies related to high school dropout. By following these procedures, the theory of school dropout for teenage mothers with LD emerged from, and therefore was grounded in, the data.

Findings
The results are presented in four major sections related to the conditions and contexts that led to school dropout, the consequences the teenage mothers with LD experienced and the strategies they used to deal with the consequences. The contexts, representing unique combinations of conditions, are presented first to facilitate understanding of the rest of the results.

Contexts for School Dropout for Teenage Mothers with Learning Disabilities
The first context included eight teenage mothers with poor network and school supports who were unmotivated and dropped out of school. The second context included two teenage mothers who were motivated to succeed, but neither could overcome the obstacles created by their lack of network and school supports. Finally, the third and contrasted context included 10 teenage mothers who were motivated to persist in school and who had moderate to high levels of network and school supports.

Conditions of School Dropout for Teenage Mothers with Learning Disabilities
Three conditions led teenage mothers to drop out of public high school programs. I found that the absence of any one of the conditions resulted in a teenage mother’s dropout.

A lack of network support for school. A lack of network support was characterized in three primary ways: a lack of support related to child care that the teenage mothers needed to be able to attend school (n=6), a lack of encouragement related to school (n=7), and direct interference in their school enrollment (n=3). In contrast, the teenage mothers who had persisted all noted that they had moderate to high levels of network support for their education.

A lack of support at school. Poor support at school was characterized by a lack of teacher support (n=5); poor relationships with peers (n=6); and problematic policies, procedures, and practices (n=6). In contrast, the teenage mothers who had persisted described several negative but many more positive and supportive experiences in school.

Motivation to attend a public high school program.
The teenage mothers who dropped out, in general, reported less consistent motivation to attend school than the teenage mothers who persisted. Specifically, eight of the teenage mothers who had dropped out of school cited their lack of motivation as a significant contributor to them leaving school, while two reported that they were highly motivated to attend school but a lack of network support and a lack of school support had prevented them from continuing their secondary education in public high school programs. In contrast, the 10 teenage mothers who had persisted all reported moderate to high levels of motivation to attend school in order to complete their secondary education.

Teenage mothers’ motivation for school was contextual. Motivation was eroded when support was absent and sustained when support was present. The lack of motivation of the eight teenage mothers for whom school was not a priority resulted from a lack of network support (n=5), a lack of support at school (n=6), and priorities other than their secondary education that they developed (n=4).

Consequences of Dropping Out of Public High School Programs
All of the teenage mothers with LD who dropped out of high school programs indicated that they were unhappy about their dropout status. The teenage mothers who lacked support and motivation regretted their lack of progress in school and the social events they had missed, most notably, prom. Others’ negative reactions validated their feelings of regret and were often accompanied by new encouragement for them to return to school. Similar to the teenage mothers who had persisted in school, some of the teenage mothers who had dropped out reported that they wanted to “be something” and do something with their lives (n=5). They also reported being motivated to be providers (n=3), teachers (n=2), and examples (n=3) for their child. The two motivated teenage mothers whose mothers had interfered with their school enrollment experienced frustration and resignation, their mothers’ continued criticism of them, and their own continued motivation to complete their secondary educations.

Strategies Teenage Mothers with Learning Disabilities Used to Deal with the Consequences of Dropping Out of School
After they dropped out, the teenage mothers used their motivation to engage in two main strategies to continue their secondary educations: attempts to reenroll in regular high school programs, alternative high school programs, and GED programs and attempts to sustain their reenrollment in these various educational settings. When they were able to compensate for the lack of supports that had led them to drop out of school in the first place, they were successful at reenrolling and sustaining their reenrollment. Noteworthy is that only three of the 10 teenage mothers who dropped out were eventually successful at overcoming network and school support barriers. The remaining teenage mothers either failed to reenroll in or dropped out of these new settings, creating a cycle of attempts to reenroll and sustain their reenrollment.

Conclusions
The grounded theory of school dropout that I developed in the present study not only explains why teenage mothers with LD drop out of school, but also shows why they do not get back in. Other theories of school dropout in the research literature do not fully represent the experiences and perspectives of teenage mothers with LD who live in an urban environment and do not account for the process of school dropout beyond identifying reasons why youth drop out of school. The findings also challenge assumptions that teenage mothers with LD do not care about their educations and are doomed to failure. Of significance is the finding that school dropout is related to an absence of needed network and school supports, and that a lack of these supports coupled with other priorities, erode school motivation for teenage mothers with LD. As such, rather than think of these young mothers as a group that does not value education, we should focus instead on the ways that
their social networks and schools fail to support their school persistence. The results of the present study can be used to improve efforts to both prevent school dropout and return teenage mothers with LD who have dropped out back to school.

**Author Note**

After completing my preliminary examination at UIC, I launched the Young Moms with Disabilities Study to understand school transition processes for teenage mothers with LD, including school drop out and success. I take this opportunity to present a summary of my dissertation research, a part of this larger study. This work was funded by a grant from the US Department of Education, Office of Special Education Programs (Grant # H324B20071). The opinions expressed here are mine and not necessarily those of OSEP. I gratefully acknowledge the young mothers with disabilities who participated in this research and the many teachers and service providers who helped me recruit them. More information can be found at http://www.uic.edu/orgs/empower.

**References**


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**LESBIAN/GAY BISEXUAL/TRANSGENDER—**

Edited by Cathy Chovan & Peter Ji

**Overcoming Learned Helplessness Through Resilient Connectedness: Implications for Activism in the LGBT Community**

~Katherine Taylor, Penn State, Harrisburg

**Introduction**

Given the politically charged environment around Lesbian, Gay, Bisexual, and Transgendered (LGBT) issues, many of us have become cautious with the battles we choose to fight due to the fear of retribution in everyday life (Russell & Richards, 2003). While the fear is real and the consequences concrete, one has to wonder whether fear is inflated to smother activism within the community. Has the dominant hetero-culture fed propaganda to the LGBT community to make us live in fear so much so that we do not even attempt revolt or reform?

The mere idea of consequence paralyzes the average LGBT individual from daily attempts to live by purposeful engagement of existence, or more importantly, for collective change. This fear has been perpetuated by the dominant hetero-Western society through a multifaceted realm of social propaganda: media, policymakers, pulpits, etc., all with the intention of heightening the community’s apprehension. The perfect example of this is legislation. By the Bush administration attempting to make same sex marriage unconstitutional, policymakers immobilize collective action through inequity and, in turn, alienate an entire population.

**Internalized Oppression and Learned Helplessness**

Internalized oppression can also lead to the oppressed becoming their own oppressor (Sonn & Fisher, 1999). LGBT citizens have learned how to avoid circumstances that would put them at risk either socially or physically. These circumstances come in many forms from work, to family, to healthcare. Along with the stress of avoiding these circumstances come feelings of humiliation and shame. In other words, we are taught to think that we must avoid “coming out” because society says it is reprehensible. This sense of learned shame stifles collectivity and produces apathy in the LGBT community towards activism.

Therefore, I posit that societal learned helplessness has been instilled upon the LGBT community by the dominant hetero-culture as a means of hindering activism in the LGBT revolution. “Learned helplessness theory is the theory that some people become depressed because they have learned that they have no control over the major events in their lives” (Kalat, 1993, p. R-44). The LGBT community suffers intense oppression in multiple forms from the dominant hetero-culture. Subsequently, the community has learned safety in passivity and therefore the strength of the movement has been suppressed.

Much like the idea of the glass ceiling, learned helplessness has become the invisible fencing that confines the LGBT community. At the core of learned helplessness is fear; boundaries crossed are harsh lessons learned that often have negative psycho-

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**EDUCATION CONNECTION—**

Edited by Jim Dalton & Maurice Elias

We are happy to co-sponsor, with The Community Practitioner, Kelly Hazel’s article, “Infusing Practice into Community Psychology Graduate Education.” Building on her recent Education Connection column on trends in graduate training (“Are Opportunities for Graduate Training in Community Research and Action Diminishing?” The Community Psychologist, 39(4), 19-25), Kelly now calls for more systematically integrating the practice of community psychology and community research and action into graduate training. Hopefully, her perspective will help open a multi-sided discussion of these issues, especially in the Practice Summit and elsewhere at the upcoming Biennial.
logical and sometimes physical consequences. This sense of delegitimized dismissal may establish apathy in the LGBT community. People stop reacting as they attempt to find normalcy and safety in their lives, thus creating immobilization of activism.

Russell & Richards (2003) studied the LGBT community’s response to the campaign in Colorado on Amendment 2 (an amendment to deny legal options to those victimized by discrimination based on sexual orientation). As one can imagine, those in favor of the amendment perpetuated stereotypes of the LGBT community. In turn, the LGBT community responded with hopelessness in the moral nature of people. They doubted their previously held beliefs of the world being good and fair. Through battles like this, the LGBT community has learned distrust and suspicion of the dominant hetero-Western society. Generations of never being proven wrong about the discriminatory practices of the “majority” has produced LGBT’s learned helplessness.

Learned helplessness is also a result of the power differentials in society. One cannot ignore the politics of power: “It is not necessarily true that people with the greatest needs participate in politics most actively—whatever decides what the game is about also decides who gets in the game” (Schattschneider, 1960, as cited in Hardy & Leiba-Sullivan, 1998, p. 455). Nelson & Wright (1995) utilized Lukes’s (1974) dimensions of power by illustrating how the less dominant group accepts power differentials as natural and normal. Because they accept their position, there is no conflict. In the same vein, Harrell and Bond (2006) maintained that privilege allows the dominant group to establish the norms that are socially accepted and that perpetuate oppression in the forms of heterosexism.

Many would agree that the most potent weapon of oppression is within the mind of the oppressed: “Oppression is easiest to sustain when the disenfranchised internalize their oppression and support rather than resist it” (Watts, 1999, p. 257). Some even hypothesize that the very idea of social injustice plays a role in the lack of activism amongst discriminated groups. Jackson, Kubzansky, & Wright (2006) advised that “the mere perception of unfairness can have psychological consequences: for example, powerlessness, anger, guilt, and avoidance” (p. 21). Therefore the LGBT individual faces the stress of unfettering inequality and, in effect, can lose sight of collective action which leaves oppression unchecked.

Furthermore, Jackson, Kubzansky, & Wright (2006) found that individuals disengage psychologically when faced with stigma or unfair evaluation. As such, inactivity becomes understandable and easy to justify, especially if one’s wellbeing is in jeopardy. However, Harper & Schneider (2003) illustrated that “the closet” can be just as stressful and harmful to an individual and to community action. Those in hiding are constantly avoiding circumstances that out them to co-workers, family members, etc. and therefore appear or become withdrawn: “Managing a double identity can become a preoccupation and some people report finding it so stressful that they become introverted…” (p. 247).

**Toward Resilient Connectedness Through Shared Identity**

I counter with faith in the concept of community and resilient connectedness. I define resilient connectedness as tenacious and persevering bonds through which people who have experienced adversity or oppression interweave their struggles to form powerful and politically charged community relationships. Similarly, Brodsky & Marx (2001) illustrated this sense of community through membership: “Membership is supported by such components as boundaries, belonging and identification, a feeling of emotional safety and personal investment” (p. 168). The concepts of sense of community and resilient connectedness share general ideas of membership based on commonality. However, the concept of resilient connectedness is a specific form of sense of community that is a connection built around shared oppression and shared identities. By fostering such resilient connectedness, mobilization can develop the LGBT community’s strength in mass proportions.

In the instance of learned helplessness, the LGBT community could benefit from a collectively defined identity that can give empowerment to the movement, an identity that is representative of the diversity within the LGBT community. Bernstein (2005) advised that, “to act politically, all social movements need identity for empowerment…” (p. 59). Queer theory attempts to do just this. Queer politics formed in the late 1980s in response to the lesbian and gay movement’s representation of the community as middle-income, gay White men and single-issue, gay-only politics (Bernstein, 2005). The LGBT community is clearly not homogeneous or androcentric, therefore should take care not to identify under one definitive umbrella but, rather, to include the entirety of the population. Within the LGBT community there are myriads of subgroups including diversity based on class, generation, race, ethnicity, culture, etc. Defining a multifaceted, multi-cultural, and multi-gendered identity would help to instill unity and a sense of resilient connectedness to the cause. In effect, we should celebrate diversity within our community.

Thus, by finding a central theme, the LGBT community could counteract the power of the dominant hetero-culture and create a collective sense of community. A divergence of solutions is necessary to define a variegated people. Rappaport (1981) advises: “We will, should we take empowerment seriously, no longer be able to see people as simply children in need or as only citizens with rights, but rather as full human beings who have both rights and needs” (p. 15). As such, the LGBT community needs resilience connectedness to stay empowered and a mantra of inclusiveness to survive in the face of the dominant paradigm.

**The Power of Collectivity**

The LGBT community has strength in numbers. There is power in organized people and as Alinsky (1971) instructs, “the power in the main has always gravitated towards those who have money and those whom people follow” (p. 138). As a population, the LGBT community has all the power and resources necessary to take action. Action is defined by Speer and Hughy (1995) as: “a collective attempt to exercise social power developed through organization” (p. 735). To make a collective change towards equality, we must act united against the front of discrimination.

We may have fallen prey to the pseudo-comfort of our established existence. Motivation to step outside our created safe haven amongst a perceived dangerous society is not something many of us would readily voyage beyond. Although the LGBT community has been taught apathy through fear and learned helplessness, together the community is strong. Alinsky’s (1971) ninth rule for power tactics is: “The threat is usually more terrifying than the thing itself” (p. 129). Accordingly, an individual can instill unity by bringing awareness in her or his own immediate circles. Educating those around them on the privilege and power held by the dominant would start people applying knowledge in their personal lives and continue the cycle of awareness.
Perhaps it is time to put learned helplessness in the closet. By overcoming our embedded apathy, we can increase LGBT visibility and reinvigorate a collective movement. By beginning with ourselves and extending knowledge to those around us, the education of the nation will ensue through a rippling effect. Acting locally and thinking globally can fuel the equality revolution. The movement toward social change encompasses the empowerment of the LGBT community. After all, power is in the hands of people who are organized, and there is strength in the numbers that make up the LGBT community. If established, the LGBT community’s power could surpass any dominant regime. The community must come together through resilient connectedness, realize its strength in mass proportions, and fight for equality.

Special thanks to Holly Angelique for helping in the development of this article.

References

Living Community Psychology—

Edited and written by Gloria Levin

“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.

~Gloria Levin: g-levin@comcast.net

Featuring: David Lounsbery
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“Aha moments” can occur anywhere, anytime. A significant “ah ha moment” for David Lounsbery occurred at Dulles Airport after a return flight to the US. After receiving a BA in economics from the University of Maryland in College Park, he spent a few years as a research assistant working in the international public sector for an economic consulting firm, Robert Nathan Associates. This work took him to Bangladesh for six months in addition to stints in Nepal, Ghana, Togo, Mauritania and Zambia. He was, therefore, experienced in navigating different cultures, but it wasn’t until his return from one of these trips that he had “the ah ha moment,” realizing that “everyone taking care of my luggage, driving the cabs and buses, were of color and maybe foreign. And most of the passengers looked like me—white and male.” At that moment, he was struck with how being male and being white facilitated opportunities for him but not for others who lived under a different opportunity structure.

Earlier in his life, David would have denied his privilege, considering his hard work as the prime determinant of his life path. “I was from a buffered privileged background, from a primarily White, Christian suburban community adjacent to Baltimore, Maryland. I wasn’t exposed to very much diversity.” He was imbued with his father’s belief in society as a meritocracy in which what one earns is dependent on hard work. “My father was a mechanical engineer—very nose to the grindstone, very organized, very efficient . . . On the other hand, I learned it was perfectly alright to make mistakes—that you could always undo and redo, take it apart and then rebuild it.”

David selected a career in community psychology for multiple reasons. The field is similar to economics in being a “big picture social science,” but different in that it promotes social justice and action. “I’m a practical person; I like to get down to business to do something about things that are disturbing or that we think we can improve.” Issues of racial diversity captured his commitment, especially as applied to school sys-
tems as multi-cultural interventions. His mother’s influence also was a determining factor in his career choice, having inherited her compassion as “a truly open and giving person.” She stayed at home to care for David and his two younger sisters, Chris and Cindy. Her indirect influence on his career choice was her chronic major depression when he was growing up. From this experience, he was sensitized to the challenges in accessing mental health services, in particular, the difficulty in communicating with physicians. “There was a power balance. You were at their mercy,” David recalls. Stigmatization only compounded the problems for David’s family (“people viewed her and us differently”), but he knew that the system should and could be changed. David’s growing identification as a gay male was another factor that led him to a more critical, reflective life view.

After working in international economics, he decided to pursue a graduate degree. Upon reading the survey of community psychology graduate programs, he thought that this field might be a good fit. His original idea was to enroll in a few community psychology courses back at the University of Maryland at College Park with Ed Trickett, to get a taste of the field. However, he was barred from taking upper level courses as electives so had to enroll in a full slate of courses, ending after one year with a second bachelor’s degree, in psychology. He believes that his grounding in general psychology was key to his eventual acceptance into Michigan State University’s (MSU) graduate program. “I wouldn’t have understood enough to have written my admissions statement in a way that reflected a knowledge of psychology and an appreciation for where community psychology sat within the history of the discipline overall.” (At that time, Maryland’s graduate program combined clinical and community, but David “had a distaste for clinical psychologists and psychiatrists” from experiences with his mother’s illness. He wanted a community-only program.)

“I was really naïve about what seeking a PhD was about—becoming an academic, a scholar. I had some relatives with PhDs, but I really didn’t have a context for that. I didn’t understand the game.” Fortunately, his choice of MSU turned out to be better than expected. Once having majored in computer sciences, he “loved the idea of using computers to study things and organize data. And I got a lot of satisfaction out of taking classes and doing well. I like the structure.” Always having had to work very hard in school to do well, he threw himself headlong into MSU’s “amazing” program, in which the students and the faculty supported each other. “I was very active with the department; we were a very cohesive group, coming close to being a family.”

David started out expecting to conduct research on school systems, focusing on cultural diversity and multicultural education. He feels that this is the basis upon which he was admitted to MSU. However, he learned that public schools are very closed systems, leery of outsiders. “They didn’t trust me. These schools had African American women principals and primarily African American or Latino students. Although I could have learned a lot if I were inside, I wasn’t able to facilitate enough trust.” The schools were not only leery about his being “a White boy from Lansing,” but also about his being a psychologist rather than an educator. “Maybe there was a certain level of audacity in my having thought I’d be welcomed in.”

He found a more natural fit within the HIV community, working through funds provided by the Ryan White Care Act which was impacting many communities, including relatively small communities in the Midwest. Not only was there a huge need (this was around 1994) but, unlike the schools where he was asking permission to enter, the HIV community invited him in. “We were still at the point where the new pharmaceuticals that have made such a difference in the quality of life for people living with HIV hadn’t been made available yet. I remember people who were just trying to hang on. The arrival of the combination medications was something like a miracle for many, but not all, people.” Although he had been accepted at MSU because of his interest in doing educational research, he felt AIDS was as important as any other issue he could work on and found great satisfaction in doing so. His being gay was an advantage, since many HIV workers in the Lansing area at that time were lesbians and gay men.

David not only changed direction in his social problem focus but also changed direction in research methods. Although MSU’s community psychology program was famous for traditional, experimental designs and field experiments, “I eventually realized that I could only go so far with quantitative techniques so became very interested in doing qualitative work as essential to good community research. It’s challenging to really understand the complexities and the dynamics of communities. You can learn a lot by describing what is going on and reflecting on that and putting a framework on whatever your problem or focus is, using words.” With his dissertation chair, Ralph Levine, he learned the methods of systems dynamics modeling. Interestingly, his father had earlier used this methodology in his work so he understood its use with engineering problems. David’s dissertation employed systems dynamics modeling to understand community health systems’ treatment of HIV, and the data informing his model were all qualitative, collected from a large ongoing community needs assessment project. “In depth, key informant interviews with people in the AIDS community helped me refine my systems dynamics work and finish my dissertation.”

David’s studies at MSU took eight solid years of work—four years for his masters and four for his dissertation. He completed his PhD when he was in his late 30s. But he does not regret this time investment, because he learned so much. “Doing community work really takes time, especially in building relationships. I had a couple of false starts: community research projects and ideas I started and pursued but didn’t finish. But I learned so much from doing everything I did.” He gives credit to his faculty advisors, especially Ralph Levine and Bill Davidson, who encouraged him to complete his work so he could move onto the next stage in his life.

David was unsure of his next career step at the time he attended the SCRA biennial conference at Yale and listened to a panel with (community psychologist) Bruce Rapkin and (psychiatrist) Mary Jane Massey of Memorial Sloan Kettering Cancer Center (MSKCC) on their breast cancer project. They described their project as a community-based participatory intervention designed to facilitate partnerships with community-based organizations. Interested, David learned from them of postdoc opportunities at MSKCC. The opportunity to move to New York
City was strategic also because he was in a committed, by then 4-year relationship with Rafael Rosario, a painter/sculptor he met in Washington, DC but who had moved to New York City. Although David “wanted to bring together personal aspects of my life and my work,” he acknowledges, “In the end, it was all about Bruce Rapkin, a community psychologist doing important work that was very much connected to the work I was doing. There is no other reason for me to be at MSKCC except for Bruce.”

David undertook what was to become a 3-year research postdoc, having extended by one year. MSKCC is an academic medical center, “an amazing place that is part of a network of comprehensive cancer centers doing amazing basic research and funded mainly by the National Cancer Institute.” Community-based research, he soon learned, was on the periphery of the Center’s mission, i.e., to conduct basic and clinical trials research. “The work that we’re doing, as important as it, and as the powers that be understand it, is still gets little investment.” Bruce and David’s mission is to build relationships between MSKCC and the community and with other academic clinical settings in NY. “The essence of our work is to leverage Sloan’s resources for the community.” In some contrast, MSKCC’s interest in their work is primarily as a way to facilitate Sloan’s access to a more diverse group of people in the community as potential enrollees in its clinical trials. At the same time, NIH has been encouraging research on issues of health disparities, offering grants for better meeting the needs of underserved populations. In this environment, Bruce, David and their colleague, Elisa Weiss, created the Community Research and Health Disparities Laboratory (the use of “laboratory” being an outgrowth of the pervasiveness of the medical model at MSKCC).

After completing a third, postdoc year, David became an instructor at MSKCC; this appointment is renewable annually up to 3 years, after which the instructor is either promoted to “Assistant Attending,” more hospital language, or is out. Faculty are required to attract a large portion of the funding needed to support their salaries and their work. In addition to seeking NIH funding, David’s group is cultivating relationships with foundations that support program development and evaluation work as well as research, including The American Cancer Society and small foundations in New York City that are willing to award seed grants. David also has a consultancy with New York’s HIV Center for Clinical and Behavioral Studies at Columbia University’s Mailman School of Public Health. Now being paid after volunteering during his Fellowship years, the Center has become his second academic home. This relationship has opened many more opportunities for David.

David continues to apply systems dynamics methodology to community phenomena, seeing it as a way of synthesizing a lot of complex ideas—“ideas you couldn’t hold all in your head very effectively. It’s a way of displaying how complex ideas and resources intermingle and is also a tool for consensus building, coming to terms with complex phenomena for solving community issues.” Considering SCRA to be his primary professional organization, he is co-chair (with Shannon Mitchell) of SCRA’s Community Health Interest Group. They are working to grow the group, starting with defining community health and identifying substantive projects that would build group cohesion. They were heartened by the positive response from authors in their call for a special issue of The Community Psychologist that would deal with how community health research differs across disciplines. David acknowledges that the positive response may be a reflection of the difficulty for practitioners of participatory community health research to get their work published.

David values his experience at MSKCC more and more each year. Nevertheless, it has been challenging “because the research language is so clinical and everything revolves around caring for people who are being treated for cancer,” he says. But his group is slowly introducing, from within “the belly of the beast,” new ways of thinking about health problems and systems. These attempts are reinforced by increased funding opportunities for community participatory research and for health disparities investigations. MSKCC’s culture of work suits David well, in part because its expectations and structure encourage him to work more efficiently, a carryover from his father’s influence. In addition, MSKCC staff are so busy trying to get their work done that David’s sexual preference “is really beside the point. But there’s also an affirmation that being gay is fine. It’s just an aspect of who you may be.” While mindful that other gays and lesbians are victimized, sometimes violently, by stigma, his own experience as a gay person who is “out,” has been positive, but he acknowledges, “maybe self consciously I was choosing settings that were supportive or affirmative of who I was.”

David and Rafael have been partners for ten years, and each is well integrated with the other’s family. However, David’s parents’ acceptance of having a gay son was slow in coming. In fact, they were slow to accept all three of their children’s choices. His sister Chris and her husband had decided not to have children; his sister Cindy is married to an African American; and then there was David—a gay son, partnered with a Puerto Rican, not planning to have children and living in New York. “My parents raised us to be who we wanted and needed to be. That came back and hit them in the face, in a way that they never expected—in their minds, a line had been crossed.” Their parents’ reactions, especially to Cindy’s marriage, surprised David, but he now realizes they were concerned for their children’s well being. Fortunately, Cindy delivered two beautiful grandchildren—Alexandra and Gabriel—taking pressure off of David and Chris to have children. “As difficult as it has been sometimes for my parents to come to terms with who we are, I think they enjoy it. They’ve found a way to grow with us through this.”

Through his association with Rafael, David has become a member of Latino artists’ groups in New York. Their cooperative apartment is on the Lower East Side, which is a predominantly Jewish neighborhood with strong immigrant roots. Their coop board is involved in neighborhood life—something David hopes to connect with in the future.

Reflecting on his past, David does not regret having worked so hard and for so long to become a community psychologist, even when he put a lot of time and effort into some efforts that haven’t paid off. “You always learn from that process.” And he believes that once one realizes there is no pay off in pursuing a project, other opportunities materialize. “I still feel I’m a work in progress,” he says. “I hope that the work I’m doing will have some staying power and be of value.”
When conducting community-based research with populations that have been historically oppressed and marginalized, the path to building a relationship requires contextual awareness and sensitivity. Building this relationship requires specific recognition of race/ethnicity, culture, and privilege and is often deconstructed through the experience of White university-based researchers working within a historically oppressed and marginalized community (Minkler, 2005; Wallerstein & Duran, 2006). Few, if any, articles describe the collaborative relationship between a community of color and a researcher of color. Therefore this column will explore the specific challenges associated with the researcher of color working in a community of the same racial/ethnic group. More specifically, this column will examine the conundrum that may be experienced by an African American researcher collaborating with an African American community.

Of specific interest to these authors is deconstruction of the relationship between the African American researcher and the African American community in the context of community-based participatory research (CBPR). The hallmark of CBPR is the systematic investigation of a health or environmental issue defined by the community, with the overall goal of social action through true partnership and collaboration of academic and community partners (Minkler, 2005). The relationship between the university researcher and community partners is fundamental to the CBPR process, because this relationship is based on an equitable partnership in all phases (i.e., development of research question, designing surveys, and dissemination of results, etc.) of the research process. Conversely, in community-based research, the community is often involved after the research has been designed and community members are not considered co-investigators. The CBPR literature is inundated with collaborative strategies and lessons learned in the process of partnership building from the perspective of racially discordant researchers and communities, but not racially concordant researchers and communities. The process of relationship building between African American researchers and African American communities has been introduced in the community psychology literature (Jordan, Bogat & Smith, 2001) and the medical community-based literature (Corbie-Smith, Thomas, Williams, Mood–Ayers, 1999, Horowitz, Williams, & Bickell, 2003), but not the CBPR literature. Therefore this article will explore the challenges and dilemmas associated with the researcher of color utilizing a CBPR approach to working in a community of the same racial/ethnic group.

Historically, there has been an assumption that ethnic minority scholars are best qualified to work with ethnically concordant minority communities (Zinn, 1979). In the advent of cultural competence paradigms and the acknowledgement of the atrocities experienced in African American and other oppressed and marginalized communities at the hands of academic researchers, there seems to be an expectation that solely being members of the same racial or ethnic group is sufficient for being competent to work with a particular culture. More specific to this article, African American researchers are thought to possess an inherent insight into African American communities given the presumed commonality of culture. However, many African American communities have a healthy distrust of research that all researchers have to confront regardless of race/ethnicity. This distrust stems from the mistreatment of marginalized communities by academic institutions through unethical research practices or even displacement. The assumption that being African American is enough to develop the relationship necessary to facilitate an effective and meaningful collaboration between a community and academic entity needs to be further deconstructed.

Identifying with the Community

The assumption that African American researchers may hold more insight into the African American community (Zinn, 1979) fails to consider the communities’ perception of who is African American and what that means. The African American researcher-African American community relationship is more complex than simply the “color” concordance between the two entities. Given the historical experiences of African Americans (i.e., de facto and de jure discrimination and a history of abuse by medical researchers), this community is often more skeptical and distrustful of researchers. A well-known example of unethical research within the African American community is the Study of Untreated Syphilis in the Negro Male, better known as the Tuskegee Syphilis Study (Gamble, 1997). Knowledge of such history has facilitated a realistic distrust and healthy cultural paranoia of institutional research (Whaley, 2001). The community wants proof that the researcher is committed, can be trusted, and wants to create sustainability. Contrary to common assumptions, the process of addressing these questions is not made simpler for the African American researcher, and may be more complex.

When an African American researcher enters an African American community, the researcher may be viewed as an outsider and insider at the same time. Racial concordance may render the researcher an insider, while the researcher’s university affiliation yields the researcher outsider status. For an African American researcher who feels connected to the African American community as a whole and strongly identifies as a member of the African American community, there can be a drive and sense of duty to work in what they perceive to be their community. Upon entering that community, however, the researcher is not viewed as a part of the community but as a member of the larger oppressive institution. Thus, being an African American researcher does not provide instant credibility in the African American community. Although African American researchers

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1 In the context of this writing the term African American is used to describe individuals born in the United States (US) and whose ancestry can be traced to enslaved Africans in the US.
working in African American communities share racial background with the community residents, there may be a considerable difference in the racial identity and affinity for African American cultural values and practices (Gibbs, 1980 as cited in Jordan, Bogat, & Smith, 2001).

Thus, the internal struggle begins for the African American researcher who strongly identifies with his or her racial identity, yet, begins to feel disconnected and isolated by the African American community. The researcher may be challenged intrinsically and extrinsically to prove their “Blackness.” Community members may question the researcher’s ability to relate to their experience, cultural norms and values, and might expect that the African American researcher should be able to relate. The African American researcher may feel the pressure of connecting to the community because he or she is African American.

In addition to proving one’s cultural connection to the African American community, the researcher utilizing CBPR must still uphold the demands and pressures of academia. Thus, the African American researcher may find him/herself in a contradiction: on the one hand seeking to prove one’s commitment to the African American community while also proving one’s intellectual or scholarly prowess. When the community is apprehensive or suspicious of the African American researcher, this may enhance the pressure of proving one’s ability to relate to the community, as well as proving one’s professional value to academia.

Although the researcher may display a strong racial identity, there is a biculturalism that has to be adopted by the African American researcher. African American researchers trained in mainstream educational institutions have, out of necessity, usually adopted some White middle-class values (Jordan, Bogat, & Smith, 2001). For example, the mainstream values, professional socialization, and academic position may greatly influence methodology, timelines, and the style of the intervention. There is also, however, an awareness of the need to conduct scientific inquiry and interventions using methods that are appropriately in sync with the language, customs, values, and beliefs of African American communities (Nobles, 1985). This biculturalism, although necessary, may not bode well in the African American community. African American researchers often express values, attitudes, communication styles, and behaviors that are atypical in African American communities, particularly low-income communities (Jordan, Bogat, & Smith, 2001). Thus, the community may question the researcher’s “realness'” or understanding of the community’s norms and values. In order to connect with community members, it is expected that the African American researcher is aware of and adheres to the cultural norms of the African American community. This can often be displayed in the African American community’s desire to know if the researcher knows, and can relate, to their experiences, cultural norms, and values. The expectation of relating is not necessarily required of non-African American researchers in African American communities.

There are differential and greater expectations of the African American researcher working in the African American community. These differential expectations appear to be based in the experience and history of race in the United States. For example, in a community-based research setting, an African American researcher introduces herself as Dr. Jones to a group of community members and refers to all members as Ms. or Mr., out of respect; however, shortly thereafter as comfort levels increase, the community members begin to call Dr. Jones by her first name. A White colleague begins working on the project and is introduced to the community members as Dr. Shapiro, and as time progresses Dr. Shapiro continues to be called Dr. Shapiro. There is an enduring social connection that is awarded to the African American researcher, and an authoritative reverence given to the White researcher.

The advantage of the social comfort is that community members may share more personal information with the African American researcher and may interact in a more comfortable manner with the African American researcher; however the White researcher may receive a level of professional clout that makes it easier for them to yield results and request production from community members. These differential expectations, however, may cause an African American researcher to question themselves as being viewed as an “authentic” researcher in the eyes of the community. Differential expectations can again illuminate the bicultural struggle of balancing and integrating one’s identity as an academician and African American community member.

**Cultural Humility**

In many communities, skin color is thought to represent commonalities across groups. African American researchers and African American community members, however, may quickly become aware that color of skin does not always equal common experiences, shared values, and blind acceptance. In deconstructing identity, authenticity, and credibility there needs to be a discussion of cultural humility among African American researchers and community members because cultural humility may be an essential characteristic of African American researchers working in African American communities.

Cultural humility (Trevalon & Murray–Garcia, 1998) is the process of awareness and recognition of the multiple cultures to which one belongs, one’s privilege and power in developing relationships, and how this self-awareness facilitates building relationships with community members that are balanced and respectful of all members of the partnerships’ needs. Cultural humility requires an attitude of openness, an open dialogue about how members of different cultures (i.e. academic culture vs. community culture, cultures of socioeconomic status, regional cultures) are perceived by each other, and a continuous learning and sharing of partners’ cultural experiences and knowledge. In addition to these factors, cultural humility encompasses a realization of how the dynamic entity of race and culture can place individuals in multiple roles. Cultural humility is not only reserved for researchers working with communities that are culturally or racially different, this is also necessary and maybe even more so in communities where there is racial/ethnic concordance. There is great diversity within the African American community that is not often discussed, however this discussion may be greatly beneficial in the development of CBPR community-academic relationships.
Towards a Necessary Dialogue

As a result of the negative history of research in the African American community, trust, commitment, investment, and sustainability have become essential tenants for conducting research in these communities. These principles also are essential to the CBPR orientation in the establishment of successful collaborations and partnerships. This conversation is salient to CBPR researchers due to the invaluable process of community partnership. Different from community-based work, CBPR requires that community members are equal partners in the research process.

The African American researcher working in the African American community is often held to a higher standard by the African American community. The African American researcher is expected to know the values, norms and expectations of the African American community by both their academic partners and community partners. The African American researcher is often challenged to demonstrate his or her identity with the African American community while also being true to one’s academic needs (e.g., outcomes, publications, etc.). The African American researcher builds trust while wrestling with his or her insider-outsider status.

This is not a comprehensive representation of the paradox faced by many African American researchers working in African American communities. What is not fully discussed here is the added layer of pressure the expectations of the academic institution place on the researcher of color to act as a liaison to a racially concordant community of color. Also not discussed are the differences in experiences of African American researchers from varying degrees of connection to the African American community as a whole and/or varying socioeconomic backgrounds, and how that affects the relationship between African American communities and African American researchers.

This column is simply the beginning of examining the unique experiences and challenges facing African American professionals conducting research in the African American community. This paper introduces the discussion for African American researchers and African American communities; however, it would be important for the discussion to broaden to the specific challenges of other researchers of color working in racially concordant communities. There is a need to directly address the issues of race and privilege to facilitate the working relationship between the academic and community partners. There is also a need to create an awareness and room for discussion with non-African American academic partners of African American researchers. This discussion does not presume to suggest that these struggles are mutually exclusive to developing meaningful and invaluable relationships with community members; however, the purpose is to recognize the possible common experiences and the process that might be shared by African American researchers conducting CBPR in African American communities.

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References
Have you ever thought about being a Regional Coordinator?
If so, now is a great time to do it.

New terms for Regional Coordinators begin in August 2007.

Regional Coordinators provide regional leadership and guidance to the processes of membership development, activities, and communication, and facilitate communication between the membership (directly through the Regional Network Coordinator) and the Executive Committee.

We will need Regional Coordinators in nearly all of our US and International Regions, but especially in the following areas: Arizona, Arkansas, Colorado, Idaho, Montana, New Mexico, Oklahoma, Texas, Utah, Wyoming, Caribbean Countries, Central America, South America, Europe, Middle East & Africa.

If you are interested either contact me: (773) 325-2056, gharper@depaul.edu or your Regional Coordinator.

Although the weather in some regions of the world may not feel like spring, it is here! With this new season comes a variety of exciting regional meetings for you to attend. Some of these events are in conjunction with regional Psychological Association meetings, and some are unique conferences and meetings. Please read the regional updates below to see what is happening in your area!

When this column gets published I will only have about four months left in my term as the Regional Network Coordinator. My goal before I depart is to have just ONE Regional Coordinator for the Rocky Mountain/Southwest Region. This includes all of the US states listed in the box at the beginning of this column, so if you or someone you know lives in one of those states, please contact me!! I have spent three wonderful years as the Regional Network Coordinator, and this would be a great way to leave this position. We will be having a meeting at the Biennial Conference for all of the Regional Coordinators, so if you are interested in attending to learn more about the position that would be great. Just contact me and I can give you the details of where and when we will be meeting.

The Student Regional Coordinators in several regions are continuing to increase their involvement in SCRA. This is a great way to learn more about SCRA, network with other community psychologists, and have a chance to make a real impact in your region! If you are interested you can either contact me or one of your local Regional Coordinators.

I would like to end with my usual THANK YOU to all of our International and US Regional Coordinators and Student Regional Coordinators. You are an amazing group of people and are doing great work in the name of Community Psychology. I am also looking forward to seeing all of our existing and new Regional Coordinators (and those who are still thinking about it) at the Biennial meeting! Have a great Spring!

US AND INTERNATIONAL REGIONAL COORDINATOR UPDATES—SPRING 2007

Northeast Region

Northeast Regional Coordinators:
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The Northeast region is gearing up for our SCRA program at the Annual Eastern Psychological Association Conference to be held in Philadelphia, PA on March 23rd. We have an exciting program planned including a keynote address by Howard Stevenson, Associate Professor and Director of the Professional Counseling and Psychology Program (PCAP) at the University of Pennsylvania.
Stevenson’s presentation is entitled On the Fear of Black Boys: Culture and Closeness as Psychological Intervention. The presentation will focus on helping educators who work with Black boys to better understand the boys’ cultural and developmental identities, expressions, and behaviors. In addition, Lori Simons and five students from Widener University will lead a symposium that examines multi-cultural service learning programs, while Wendy L. Kliwer and her students from Virginia Commonwealth University will lead a symposium on factors associated with urban youths’ adjustment to community violence. We also have a paper session discussing research in communities of color and a poster session with 14 posters in such areas as coalition building in community research, the use of religious practices in psychology, and addressing domestic violence in mental health. In total, we have 20 presenters representing over 15 universities or agencies.

If you have any questions concerning the Northeast Regional SCRA program or are interested in becoming a coordinator, please contact Tiffany G. Townsend at tt237@georgetown.edu.

**Midwest Region**

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JoAnn Sobeck, ab1350@wayne.edu

Debra Jozefowicz–Simbeni, Wayne State University, has been coordinating plans for the SCRA affiliated meeting at the Midwestern Psychological Association in Chicago, IL. There will be over 40 posters and 14 symposiums/round tables at the upcoming SCRA/MPA Conference on May 4th in Chicago, IL. In addition, three students will be awarded travel stipends based on the quality of their presentations. Thank you to all of those who submitted and to the student and faculty reviewers. It should be an exciting and productive meeting.

In addition, DePaul University will be hosting the 2007 Midwest ECO Conference in the fall of 2007. The ECO conference is a regional conference dedicated to innovative presentations and discussions on a variety of community action topics, and it is planned and run entirely by graduate students. The graduate students at DePaul have formed an ECO committee and have begun the planning process. This year, increasing graduate student participation and attendance from the broadest possible representation of regional programs is a major goal. The planning committee would welcome delegations from each participating school to join the committee in organizing a memorable event. Please contact Peter Drake (pdrake@depaul.edu) for details.

Finally, the student regional coordinators continue to be involved in efforts to increase student participation on the division 27 student listserv. Increasing student participation in the listserv would allow students to have contact and develop relationships with fellow student members in different community-oriented programs.

**West Region**

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

Although it’s already time to begin planning for the second annual event, I want to put in a plug for the 1st Annual Pacific Northwest Community Psychology Conference, which was held at Portland State University last October 13th. The conference was conceived and beautifully executed by Eric Mankowski and Elizabeth Thomas. Aside from being a forum for addressing issues of specific concern to the Pacific Northwest and the great work going on here, the conference also showcased exciting student work. Information about the 2007 conference will be available soon.

This fall began the first year of the undergraduate Community Psychology concentration in University of Washington Bothell’s Interdisciplinary Arts and Sciences program. This, too, is the work of Elizabeth Thomas, who helped to articulate the concentration, sell the idea to the University, and hire two new faculty committed to the new option (one of whom is Eric Stewart and the other is Wadiya Udell). We’re all quite giddy about developing one of the few undergraduate programs focusing on community psychology, and one that takes advantage of an interdisciplinary commitment and talents in the arts and humanities, the natural and social sciences, business, education, nursing, and more. As we are still developing it as we go, we’re very interested in hearing about ideas and experiences others have had for undergraduate community psychology programs and pedagogy.

The network of Bay Area community psychologists and colleagues from other fields with interests in community-based research and intervention are continuing to meet twice a year. Please join us for our spring colloquium on Friday, April 13th, 2:00–4:00pm at the UC–Berkeley School of Public Health, in University Hall Room 714C. Regina Langhout and Myra Margolin from the UC–Santa Cruz Psychology Department will be speaking on “Children and Safety.” Qing Zhou, Assistant Professor in the UC–Berkeley Psychology Department, will also be presenting a talk entitled Adapting an empirically-based parent training program for divorced mothers for Asian American families. Light refreshments will be available and all are welcome to join. The goal of our network is to provide a forum to informally discuss work in progress, network with other community researchers and practitioners, and provide an exchange of ideas related to community intervention work. We meet twice a year (once each semester) as a large group while encouraging smaller groups to form around particular interests. If you would like further information on the Spring colloquium or to be on our mailing list, please email Marieka Schotland (mss286@nyu.edu) or Emily Ozer (eozer@berkeley.edu).
Southeast Region

Southeast Regional Coordinators:
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Elaine Clanton Harpine, elaineh@usca.edu

The University of North Carolina at Pembroke will be hosting the 3rd Southeast Indian Studies conference in Pembroke, NC on April 12th and 13th. This would be a great opportunity for community psychologists in the region to learn more about one of he most underserved communities in the southeast. Visit the webpage at http://www.uncp.edu/ais/.

The Consortium for Latino Immigration Studies at the University of South Carolina (USC) is hosting a conference with the theme *Latino Immigration to New Settlement Areas: Trends and Implications*. The conference will be held at USC from October 11–13, 2007. Researchers from various disciplines will present on the phenomenon of Latino migration and settlement, specifically in relation to five core themes: Health, Education, Immigration Legislation/Policy Issues, Economic Issues, and Settlement & Incorporation. Conference details appear on the Consortium website at www.sph.sc.edu/cli.

Remember that the Fall Southeast Eco Conference, to be hosted by Georgia State University, will be here in a few months. More information will be available as the conference nears.

Canadian Region

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

The Canadian coordinator (Colleen Loomis) met with community psychologists at Université de Laval and discussed two issues: (1) plans for fostering community psychology in Canada, and (2) low attendance at SCRA Biennial symposia on Canadian Research.

First, only two provinces (Québec and Ontario) have graduate programs in community psychology. Faculty members in other provinces with community psychology research and teaching experience were identified. A need to establish contacts with community-based practitioners in all provinces was noted as a next step. These individuals will be contacted and invited to participate in a teleconference to develop a strategic plan to develop and sustain a Canadian SCRA structure. This structure is connected to the association of Canadian community psychologists who are members of Canadian Psychological Association Community Psychology Section (Section 3)—CPA Section 3 is the equivalent to American Psychological Association’s Division 27.

On the second issue about low attendance at symposia with mostly or exclusively Canadian content, we discussed how community psychology is context specific and suggested that low attendance at US-based SCRA Biennials may be accounted for due to differences between the US and Canadian societal and government contexts. It was noted that other international guests have commented about similar experiences. Finally, the idea of international community psychologists focusing Biennial presentations on methods, rather than content, was discussed as one strategy for increasing attendance. It was noted that when integrated into a symposium with psychologists from other regions we feel welcome. The idea of inviting people to present in a symposium through the discussion group of SRCA is our suggestion to US colleagues.

We have planned to have a quarterly teleconference with at least one person from each province. These four teleconferences will be supported both by SCRA and by the individuals (or their respective institutions) by sharing the costs. We thank the Executive Committee for funding our request to financially support these meetings. The first of these teleconferences will focus on developing a plan for building bridges across community psychologists from coast to coast within Canada. In this call, we will also discuss the results of the CRCA Biennial proposals and make our plans for attending and convening with other regional coordinators at the Biennial. We look forward to sharing the outcome of our first meeting with you in the next report.

Australia

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

In February we held a successful visioning and planning meeting with psychologists and colleagues with interest in SCRA in Western Australia. The meeting was used to identify both the commonalities and differences within the group in relation to personal goals for SCRA in Australia, individual social justice orientation, and group priorities for research and action. While many diverse interests were expressed there was significant consensus on the need to develop a network for the intellectual development which could foster stronger social justice in research and community work in the region. It was decided to hold regular meetings to provide a forum for people to network with other community practitioners, discuss their current work and intellectual challenges, and to exchange ideas. The topic “Preventing Exploitation” was identified as the general discussion topic for the next meeting. It is envisaged that these regular meetings will provide a gateway for a range of social justice practitioners and activists to be introduced and linked to SCRA across the region.
SCHOOL INTERVENTION—
Edited by Susana Helm

School’s Back in Session:
Teachers’ Knowledge and Perceptions of Gang Related Issues
~Milton A. Fuentes, Brian Yankowski, Jennifer L. Gaskins, & Jason J. Dickinson, Montclair State University

Gangs are a pervasive problem in the United States. While researchers have surveyed key constituents of gang-related issues (e.g., gang members, law enforcement, community members, school psychologists) minimal research has been conducted with school teachers, who are often on the frontline of America’s gang problem. In a study by Swetnam and Pope (2001), a small sample of teachers (n = 38) was included in their study that assessed perceptions of gangs in a small southern town. The results revealed that the teachers perceived gangs to be a problem, to be violent, and to be involved in the sale of drugs and other criminal activities. Survey participants also believed their community was not doing enough to help young people and was not doing an effective job at eliminating gang activity. Although this was a notable attempt to survey teachers and includes their important perspective on gangs, teachers were not the sole population under investigation and the sample was small. This present study focuses exclusively on teachers and assesses their knowledge and perceptions of gang-related issues.

In the mid 1970s less than half the US states reported gang activity (Miller, 2001). By the late 1990s, however, every state and the District of Columbia reported escalating problems with gangs. The 2004 National Youth Gang Survey estimates that there are approximately 24,000 gangs operating nationwide, consisting of approximately 760,000 members (Egley & Ritz, 2006). Not surprisingly cities with populations greater than 100,000 have seen the greatest increase in gang membership and gang-related activity (Egley, 2002).

Gang activity in New Jersey is also widespread. According to the New Jersey State Police Gang Survey, municipal respondents identified 148 distinct gangs present in New Jersey communities (New Jersey Department of Law and Public Safety, 2004). Of the 148 gangs in New Jersey, three gangs—the Bloods, the Crips, and the Latin Kings—were consistently mentioned as the most prominent, actively recruiting young children and engaging in considerable violence. These gangs had a strong presence in several major New Jersey counties (e.g., Essex, Passaic, Hudson, and Camden) (National Gang Crime Research Center, 2004).

Developing a uniform definition for a gang is difficult, since the behaviors and characteristics of gangs vary greatly and state and local jurisdictions define gangs differently. However, the National Youth Gang Center (2007) defines a youth gang as a “self-formed association of peers, generally ages 12-24; a name and some sense of identity, generally indicated by such styles of clothing, graffiti and hand signs; some degree of permanence and organization; and an elevated level of involvement in delinquent or criminal activity” (p. 1).

Teachers and school administrators can play a significant role in gang prevention efforts by addressing the school risk factors. Howell (2004) noted that there are a number of school risk factors that are related to gang involvement. They include: (a) an early history of poor academic performance, (b) a lack of connection and commitment to school or teachers, (c) negative perceptions by teachers, (d) low parental academic expectations, and (e) learning disabilities, poor math scores, and low academic ambitions.

In the current study, we surveyed New Jersey teachers to examine their knowledge and perceptions of gangs, their school’s efforts to reduce gang activity, and their interests in additional gang-related training. We hypothesized that while teachers were concerned about gang activity, they would know very little about gangs and would not perceive school-based efforts to be effective or worthwhile. The research team became interested in this topic shortly after one of the authors participated in Peace Camp 2005, a conflict resolution program for children. He approached the program’s director about developing a similar program for children at-risk of gang involvement. After extensive discussion, exploring the temporal, financial and legal factors and reviewing the literature, it was determined that our efforts would have a greater impact if we focused on surveying teachers. As noted earlier, very little research has concentrated primarily on teachers, which we felt was unfortunate given their extensive contact with thousands of students each day and the immense potential to assist with gang prevention efforts. Thus, the Gang Awareness Project was established.

Methods

A 50 item online survey was constructed consisting of questions designed to assess the following: (1) teachers’ knowledge about gangs (e.g., Which gang considers themselves a community-based organization that fosters cultural pride?), (2) teachers’ perceptions of gangs (e.g., Gangs are involved in the sale of drugs in my school.), and (3) issues related to gang prevention and intervention (e.g., What is the largest factor that prevents communities from taking an active role in gang prevention and intervention?). The knowledge and perception based questions were created and adapted from the literature (Cicala, 2005; Esbensen & Osgood, 1999; Lauren Marlena Gross, personal communication, February 6, 2006; Nawojczyk, 1997; Lingren, 1996; Molidor, 1996; New Jersey Department of Law and Public Safety, 2004). The perception questions related to gangs and the teacher’s school system were based on a 7-point likert scale where 0 was strongly disagree and 6 was strongly agree.

One hundred and thirty (104 females, 26 males) New Jersey school employees participated in the study. The sample consisted of 42% elementary school teachers, 17% middle school teachers, 34% high school teachers, 4% administrators (i.e., principals and board of education members), and 3% were categorized as other (e.g., school nurses and guidance counselors). The participants were 82% White or Caucasian, 15% Black or African American, 2% American Indian or Alaskan Native, 2% Asian, and 4% identified as another race. Ages ranged from 20 to 65 with a median of 41 years. The participants had a median teaching experience of 8 years. Participants identified their school districts to be located in suburban (56%), urban (43%), and rural (1%) areas.
The participants received a recruitment e-mail via a listserv of schools belonging to the New Jersey Network for Educational Renewal, a collaboration between Montclair State University and select school districts whose primary mission is the simultaneous renewal of schools and the preparation of educators. The participants were told to click on a hyperlink that directed them to a consent form. Participants were asked to read the consent form and type their name into the given fields. In addition, participants had the opportunity to be entered into a random drawing for a $25.00 gift card to the movies and a $25.00 gift card to a restaurant. Participants were asked to provide their email address, telephone number, and home address if they wished to be entered into the drawing and then click submit to be directed to the survey.

Participants were asked to fill out a basic demographic questionnaire, answer knowledge-based questions pertaining to gang issues, rate their agreement with statements provided about gangs and their school system, identify gang symbols and signs from pictures provided, and answer questions based on gang prevention and intervention. Overall, the survey took participants approximately 20 minutes to complete. Upon completion of the survey, participants submitted their responses and received a confirmation receipt and debriefing form.

Results

Data analyses revealed that 67% of the time, the participants answered incorrectly or stated that they did not know the answer to questions related to gang issues. Furthermore, when participants were asked to identify a specific gang based on the pictures depicting gang signs, symbols, and other identifiers an overwhelming majority (77%) of the participants did not know the answer or incorrectly answered those questions. In addition, 38% of participants were not sure whether their school was effective in eliminating gangs, while 36% stated that their school was ineffective. Participants also rated their perceptions of whether gangs were a problem in their schools. Analyses revealed mean scores of 2.2 (i.e., somewhat not a problem) for urban school districts, 1.5 (i.e., not a problem) for suburban schools, and 3 (i.e., not sure) for rural schools. Lastly, 55% of participants stated that they had not attended any classes, workshops, or trainings on related gang issues, but almost all the participants (92%) reported wanting to receive training in gang prevention and intervention programs, while 75% wanted training in identifying gang symbols and signs, and 74% wanted assistance in categorizing the types of gangs and gang cultures.

Discussion

Two of the three major hypotheses were confirmed. First, a number of teachers were unable to answer gang-related questions (e.g., facts, hand-signs, clothing indicators). Second, an overwhelming majority expressed an interest in gang prevention training. With respect to teachers’ concern, our results revealed that the concerns varied depending on the school district. Teachers who self-identified as belonging to an urban school reported greater concern than self-identified suburban or rural teachers. While the majority of the teachers were not concerned about gang activity in their schools, this notion may be compromised by their lack of knowledge or inability to identify gang-related activity. In other words, if they are not as adept at identifying the key signs, how could they be aware of the gang-related problems or issues? However, it is important to keep in mind that we do not have actual incidence data on gang activity. In the future, we can explore whether this data exists in the school records and compare it to the teachers’ perceptions.

As discussed earlier, academic factors are closely associated with gang involvement and logically teachers can play a major role in the prevention of gang participation. Moreover, community psychologists with a special interest in schools can assist teachers in developing and implementing the necessary gang prevention mechanisms. Howell (2004) argues that a continuum of interventions is needed to disrupt gang involvement and the development of gang problems. Within his comprehensive conceptual framework, he identifies the community, family, school, peer group, and individual protective factors that need to be fostered and maintained in order to reduce gang participation. Ideally, these factors should be addressed simultaneously. However, we restrict our discussion to school-related issues. For a more thorough discussion, readers are advised to see Howell (2004). Howell identifies 9 major areas where community psychologists may play a role given our unique perspective and training in prevention. He urges school officials and other related parties to:

- develop high quality schools, improve early academic success and attitude about school, increase school attendance and reduce truancy and drop out, remediate learning disabilities . . . .
- provide structured after-school programs with adult supervision, increase teacher supervision of playgrounds, increase commitment to schools, increase aspirations and expectations to go to college, in create the feeling of safety at school.

Montclair State University is fortunate to have the New Jersey Network for Educational Renewal (NJNER), an innovative school-university partnership, comprised of 18 school districts throughout the state. Not only does this joint venture allow us to have access to schools, which is no easy feat, but it also creates an opportunity for us to work together with teachers in addressing issues related to gangs. In June 2007, the Gang Awareness Project is scheduled to meet with NJNER members at their annual summer conference to present our research findings and discuss training topics. Our plan is to develop a gang training program for teachers that can be facilitated either at their schools or at one of their annual events.

We hope that this article provokes the School Intervention Interest group to consider ways to assist with gang prevention efforts. The areas highlighted above are highly aligned with the mission and goals of community psychology. Specifically, the discipline’s focus on context, its commitment to prevention, and its skills in wellness promotion, skill building, and program development and evaluation can make significant contribution towards reducing, eliminating and preventing gang activity.
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Self Help/Mutual Support—

Edited by Bret Kloos

Issues of a Support Group for Grandparents Raising Grandchildren

~Lynne Owens Mock, Keisha Wilson, & VaShan Kyles,
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In 1998, the Illinois Department on Aging wrote a report Grandparents Raising Grandchildren: A Family Challenge that detailed the plight of custodial grandparents in Illinois. These grandparents are permanent or long-term primary caregivers for their grandchildren due to increases in marital separation and divorce; alcohol and drug abuse; child abandonment, neglect, and abuse; parental incarceration; chronic, debilitating parental illness; and parental death (Shaver, 1998). According to the 2000 Census, over 4,400,000 children under the age of 18 nationwide live in grandparent-headed households, about 6% of all children (Lugaila & Overturf, 2004).

As a result of the report, the Illinois Department on Aging provided small grants across the state to start support groups for grandparents raising grandchildren that could be professionally or peer-led groups. Our support group continues to meet on a weekly basis. The setting for our group is a comprehensive community mental health center with staff and interns serving as support group leaders or “facilitators.” In the past, the facilitators have been a therapist, a psychologist, a caseworker, a parent trainer, and social work interns. Currently, the first two authors are co-facilitators of the support group with the third author providing support and assistance outside of the group context.

Too often, grandparents raising grandchildren lack formal support from family members and social services. Sometimes they were viewed as parents who failed to raise their child properly, and thus are raising their grandchildren. These views caused many grandparents to feel ashamed of their situation, and as a result, they were less likely to draw attention to their family situation by seeking help. The financial, emotional, and social burden of raising grandchildren that grandparents bore in silence led to the term “Silent Saviors”; however, as these grandparents began to reach out, network, and organize around their common needs and goals, particularly legal needs such as guardianship, parental rights, and financial assistance, this unique group of grandparents have become more vocal, and connected to national organizations such as the American Association of Retired Persons, Grandparent Information Center which publishes The GIC Voice.1

The support and advocacy groups that grew out of the experiences of custodial grandparents brought together grandparents who were stigmatized by and isolated from their peers. Social services agencies, educational institutions, and government agencies often did not recognize their right to make decisions or obtain services for the grandchildren in their care.

1 Free subscriptions are available at AARP Foundation
Grandparent Information Center, 601 E. Street, NW,
Washington, DC 20049 or at www.aarp.org/life/grandparents/
Articles/a2004-01-20-gicvoicenewsletter.html
Levine and Perkins (1997) described six aspects of self-help groups that sustain their members and provide some relief from their circumstances (p. 313). We would like to list these aspects and provide examples from our support group experiences:

1. Promote a psychological sense of community, which for grandparents relieves the isolation they feel along with the stresses and responsibilities of raising children, again. In our group, we observed the members becoming connected to one another, reaching out to other custodial grandparents in their social network, attending meetings of the Illinois Task Force for Grandparents Raising Grandchildren, and attending local conferences for custodial grandparents. Members became more outgoing, improved their appearance, and sought childcare arrangements so that they can enjoy more of their social lives.

2. Provide an ideology that serves as a philosophical antidote to their sense of stigma and failure. During our discussions, grandparents who refused to accept the shame, stigma, and isolation instead embraced several notions which were ultimately adopted by the group: custodial grandparents are taking on important family responsibilities, are saving the state from paying for foster care, choose to be responsible although they did not bring this child into the world, and acknowledge that this can happen to anyone regardless of socioeconomic status, parenting abilities, race, or religion.

3. Provide an opportunity for confessions, catharsis, and mutual criticism. Within our support group, given the ground rules of respect and confidentiality, anything can and will be discussed from attachment theory to xenophobia. Having grandparent peers challenge and confront unhealthy and unproductive thoughts and behaviors often resulted in positive changes for our members.

4. Provide role models. In our group, one of the grandparents was the role model for how to deal with social and government institutions. This grandmother made it her mission to become informed of services and resources, procedures for obtaining them, and the hierarchical structure of the institutions she targeted. She was an advocate and an activist for her grandchildren, writing letters and sending telegrams to institutional and government officials, reminding them that they are public servants and demanding that they serve her grandchildren and respect her as a law abiding, tax paying citizen. In extreme cases, she threatened to expose the insensitivity and unresponsiveness of several agencies with positive results. The other members of the group marveled at her audacity and her success.

5. Teach effective coping strategies for day-to-day problems. In our groups two daily coping issues arise, parenting this new generation of children and getting adequate rest and respite, especially for those with grandchildren who have special needs. In our group, updating and enhancing parental knowledge and skills was very helpful. One of our co-facilitators was a parent educator, and we have invited other parenting and child development experts to address parenting issues. The respite care issue was not as easily resolved, due to the cost of qualified and safe child care available 24 hours. We encouraged the grandparents to look closely at their extended family and social network to find reliable and competent people who could look after their grandchildren for brief respite, overnight, extended periods, and in case of an emergency.

6. Provide a network of social relationships outside of our group meeting time. Our group members talk and socialize outside of group, provide transportation when needed, attend each other’s church functions, provide food and gift baskets for custodial grandparents in need, etc.

The group facilitators consciously resisted allowing the support group to become a ‘therapy’ group. Those grandparents, and their grandchildren, who needed therapeutic intervention are referred for the appropriate services. There have been discussions about whether or not support groups should be led by professionals. Peer-led self-help groups challenged and “humanized” the professional-led systems of care. Also, peer-led groups shared control and decision making among the members, provided outreach to others, and helped empowered members. Peer-led grandparent support groups fared best when the grandparent had finished their parenting duties or had less daily responsibilities because their grandchildren were older, taking care of themselves, and doing well socially and academically, or were no longer home (i.e. college or launched into independent adulthood). Professionals were perceived to be more in control as group leaders, less likely to provide outreach, and to promote dependency upon them (Levine & Perkins, 1997).

Our experiences as professional facilitators have not fully supported these distinctions. Some grandparents were not seeking empowerment, and the responsibility that goes along with that power. Also, having a caseworker as a facilitator increased the amount of outreach that occurred within our group and to grandparents who never came to the group, but called for information and support. Professional facilitators have been involved in “philanthropy” spending their own money to buy clothes, diapers, heaters, food, party decorations, etc. In our group, initially the members were very much dependent upon the facilitators who convened the group; however, we worked hard to get to know each member’s abilities, experiences, energies and resources, and over time encouraged more participation and decision-making in the direction, content, and processes of the group. The grandparents acknowledged that our facilitators provided expertise and had time and access to knowledge and other experts that brought value to their group experience. After two years, the group members felt confident enough to run the group on their own, and they do, on occasion, whenever the facilitators are unavailable. We are confident that there is at least one person who could take over facilitation of the group. However, they agreed to continue with professional facilitators who came with access to meeting space, copy and fax machines, computer and Internet service, and quick access to resources and expertise when needed.

Yet, having professional facilitators may cause unanticipated problems. For example, an event occurred that caused an ethical dilemma for the first author/facilitator: whether or not to report suspected child abuse reported in the group meeting. Although all staff, interns, and volunteers at the agency are mandated to report child and elder abuse, it was unclear if I should report that someone disclosed that they suspected abuse in their home.
Within our group, we have a grandparent couple, where one of the grandparents would occasionally disclose information in the absence of their spouse that they would not have shared, otherwise. When discussing this behavior in the past with the couple, the spouse was not disturbed by the behavior or these disclosures. However, when the grandparent expressed suspicions and concerns about child sexual abuse in the absence of their spouse, the facilitators were mandated to report this allegation. The grandparent reported that the spouse had allowed a relative to move in to the home, although he had allegedly sexually abused a pre-pubescent grandchild. In addition, the grandparent and their spouse both suspected that this relative and the grandchild, now a teenager, were having a sexual relationship.

Unfortunately, because the group had not discussed mandated reporting in group in several years, and no formal written policy regarding mandated reporting had been given to new group members recently, this grandparent was not aware of the policy. The spouse had become ill and had not been coming to the group meetings; thus, we were unable to process with them both, and the group, what happened and what actions were necessary in response to these allegations. I strongly encouraged the grandparent to tell their spouse what happened, but the grandparent was afraid to do so. Also, I let the grandparent know that I was required to report the suspicions to the local child protective agency, and an investigation ensued. Ideally, the grandparents would meet with me, in person, in the agency, to discuss why the report was necessary, and what to expect during the investigation. In this way, the grandparents would know that the agency was prepared to support them through the investigation. However, this is not what happened.

I made home visits to determine the health of the spouse, and when the person might return to group, and learned that the spouse would be unable to attend the group for an indeterminate amount of time. Given the closeness of the group members and their level of contact outside of group, I wanted to discuss the issue with the couple before anyone else in the group discussed it with them. Therefore, in their home, I discussed the event with both grandparents, discussed my duty to report alleged abuse, discussed their experiences with the child protective agency staff, which had already begun to investigate them, and discussed feelings of everyone involved in the incident. The family home was not the ideal place to discuss this, since their emotional and behavioral reaction to the fact that I triggered this investigation could be unpredictable, and perhaps, unsafe. However, given my past, positive relationship with this couple, our meeting went well in the family home. I felt terrible that the investigation caused discord and fights between the couple and with their grandchild. I apologized to the grandparents for not making sure that they understood that within our context, it is required to report any allegations of child and elder abuse or neglect. Eventually, I received notice that the allegations could not be supported with evidence given.

After this event, I began to wonder what would have happened in a group led by a peer rather than a mental health professional that is also a mandated reporter. Surely in any setting where the leader is not mandated to report abuse, the response would vary greatly, determined by the individuals in the group setting. For example, online support group members broke confidentiality when a member confessed to a crime that resulted in a death of a child (Holmes, 1998).

I also wondered how other groups experienced couples. Are group members less inhibited when their spouse is absent? How does and should one set boundaries around what information individuals disclose in their spouse’s absence? What roles should professionals have in support groups? In the next few months, the group will need new facilitators; should they be professionals or peers? The group will decide, based upon the choices available to them. For our next column, we would like to hear reactions from you, reader, regarding the pros and cons of professional and peer-led support groups, circumstances under which confidentiality must be breached in support groups, dealing with couples in support groups, and any other ethical or moral dilemmas you may have faced in your work with support or mutual aid groups.

If you have any resources to share regarding ethical/moral issues and support/mutual aid group processes, please send correspondence, via e-mail or US mail, to Lynne Owens Mock at 8704 S. Constance Av, Chicago, IL 60617, or lmock@thecouncil-online.org

For our next column, we would like to hear reactions from you, reader, regarding the pros and cons of professional and peer-led support groups, circumstances under which confidentiality must be breached in support groups, dealing with couples in support groups, and any other ethical or moral dilemmas you may have faced in your work with support or mutual aid groups.

References
SOCIAl POLICY—
Edited by Joseph R. Ferrari

Poverty: More Than a State of Mind
~Joseph R. Ferrari, DePaul University

This issue contains a few firsts. It is the first issue that I am the column editor for the Social/Public Policy Committee since elected by the SCRA Board in November, 2006. It took me awhile to sort out the processes of the position, and frankly, there seemed to be no pressing matters warranting a column. In addition, this issue contains the first column this year to be written by students. The goal is to offer two students a forum to express their ideas related to an issue. Ideally, I would like to have a PRO/CON, point/countercpoint dialogue between the two students. Thanks to the great efforts of Marco and Mike, the SCRA Student Reps, who solicited student interest, we had several responses.

The first two replies came from Lindsey Zimmerman and C. Aisha Dixon–Peters. However, both authors seemed to agree more than disagree on the issue of Poverty in America. We decided to let them both express their views. I will not comment on either author’s views; the purpose is for YOU to comment directly to them or through TCP. Still, while many people may seem poor in areas of life, economic poverty in the US is more than a state of mind.

Our goal still is to begin a conversation among SCRA members over these issues. I plan a second student author column in a future TCP issue. Two students have expressed interest, but I am open to others to write pro/con issues for another time.

Economic Injustice: A Look at What Sustains the Status Quo
~Lindsey Zimmerman, Georgia State University
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As economic stratification increases in the United States the Society for Community Research and Action (SCRA) formulated a commitment to influence public policies based on community psychology principles and social justice values (Wolff, 2006). The recent revision of the Statement of SCRA Core Principles asserts: “Community psychology will become more engaged in the formation and institutionalization of economic, and social policy. These policies will be based upon the values that are at the core of our discipline and will incorporate psychological principles” (Wolff, 2006, p. 77). New research highlights how the intersection between individual needs and ecological understanding may serve to protect the unjust status quo. More specifically, the research of Jost (2006) and Darnell (2006) suggests that integrating psychological principles, such as need for safety and ecological analysis, could be essential for community psychologists attempting to influence public policies.

A just society would insure that those who are not born into resources might have a reasonable chance to secure housing, transportation, nutrition, education, and health care. Citizens who advocate for a just society will reduce differentials in earning power among our populace and support a living wage, so that disparities in access do not render unaffordable the basic services needed to support our lives. This outlook is fundamental to community psychology and is a view commonly endorsed by Americans (Darnell, 2006). Yet, injustice persists.

Focusing on both individual and systemic processes, almost any type of daily hassle may reflect an unjust economic system. For example, how equitable a system where a driver who makes $5.15 an hour receives a $35 or $90 traffic infraction ticket, and so does someone making $20 an hour or billing hundreds of dollars an hour? Consistent with a commitment to incorporate psychological principles to combat injustice, how should community psychologists interpret these seemingly minor examples of inequity? How might community psychologists interpret this simple event in terms of greater trends of inequality in our data? What if there is data to suggest that the driver who may lose nearly an entire day’s income to pay for the $35 ticket is also the driver who is more likely to be pulled over?

This exercise is deliberately intended to engender both empathy and systems thinking. Community psychologists might measure the perpetual level of stress of our hypotheti
cal low-wage driver who may also be a college student who is maltreated at his/her service industry job and is trying to perform well-enough academically to get into graduate school. For community psychologists, as promulgators of well-being who understand ecological principles, associations among levels of daily hassles, stress, and greater and greater nestings of economic injustice may seem apparent (Clements, 2004). But, it would appear that not all citizens see these kinds of systemic processes (Darnell 2006).

Examination of the status quo suggests that society members either lack empathy or do not sense the role of macro-level influences in their lives. Psychological scientists who seek justice attempt to accurately interpret factors that contribute to multiplicative systems of disadvantage, even when the experience of individuals or communities differs from our own. Similarly, we might attempt to understand compassionately what informs the apparent lack of urgency for change in society at large. To aid us in this task is the work of Jost (2006) and Darnell (2006) who studied the psychological factors that serve to sustain the unjust status quo.

Jost (2006) asserted that often people’s political attitudes are not self-interested; instead, their attitudes are motivated to engage in ‘system justification’ — the tendency to defend, bolster, and rationalize the society status quo. Seeking social status quo may even be desirable when social change would be preferable from the standpoint of self interest. Furthermore, efforts to redistribute wealth have been few and far between, and they have been remarkably easy to defeat, often because poor people are no more likely than the wealthy to support redistributive economic policies that would obviously benefit them. (p. 655)
Instead of self-interest or class, Jost (2006) found that identifying as conservative made one particularly likely to defend the status quo.

Jost suggested that the core and consistent differences between individuals that self-identify as conservative or liberal tend to be resistant to change including attitudes toward equality. Jost’s (2006) analysis of the American National Election Studies indicated that a large majority of American citizens willingly identify themselves somewhere on a conservative-liberal scale, and that “responses to this single ideological self-placement item explain 85% of the statistical variance in self-reported voting behavior over the last 32 years” (pp. 658-659). In a meta-analysis of psychological predictors of conservatism, Jost (2006) found that the largest effects sizes were in fear of death and system threat. Jost’s (2006) work identifying the role of fear in support for the status quo is helpful for our compassionate understanding of system justification; however, Darnell’s research suggests that another factor may be at work.

Using data from the US sample of the 1991 International Social Justice Project, Darnell (2006) found that both supporters and opponents of government action to reduce economic inequality believed that people should have equal opportunities. And, although both sets of individuals endorsed individualistic causal attributions for poverty or wealth, they differed in their beliefs about whether people actually do have equal opportunities (systems analysis). This difference significantly predicted those who are unlikely to support governmental interventions to reduce economic inequality. Darnell’s (2006) research indicates that although Americans share the community psychology value of justice, they may not share an ecological perspective (systems analysis), a central tenet of our field.

According to Bell (1997), “social justice includes a vision of society in which distribution of resources is equitable and all members are physically and psychologically safe and secure” (p. 3), this view is consistent with both Darnell and Jost’s work. Darnell (2006) found that an individual’s level of systems analysis predicted support for governmental redistribution of resources. In other words, support for more equitable policy was not based on the common belief that there should be equality of resources, but on an applied understanding of how resources actually are distributed. Jost’s (2006) work about the underlying nature of conservative/liberal identification indicated that support of the status quo might be related to a need for security. Therefore, enhancing individuals’ systems analytic skills (understanding contextual and historical determinants of behavior) is something we might consider in our attempts to shape economic policy. But, we also may consider whether support of more just economic and social policy is only possible when individual citizens (particularly conservatives) perceive it safe to examine the prevailing status quo. According to this new research, innovative public policy should be grounded in the commonly shared values of equity and personal responsibility and should also attempt to reconcile the psychological need for safety with an improved ecological understanding.

References

A Look at the Feminization of Poverty
~C. Aisha Dixon–Peters, University of La Verne Aishadixon-peters@sbcglobal.net

A life plagued with poverty is no rarity in the United States. Poverty affects the lives of over 37 million US citizens, who are technically at or below the established poverty level (US Census Report, 2006). The impact of poverty is severe and has a significant effect on all who suffer its consequences.

Women are 50% more likely than men to live in poverty (McLanahan & Kelly, 1998). According to the US Bureau of the Census, female household families made up 52.8 percent of all poor families in the United States (US Census Report, 2006). In 2005, female household families had the largest percentage of people in poverty with 28.7 percent of female household families living in poverty (US Census Report, 2006).

Family structures in the US have changed, and this change must be recognized. It is imperative that women are considered equitable contributors to the workforce and that caring work is given equitable respect.

A striking two-thirds of the world’s work is done by women, yet women earn a scant 5% of the income (IWHC, 2000). This statistic includes both out of home employment and in-home caring work, such as raising children and caring for ill or elderly family members. Poverty continues to exist and is perpetuated in female-headed families because of the oppressive sexism that plagues American society. Institutional sexism plays a major role in this social issue. The assumption that lies behind current policy that men are the breadwinners of heterosexual, two parent families (Albelda, 2002) and, in
turn, should make more money or higher wages than women is harmful, as men are no longer the sole breadwinners. Family structures in the US have changed, and this change must be recognized. It is imperative that women are considered equitable contributors to the workforce and that caring work is given equitable respect.

According to current discourse on the feminization of poverty, the gap in wages between men and women, the inadequacies of the welfare system, and an unreliable system of child support is to blame for the feminization of poverty (Nuccio & Sands, 1992). McLanahan and Kelly (1998) described three changes in conditions of families in the United States that contributed to this view of poverty. These three changes include changes in family structure, changes in the economy, and changes in the welfare state.

1. Changes in family structure are notable in several ways (McLanahan & Kelly, 1998). The age of first marriage has increased, while the divorce rate has increased. Accordingly, there is an increase in single parenting, in particular in female-headed households. With these changes, approximately 90% of single parents are women. Moreover, because women receive low wages, nearly 50% of women are more likely to live in poverty than men. (McLanahan & Kelly, 1998)

2. Changes have occurred in the economy. One change is in the demographics of the labor force. There has been an increase in the number of women joining the labor force who work outside of the home. These changes caused an increase in the cost of living, making financial constraints more challenging for low-income families and, hence, low-income female household families.

3. Change in the economy affected welfare reform. Welfare reform placed a cap on the time allotted for a family to receive assistance and pushed thousands of women off welfare. This push off welfare drove women even further into poverty by forcing them into low-paying jobs or no-pay community service work (IWHC, 2000). These jobs frequently do not provide benefits such as vacation time and sick leave, and they leave parents and their children without health insurance. (Albelda, 2002)

There is even a feminization of poverty occurring within the elderly age group. Because women’s wages are 73% of men’s wages, women’s retirement income is accordingly lower. IWHC (2000) reported the discrepancies in retirement and disability incomes between men and women: for every dollar men receive in retirement, women receive 53 cents. Moreover, women are afforded the lowest pay when given disability benefits.

An issue rarely addressed in current discourse among academicians is that many women are choosing to stay home to raise their children. Child rearing is a non-wage occupation that is not economically rewarded (Skolnick & Currie, 2000). The IWHC declared that caring work (such as raising children and caring for elderly and disabled family members) is an important job in our communities and responsible legislation should recognize it as such (IWHC, 2000).

Furthermore, there have been additional important economic changes to which policies have yet to respond. In 1978, Pearce coined the term feminization of poverty, and in a 2001 interview she addressed the issue of the self-sufficiency standard (Pearce, 2001). Pearce explained that the poverty line, an important consideration utilized to determine standards of poverty in society, was developed in 1965 by a government economist and was simply three times the cost of a meager food budget. Today, this poverty line is meaningless and no longer measures real poverty. Instead, Pearce (2001) suggested a self-sufficiency standard that takes into account the cost of living and determines the amount of income a family needs to meet basic standards of living without subsidies. The self-sufficiency standard is tailored to each family and accounts for size, composition, geographical location, and work expenses. She declared that this should be used to evaluate proposed policy changes and target resources that help families achieve self-sufficiency.

As community psychologists, our tasks are great. Issues of economic injustice are critical to our discipline, reflecting our values. Economic poverty is a timely issue as the nation considers related issues such as national healthcare. In advocating for economic justice, we must examine the correlation between income and health, recognizing the vulnerabilities of well-being for low-income persons without healthcare. We also must examine the effects of economic injustices and sexism, impacting individuals, families, and communities. These critical examinations should inform our field work, engagement in action research, and advocacy for policy change. As community psychologists, we must advocate for social policy that reflects our core values (such as equitable wages for women and men, empowering social policy, and fair and equitable universal healthcare). Our goal should be to eradicate economic poverty and improve overall well-being for everyone.

References
STUDENT ISSUES—

Edited and written by Michael Armstrong & Marco A. Hidalgo, SCRA Student Representatives

11th Biennial Conference of SCRA

All students of SCRA are invited to attend the 11th Biennial Conference of SCRA hosted by the University of La Verne at the Hilton Hotel in Pasadena, CA from June 7–10, 2007. The theme for this year’s conference is Community and Culture: Implications for Policy, Social Justice, and Practice. Many students use the conference as an opportunity to network, learn, and to present their research and disseminate exciting and innovative approaches to community interventions. Since the deadline of November 30, 2006, is now passed we hope that students were able to submit abstracts to the conference’s call for proposals.

At the Biennial SCRA students will have the opportunity to voice their concerns about SCRA and community research and action at a roundtable hosted by your current National Student Reps., Mike and Marco. Specifically, the roundtable discussion will identify and address issues related to student membership and participation in SCRA. We hope to see you there!

We are happy to announce that SCRA Student Travel Awards to the Biennial will be offered to a select number of students based on need, distance to travel, and participation in the conference. Additionally, SCRA Student Registration Awards for waived conference registration will be offered to a select number of students based also on need, distance to travel, and participation in the conference. You can request an electronic copy of either application from Mike by emailing him at marmstrong4@student.gsu.edu. You may apply for both awards, but you will only be awarded one so that we can award as many students as possible. The deadline for applications is May 1st, 2007. To apply, please complete the application and submit it to Mike by email or via postal mail. For more information about Biennial and future conferences related to Division 27 go to the SCRA website: http://www.scra27.org/events.html.

Seeking Nominations for Incoming National Student Representative

The time is soon coming to elect the next SCRA National Student Representative as Mike completes the final year of his term. National Student Representatives serve on the Executive Committee and provide student voice to decisions made within SCRA. In addition, serving as National Student Representative is also a fun and rewarding learning experience. National Student Representatives serve 2-year, overlapping terms (starting at the APA convention in August). If you would like to nominate yourself or someone else for the incoming Nat’l Student Rep. position, or have additional questions, please contact Marco Hidalgo by email at mhidalgo@depaul.edu by April 15, 2007.

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 on why they are interested in the position, what topics or issues related to student representation in SCRA concern them, and what (if any) prior leadership or representative service they have held, such as serving 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 the email address that is on record with SCRA is outdated, please notify Marco so that your electronic ballot does not bounce back.

2007 SCRA Executive Committee Mid–Winter Meeting Report

This year’s mid-winter meeting was a success. At the end of January the SCRA Executive Committee met in Lawrence, Kansas, to discuss and decide on pivotal issues for our organization. As Executive Committee members, National Student Representatives have full voting rights, and thanks to your feedback we were able to bring important ideas that affect the student membership to the table. The Executive Committee highly values and is improved by student input. The following are important notes on issues from that meeting that have an impact on SCRA’s student membership:

• Your National Student Representatives were able to secure funding for 3 travel awards and 5 conference registration waiver awards for this year’s SCRA Biennial Conference (June 7–10), which will be held in Pasadena, California and hosted by the University of La Verne. Calls for these awards are above and will be announced over the listserv shortly.

• A network of SCRA Regional Coordinators has been organized to represent and act on SCRA’s behalf throughout different regions of the US and internationally. Working with each Regional Coordinator are Student Regional Coordinators, who are graduate and undergraduate students that are responsible for representing the interests of SCRA student members within their region. Each of these regions could greatly benefit from the continual input and participation of SCRA student members. If you’re interested in participating more within your region please email Marco at mhidalgo@depaul.edu.

• To address student concerns about too few universities participating in SCRA and regional community psychology conferences your National Student Representatives are beginning to work more closely with Student Regional Coordinators. Our goal is to identify and implement activities that are suitable to student members within respective regions. Additionally, we are now working closely with SCRA’s Membership Committee to recruit and retain student members from community psychology programs that are under-represented in society-wide activities.

• To meet student concerns about the need to increase and diversify SCRA student membership based on discipline, your National Student Representatives have proposed and secured some monies to attend non-APA conferences and recruit student members. If any of you have specific conferences or professional organizations you would like us to consider attending, please email either Marco or Mike. We will update you over the Student Listserv about the progress of our efforts.

• An exciting opportunity to temporarily “host” an innovative online resource is now available to students of SCRA and their home graduate programs. The Community Toolbox (http://ctb.ku.edu/) is a website designed to support the promotion community health and development by providing over 6,000 pages of practical skill-building information on over 250 different topics. This website has an interactive section...
called *Ask An Advisor* in which students and faculty from various community psychology programs nationwide can temporarily “host” the website, and interface with the website’s world-wide user-base. Hosting the website entails sharing knowledge with users of the website in a Q&A format and answering selected practical questions related to the work of promoting community health and development. For example, users may inquire about planning, assessment, participation, leadership, publicity, advocacy, evaluation, and organizational relationships. Developed by the University of Kansas, *Ask An Advisor* has operated successfully and its user-base has grown tremendously since its premiere 12 years ago.

If you would like to learn more about how you can participate please email Mike at marmstrong4@student.gsu.edu.

### 2007 SCRA Graduate Student Research Grant

Please be on the look-out for the upcoming Graduate Student Research Grant *Call For Proposals*! The grant is specifically devoted to supporting pre-dissertation or thesis research in under-funded areas of community psychology. We will put the call out over our listserv and on the website (see below for instructions on both). Applications for the award will be due by July 1st, 2007. If you have any early questions, please contact Mike at marmstrong4@student.gsu.edu.

#### Summary of Deadlines for Student Opportunities

<table>
<thead>
<tr>
<th>Grant/Opportunity</th>
<th>2006 Deadline</th>
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<tbody>
<tr>
<td>SCRA Nat’l Student Rep. Nominations</td>
<td>April 15th</td>
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<tr>
<td>SCRA Biennial Travel Awards</td>
<td>May 1st</td>
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<tr>
<td>SCRA Biennial Registration Waiver Awards</td>
<td>May 1st</td>
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<tr>
<td>SCRA Student Research Grant</td>
<td>July 1st</td>
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### SCRA Student Listserv & Website

As always, the SCRA student listserv is a forum to increase discussion and collaboration among students involved and interested in community research and action. It is also a great place to get information relevant to students, such as upcoming funding opportunities and job announcements. To subscribe to the listserv, send the following message to listserv@lists.apa.org:

```
SUBSCRIBE S-SCRA-L@lists.apa.org <first name> <last name>
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Messages can be posted to the listserv at: S-SCRA-L@lists.apa.org. If you have any questions or need help signing on to the listserv, please contact Omar at oguessous@comcast.net.

Future announcements and calls for submissions related to SCRA students will be posted in the Student Forum of SCRA’s website in addition to the student listserv and *TCP*. Please log on to the forum and join discussions about issues related to community research and action. If you are not satisfied by the student area of the SCRA website tell us what you want to see at: http://www.scra27.org/board/.

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**Women’s Issues—**

*Edited by Nicole Allen & Christina Ayala-Alcanta*

### About the Women’s Committee Co-Chairs

**Elaine Shpungin**

Dr. Shpungin emigrated with her family from the former Soviet Union when she was 8 years old. She majored in Psychology at Rutgers University before earning her PhD from Michigan State University (MSU) in 2002. Although her degree is in Clinical Psychology, Dr. Shpungin was a boundary spanner at MSU, spending time in both the Clinical and Community Psychology programs, and identifies strongly with the principles and methods of community psychology. After obtaining her PhD, she spent two years as an Assistant Professor at Kenyon College (OH), where she created a service-learning program in the Department of Psychology, before accepting her current position as Director of the Psychological Services Center (PSC) at the University of Illinois, Urbana–Champaign in 2004. The PSC is the training, research and service arm of the doctoral program in Clinical–Community Psychology and allows Dr. Shpungin to not only bridge her expertise in clinical and community psychology, but also bridge the worlds between the academy and the local community. Dr. Shpungin’s research and professional interests center on the evaluation and creation of interventions that aim to improve the climate in social service agencies serving disenfranchised individuals. In particular, she is interested in the concept of “human dignity” as it applies to both clients and staff in these agencies. She is currently also honored to be one of the nominees for the Secretary position for Society. Dr. Shpungin lives in Urbana, IL with her partner, Mikhail, and their 4 year old son, Aaron. She would love to hear from you: shpungin@uiuc.edu

**Carrie Hanlin**

Carrie Hanlin is originally from Fayetteville, Arkansas, and received her Bachelor’s degree in Psychology at Hendrix College in Conway, Arkansas, 1999. She is now in her sixth year of graduate study, at Vanderbilt University in the Community Research and Action PhD program. The first two years of her graduate work were done in the University of Missouri–Kansas City’s Community Psychology PhD program. She completed her Master’s thesis from research done in Kansas City on area labor unions as democratic structures. Carrie is currently a Graduate Fellow, a recipient of the Peabody College Graduate Honor Scholarship, and was the SCRA student representative for 2004–2006. Recent areas of research and action include the facilitation of the development of community organizations into social change agents; the intersection of sociology and psychology; qualitative research methodology; alternative social organization; and theories of Power. She is working on her dissertation proposal for a qualitative study of the workers’ campaign for a living wage on the Vanderbilt campus. Finally, Carrie and her husband, Will, have a fantastic baby girl named Rosalind, whom they love more than they can say.
Women’s Committee Mid-Year Update
~Elaine Shpungin, Psychological Services Center, Champaign, IL.

We began in the fall by conducting a brief online survey of SCRA–W members in order to find out how the co-chairs can best serve the members and what kinds of projects were of interest. One project that the Women’s Committee has decided to take up focuses on the issue of “silencing” within SCRA. This project is currently in progress and some portions will be presented at the SCRA Biennial. A brief summary of the membership survey results are presented below (see Table 1), followed by an update on the “silencing” project.

Membership Survey
Forty-eight SCRA–W members completed the survey, which consisted of five likert scale questions and several open-ended items. A summary of some of the survey results are included below (see Table 1).

Giving Voice to All Project: A Brief Timeline: June 2005 (SCRA Biennial). The issue of “silencing” came up during the Women’s Committee Meeting at the 2005 Biennial, where a number of participants described experiencing or observing the experience of silencing at the conference. Examples shared at that meeting included, but were not limited to:

- observations that the same comment made during a session by members with different backgrounds (e.g., man vs. woman; faculty vs. student, etc.) were often received very differently by the group (e.g., enthusiastic discussion vs. relatively little interest)
- observations that on multi-member panels, certain presenters (often members who were more senior, male, and/or White) took up far more than their allotted time, leaving other members with inadequate time to present their work
- observations that, during roundtable discussions, certain members (again, often more privileged members and/or SCRA members from the US) took up more “air space” than other members
- observations that members did not make efforts to accommodate individuals with disabilities, even when the individuals with disabilities stated what accommodation would help them fully participate in a session

Fall, 2006. Given that this issue had been the main topic of discussion at the 2005 Women’s Committee Meeting, and given the survey participants’ high level of interest in pursuing this project (second only to highlighting exceptional women’s work), the Women’s Committee leadership chose to start by addressing this project first. A small committee of Women Committee members was formed to undertake the project.

Winter, 2006. The Giving Voice to All committee’s has been responsible for working on the Giving Voice to All initiative (a name that we hope reflects our emphasis on improving the climate for everyone, rather than engaging in blaming or harping on the problem).

<table>
<thead>
<tr>
<th>Table 1: SCRA–W membership survey</th>
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<tr>
<td>Participants Represented</td>
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<tr>
<td>34% Grad students and post-docs</td>
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<td>30% Faculty at academic institutions</td>
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<tr>
<td>15% Researchers at Research Institutions</td>
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<tr>
<td>21% Other, including undergraduate students, lecturers, practitioners, consultants, retirees, administrators, and fellows</td>
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<tr>
<th>Top 4 reasons for joining Women’s Committee (multiple answers possible)</th>
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<tbody>
<tr>
<td>73% to be more involved with women’s issues within SCRA</td>
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<tr>
<td>65% to network with other women within SCRA</td>
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<tr>
<td>59% to connect with a mentor within SCRA</td>
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<tr>
<td>40% to learn more about the workings of the women’s committee</td>
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<tr>
<th>Top 4 preferred utilizations for Women’s Committee (multiple answers possible)</th>
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<tr>
<td>81% venue for sharing news (political, action items, SCRA updates relating to women’s issues)</td>
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<tr>
<td>79% venue for discussions around women’s issues</td>
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<tr>
<td>69% venue for sharing funding information</td>
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<tr>
<td>63% venue for getting advice for question about work (ethical dilemmas, feminist research methods)</td>
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<tr>
<th>Top 4 projects most interested in having Committee work on Score is average of ratings with “1=not interested to 5=very interested”</th>
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<tbody>
<tr>
<td>3.93 Highlighting exceptional professional work on women’s issues—or by women (e.g., via an award)</td>
</tr>
<tr>
<td>3.87 Highlighting exceptional student work on women’s issues—or by women (e.g., via an award)</td>
</tr>
<tr>
<td>3.79 Improving climate at Biennial (e.g., issue of silencing)</td>
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<tr>
<td>3.79 Working on creating a mentoring network that would connect students or junior members to more senior members</td>
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<tr>
<td>3.64 Working on a project dealing with issues related to women in academia or workplace (e.g., harassment, parental leave policies)</td>
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The Giving Voice to All Initiative
The initiative currently consists of the following three parts:

Plenary Presentation at the 2007 SCRA Biennial.
This will be a brief multi-media presentation whose goal is to raise consciousness about the issue of silencing and give concrete suggestions on how to combat silence within our Society. Although we are still working on a fuller definition of silencing, at the moment, we are referring to silencing experiences as “times when individuals experience their voice—or observe the voice of another member—being ignored, de-valued, shut out, or truncated—either subtly, directly, or through a lack of accommodation. Within SCRA, this experience may occur on the listserv, at the Biennial conference, or in another venue.” Part of the presentation will involve a skit which will dramatize common silencing experiences as well as high-
light the idea that any of us can potentially be a “silencer.” We also plan to have some educational materials that will discuss the issue in more detail and give resources and ideas for raising self-awareness and helping to improve the Society’s climate.

Collection of Silencing Narratives. We have created an anonymous online forum via which SCRA members are invited to contribute examples of silencing that they have witnessed or experienced. While being called “narratives,” the examples can be very brief in nature. We hope to use some of these descriptions in our Plenary Session skit and for the educational materials for SCRA members. (We invite you to contribute your observation or silencing experience by going to: www.surveymonkey.com/s.asp?u=421812948205)

Innovative Session at 2007 SCRA Biennial. The Giving Voice Committee has also submitted a proposal for an innovative session on the topic of silencing, which would expand on the goals of the Plenary presentation (raising awareness, providing ideas for combating silencing) using an experiential, non-didactic format.

We are also exploring the possibility of collecting more formal silencing definitions, probably with the help of the broader Women’s Committee membership.

Next Steps for Women’s Committee

There is still plenty of work to be done to organize the project above. In the meantime, the membership survey highlighted other interesting and worthwhile ideas that members wanted to see the Women’s Committee engage in (some of which will certainly have to wait for future years!). Before the year is over, however, the Women’s Committee leadership hopes to at least engage in a discussion of how we can continue to highlight the exceptional contributions of SCRA women (the Women’s Committee’s Trailblazing Project is one example of this from the recent past). There was also interest expressed in having a dedicated women’s committee website, which is worth pursuing (that link above would be easier to use from our own website!). Finally, it would be useful to explore why the current mentoring program at Biennial is being under-utilized and how we can increase its utilization, given the high level of interest expressed by our Women Committee survey members.

If you have ideas, comments, or feedback for the Women’s Committee leadership, please drop an email to: shpungin@uiuc.edu. We welcome input from all of you, including non-members and non-women.

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SPECIAL FEATURE—
Community Health & Community Health Research

Edited by David William Lounsbury & Shannon Gwin Mitchell, Co-chairs
SCRA Community Health Interest Group

Since the summer of 2005, members of the Community Health Interest Group have been in dialogue about how community psychology defines and understands community health and community health research, and how it relates to other health disciplines, such as medical anthropology, public health, and preventive medicine. For this special issue we asked for works that would illustrate community psychology’s historical roots, philosophy/values, methodologies, and policy approaches in relation to community health.

We invited community psychologists, as well as other social and behavioral scientists engaged in community-focused research or practice, to submit case studies of community-based health initiatives, descriptive reports on applied methods for conducting effective community health research, and conceptual or empirical articles concerning current events in human rights and social justice presented in the context of community health research and intervention. Out of over a dozen submissions we selected six that we believe present an interesting mix of perspectives and experiences about community and health and how these constructs are being linked, in terms of theory as well as action, within the discipline of community psychology.

The first article, by Michael Murray and Geoffrey Nelson, presents a conceptual framework for a new branch of health psychology, that of community health psychology. Specifically, the authors describe a series of conferences and initiatives that have established a complementary, but profoundly different way of conducting health psychology research. One of the ideas to emerge from a special health

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1 The Giving Voice to All committee members include Colleen Loomis (subcommittee chair), Elaine Shpungin (Women’s Committee Co-chair), Mary Ellen Dello Stritto (past Women’s Committee Chair), Nicole Allen (co-organizer of 2005 Biennial), and Carolyn Swift (SCRA president).

2 Although there was a lot of interest in these “highlighting” projects, there were also some concerns voiced about creating an award for reasons such as “ghettoizing women’s work” and “perpetuating an old boys’ network.” A suggestion was also made for highlighting exceptional work by women of color.

3 The qualitative comments for this were almost exclusively about issues of silencing at the conference. In fact, 33% of all qualitative comments regarding the seven possible projects listed were about silencing. One comment actually mentioned the issue of silencing at the Women’s meeting itself.

4 There is currently a mentoring network that exists for this purpose at each Biennial conference. This has been organized by Gloria Levin in past years. For instance, the 10th Biennial Conference featured a “three-pronged mentoring program designed to enhance the conference experience for those new to the field of community psychology, for students, and for early-career professionals.” This opportunity featured an orientation breakfast, small group mentoring, and individual mentoring—but relatively few people took advantage of the mentoring opportunity. Thus, one of the things that might be needed is more education and/or dialogue on how best to utilize this mentoring opportunity.

5 The qualitative comments around this project had to do with family-workplace issues such as having children and parental leave. One comment expressed interest in expanding this to issues of parental leave at all income levels.
psychology conference held in 1999 was the development of an interdisciplinary, international working group committed to advocacy and training in community health and a report of applied methods for conducting effective community research in health. Murray and Nelson write that the creation of this sub-discipline is the result of a rapid growth of interest in health psychology in North America and Europe and a particular dissatisfaction with its dominant epistemology: individually-oriented, bio-medical explorations and interventions, derived from socio-cognitive and socio-behavioral theories. Murray and Nelson exude an excitement about community health psychology that can be likened to the early days of community psychology.

Susan Lee, Sandra Thompson, and Deisy Van Doorn write about their community health research and program development at Women’s Health Services (WHS) in Perth, Western Australia. They describe the challenges associated with meeting the needs of highly diverse client populations through care work with newly arrived migrant and refugee women who, collectively, represent more than sixty nationalities and how they have varied health care needs. Lee, Thompson and Van Doorn discuss the potential for developing collaborative, consultative relationships with diverse communities through the cultivation of multi-ethnic consumer reference groups. A case study of an intervention to facilitate greater access to alcohol and other drug treatment services is featured. Their article calls attention to the need to recognize and respond to cultural diversity and to the methodological and logistical tools needed to organize health programs/services and research that is responsive to culturally heterogeneous client groups. Their paper also offers an international perspective on issues that are currently being heavily debated within the United States by many communities and among social scientists regarding issues of immigration and human rights.

Delysha D’Mellow and Maureen Miller write about how community capacity can be expanded by helping community health providers and researchers adapt more open, participatory strategies to health promotion and disease prevention. They focus on prevention of disease and underscore the importance of creating and sustaining long-term relationships with medically underserved communities as a means to conduct effective community health services research and address health disparities attributable to low income. They discuss how the creation of a new setting, a community-based health research center, can foster effective health promotion and disease prevention. Their article documents the establishment and maintenance of one such community-academic partnership in an African American community in Brooklyn, New York. Reflections on major issues and challenges encountered in setting up their community-based center and the process of creating and sustaining mutually beneficial partnerships with other local non-profit organizations is presented and discussed.

Laura Linnan, John Rose, and colleagues provide a descriptive report concerning their application of community-based participatory research (CBPR) to addressing health and health care issues in African American communities in North Carolina. The project was designed to work with beauty salon owners and licensed cosmetologists to develop effective interventions for addressing cancer disparities among African American women. They used mixed-methods data, including written surveys from salon customers and stylists, interviews with salon owners, and observations of the salon environment. Forty African American salons were enrolled in the study. Their article demonstrates the feasibility and utility of using CBPR to conduct large, ecologically grounded needs assessment projects. Moreover, their focus on African American women’s health calls attention to the diverse needs and preferences among members of this target population.

Daryl Freedman also presents a case study. Freedman’s article describes a community-based health promotion initiative focused on changing communities via participatory research and collaborative partnerships in low-income neighborhoods. Her research grew out of a three year community-university partnership funded by the Department of Housing and Urban Development during which relationships between the community and the university developed. Here, the aim of the research was to address a community’s concern about the dearth of grocery stores available to residents in three low-income neighborhoods in Nashville, TN. The project focused on changing community conditions that serve as barriers to health (i.e., lack of access to food) rather than on changing individual behaviors (i.e., changing diets). Newly created or improved community settings, including a community-run neighborhood-based farmers’ market and a local community garden, were a product of this effort. Freedman reflects on how her background and skills in public health and action research were brought together to co-create solutions to the grocery store crisis in these neighborhoods. She also offers reflections on the strengths and challenges of this research approach.

Finally, Cristina Huebner and Esperanza Díaz discuss the importance of understanding differences and different perspectives between patients and providers (and researchers and participants) in conducting effective community health research. They offer multiple case-based examples to illustrate methodological techniques or strategies that can improve the quality of communication and rapport in research and service delivery. They remind us of the importance of language. Their work demonstrates how cultural differences in providers, as well as in patients, can impact provider health practices and, subsequently, patient outcomes. Ultimately, they point out that it is about learning how to acknowledge and respect differences and, as much as possible, incorporate this learning into the research design and/or clinical engagement.

This collection of articles is a small sample of the ongoing work in the realm of community health. We thank each contributor for sharing their experiences and insights with us. Collectively, the content of these articles assert that community health and community health research, as conceived and conducted within community psychology, seeks to explain health as an outcome of personal as well as environmental factors. It is about meeting the needs of an entire community by affirming its diversity and being mindful of changing circumstances. It is about inviting the community into the process of understanding, designing and implementing programs and services that build capacity and promote communication. It is about advocacy and policy development, informed by real experiences and based on collaborative, respectful, and trusting relationships.
Community Health Psychology: Developing a Training Program

~Michael Murray, Keele University, UK
& Geoffrey Nelson, Wilfrid Laurier University, Canada

Introduction
Throughout the 1990s there was a steady growth of interest in health psychology in North America and Europe. This was reflected in the organization of conferences, journals and textbooks. There was also the development of critical debate and questioning about the nature of psychology as a discipline. Not surprisingly these critical ideas began to emerge within health psychology leading to the convening of a conference in 1999 to review the current and future direction of the sub-discipline (Murray, 2000). This conference expressed a growing dissatisfaction with many of the assumptions and practices of health psychology. There was frustration at the complacency of a discipline that had as its focus human suffering yet seemed to lack the theoretical and methodological approaches to grasp the character of the phenomenon. There was frustration at the limitations of its theoretical approaches that had become fixated on limited social cognitive models of human behavior and ignored the sustained debate about theory within the social sciences, in particular, around issues of language and power. There was frustration about methodology that seemed to focus on refining measurement and statistical techniques rather than increasing understanding and enabling personal and social transformation. Not least, there was frustration at the ignorance of the broader social, cultural, political and historical context within which health and illness are enmeshed and a disinterest in contributing to social change in an unjust world.

One of the consequences of the 1999 conference was the establishment of a working group on Training in Community Health Psychology (TCHP) that received funding from the Canadian Institutes for Health Research. The aim of this working group was an attempt to take the debate about the nature of health psychology forward through an examination of the ways it could connect with community psychology. The membership of that working group was deliberately interdisciplinary to ensure that it was informed by the broader debates about social theory. The group attempted to define what was meant by community health psychology. Being informed by a critical perspective, it explored broader issues of epistemology, methodology, and intervention. After over a year of deliberation, a report (henceforth called the TCHP report) was produced by that working party in 2001. In addition, several papers were subsequently published. One (Murray, Nelson, Poland, Maticka-Tyndale & Ferris, 2004) explored the values and assumptions underlying a community health psychology, another (Nelson, Poland, Murray & Maticka–Tyndale, 2004) considered models for graduate training programs, while the third (Murray & Poland, 2006) considered the relevance of some of the ideas in the report for a revitalised health psychology. This paper summarizes the proceedings of this working party and the challenges in developing training in community health psychology.

Overview of Report
The TCHP report argued that there could be a fruitful integration between community psychology and health psychology. However, this integration should be located within a broader awareness of conceptual and methodological debates and a commitment to active social engagement to promote community health and well-being. This view of community health psychology is one that emphasizes a critical examination of professional and social power and social change as a necessary strategy for the promotion of health. It anchors community health psychology in a critical epistemological framework and emerging critical perspectives within applied psychology (Fox & Prilleltensky, 1997; Prilleltensky & Nelson, 2002), community psychology (Nelson & Prilleltensky, 2005) and health psychology (Marks, 1996; Murray, 2000; Murray & Campbell, 2003; Prilleltensky & Prilleltensky, 2003, Stainton-Rogers, 1996). Such a critical approach to the development of a community health psychology would require alliances with critical perspectives from other social science disciplines (e.g., Freund & McGuire, 1999) and with disadvantaged community members. Thus, the community health psychology approach that we are proposing is critical, inter-disciplinary, and collaborative.

Historically, some of community psychology and much of health psychology have drawn their conceptual models from clinical psychology or from a rather asocial version of social psychology (Murray, 2004). This clinical or asocial health psychology has a highly individualistic orientation which extracts the individual from the social and community context. In contrast, community health psychology would adopt an ecological perspective in which individuals are seen as embedded within small systems, which are nested within larger systems. Defining problems at the individual level serves to blame the victims, even if this is not intended. Teaching people on social assistance how to better manage their finances assumes that the problem is a lack of budgeting skills, rather than a lack of financial resources. A community health psychology challenges individualistic interpretations of problems and strives to reframe problems, taking power and the social context into account (Seidman & Rappaport, 1986).

While clinical health psychology focuses on reactive treatments after problems have developed, a community health psychology emphasizes earlier intervention that strives to prevent problems from developing in the first place. Clinical health psychology has adopted a framework that focuses on problems, pathologies, and deficits. In contrast, a community health psychology assumes that people have strengths and competencies, which need support from social systems to be fully expressed (Rappaport, 1977). Similarly, while clinical health psychology is concerned with reducing “maladaptive” health behaviours (e.g., smoking, overeating, using substances), a community health psychology has more of a positive, growth focus on the promotion of competence and well-being.

In clinical health psychology, intervention consists of professionally prescribed treatment or rehabilitation that has been empirically validated for the particular presenting problem. Community health psychology intervention would encompass a range of different strategies including self-help, community development, and social action. In clinical health psychology, there is a power imbalance between the professional clinician and the
consumer. The clinician is presumed to be an “expert” scientist-practitioner, while the role of the client is to comply with the treatment regimen prescribed by the professional. Since community health psychology assumes that “clients” have strengths, we would argue that the role of the professional is one of a resource-collaborator or scholar-activist. Community health psychologists would strive to reduce the power imbalances between themselves and the disadvantaged people with whom they work and to encourage active consumer participation, control, and choice in the intervention process.

Research in clinical health psychology is based on the assumptions of a positivist epistemology and has emphasized experimentation (randomized clinical trials) and quantification. In contrast, a community health psychology research would be participatory and action-oriented (Tolman & Brydon-Miller, 2000). Critical and constructivist epistemologies would underpin community health psychology research, and qualitative methods, which give voice to disadvantaged people’s experiences and challenge dominant societal and medical narratives, would be encouraged (Murray & Chamberlain, 1998; Murray & Chamberlain, 1999).

Clinical health psychology emphasizes individual ethics (e.g., informed consent), claims value neutrality, and, in so doing, tacitly accepts the status quo of unequal power relations between disadvantaged people and professionals. In contrast, a community health psychology would adopt a social ethics of emancipatory values that explicitly challenge the status quo (Prilleltensky & Nelson, 2002). Finally, while both clinical health psychology and community health psychology advocate for inter-disciplinary research and practice, the types of inter-disciplinary collaboration differ. Clinical psychology typically works with other clinical professions, such as psychiatry and clinical social work.

Community health psychologists would find that they have a great deal in common with colleagues from other disciplines who share a critical orientation (e.g. sociology, community development). Moreover, since a community health psychology is ecological in nature, collaboration with a range of social science and health disciplines is needed to provide a broader perspective and framework for the understanding and promotion of health.

Historically, there has been a unity of values, research, and action within community psychology (Rappaport, 1977; Rappaport & Seidman, 2000). We believe that this approach would also typify a community health psychology. There are a number of themes that would characterize the new field of community health psychology. These themes include values and assumptions that reflect the field’s underlying moral and epistemological foundations, and analytic concepts, which have served as building blocks for community research and action (Prilleltensky & Nelson, 1997).

Social justice: This value would be a fundamental building block of community health psychology. Prilleltensky and Nelson (1997) have argued that community psychology should focus more actively on issues of economic inequality, particularly in this era of global capitalism, in which large, multinational corporations are accumulating greater shares of wealth and power worldwide at the expense of people with low levels of income, the physical environment, labor conditions, and social and health policies and programs. A community health psychology would not only locate health and illness with these material and symbolic power differences but would also identify and participate in social and community action to challenge these inequalities.

Caring, compassion, and community: Like humanistic psychology, community health psychology would share an emphasis on caring and compassion as a fundamental value. However, community health psychology would extend this concept beyond the therapeutic relationship to higher ecological levels of analysis. These values do not flow from some condescending orientation towards communities in distress but from a broad social identification with them. Community health psychologists would adopt a “preferential option” for/with the poor, the marginalized and the disadvantaged and realize that their own “liberation is intimately tied to theirs” (Lykes, 1997; Lykes, 2000; Martin-Baro, 1994).

Community health psychologists claim that research is value-laden and should be oriented towards the promotion of social justice. Thus, the stance of the community health psychologist becomes one of partner with disadvantaged groups in society and advocate with these groups for social change.

Health promotion and prevention: Recognizing the limitations of micro-focused therapeutic interventions, community health psychology would draw on the field of public health and strive to create and evaluate interventions designed to promote health and competence and to prevent problems in living on a population or community-wide basis. Community psychologists have been among the leaders of the prevention/health promotion area in research and conceptual development (e.g., Albee, 1986; Cowen, 2000). Moreover, community health psychology would use a multi-level, ecological, systems framework in analysing health problems and designing preventive interventions.

Oppression and empowerment: Community health psychologists would recognize the political dimensions of human problems. Oppression of disadvantaged groups and individuals are defined both in terms of social structures and processes and internalized, psychological experiences of disempowerment (Prilleltensky & Gonick, 1996). In their interventions, community health psychologists would attempt to elaborate an empowerment framework, which emphasizes self-determination, democratic participation, and power-sharing (Rappaport, 1977; Rappaport 1987). Community health psychologists would recognize the need for a “power reversal” in the traditional role relationships between disadvantaged people and professionals. Thus, community health psychologists working from an empowerment orientation would take direction from and help disadvantaged people to exercise and access power.
Diversity: Respect for diversity is seen as a cornerstone of a community health psychology (cf. Rappaport, 1977). In its acceptance of the status quo of mainstream values, traditional health psychology has emphasized "adjusting" people to sociocultural norms and practices. In its identification with disadvantaged people, community health psychology would recognize that many problems in living stem from unreasonable and unjust standards to which people are expected to adjust. A community health psychology challenges cultural norms that are disempowering to citizens from diverse backgrounds and celebrates the value of diversity. In their research and action, community health psychologists would strive to be respectful of people's experiences, to amplify the voices of marginalized people, to be sensitive to the unique context of individuals, and to be accepting of individuals' unique identities.

Impact of Report

The TCHP report was published in 2001. It was distributed widely to all departments of psychology in Canada and to a large list of interested organization and individuals across North America, Europe and elsewhere. Not surprisingly the reaction was muted but gradually the ideas expressed in the report have gained wider currency. Interestingly there was greater interest from individuals in Europe, Australia, New Zealand and Latin America than within North America. This probably reflects the greater debate about the nature of psychology that continues within those regions.

In the United States the mainstream approach to health psychology remains largely unchallenged. For example, Taylor (2006), in what is probably the most popular North American textbook on health psychology, makes no reference to community health psychology although she mentions briefly in her final chapter the need to connect individual change with social change. The need to explore ways of locating health psychology theory and practice within the social and community context has also been largely ignored by the dominant health psychology journal in North America, Health Psychology: Marks (2006) noted that only 19/424 (4.4%) articles published in that journal in the period 2000–2005 referred to health inequalities and only 6/424 (1.4%) used qualitative methods. It would seem that the channels for engaging in public debate about the potential connections between community and health psychology are under-developed in North America. The current special issue is a welcome opportunity to promote further discussion.

Conversely in Europe and elsewhere there has been more debate and receptivity to the ideas. Not surprisingly, they have been discussed at the biennial conferences of the International Society of Critical Health Psychology which have been held in Europe and New Zealand (www.ischp.org). Recent textbooks by British and New Zealand scholars have begun to take up the issues (e.g., Marks et al., 2005; Lyons & Chamberlain, 2006). The ideas have also begun to be debated at European health psychology conferences. For example the 2006 Italian Congress Health Psychology had as its theme Promoting well-being at the personal, group and community level.

A special issue of the Journal of Health Psychology was published on community health psychology (Murray & Campbell, 2004). This complemented another special journal issue on health psychology and public health (Vinck, Oldenburg, & Von Lengerke, 2004). Together they attempted to explore the implications for both health psychology theory and practice of attempting to develop community and public health interventions. Earlier, Marks (2002) identified four approaches to health psychology: clinical, community, public and critical. This was a refinement of the distinction between clinical and community health psychology described in our report. However, this four-fold division should not be considered watertight and in the subsequent textbook (Marks et al., 2005) it was emphasized that "critical health psychology cuts across the other three perspectives such that we can have critical approaches within clinical, public and community health psychology. A unifying feature is an awareness of issues of power in shaping health and illness and the very nature of health psychology itself" (p. 24).

These issues were discussed again in a series of commentaries on an article by Hepworth (2006a) which asked "The emergence of critical health psychology: can it contribute to promoting public health?" In her reply to commentaries by Murray and Poland (2006), Marks (2006) and others, Hepworth (2006b) called for a critical action approach that emphasized the need for a reflexive stance such that practitioners are aware of the moral issues involved in all forms of social intervention (see Morone, 1997).

Critical vs. Accommodationist

Campbell and Murray (2004) took up and extended some of the issues advanced in the TCHP report. In particular, they distinguished between what they described as accommodationist and critical approaches within community psychology. The former take existing economic and political power arrangements as given. Although the accommodationist approach operates at the community level it often develops interventions at the individual level. Even those more community-level interventions often ignore the broader socio-structural context within which the community is nested and treat society as a collection of individuals rather than a collective phenomenon with particular social and community processes.

Campbell and Murray (2004) continued: "if community psychologists ignore how people are limited by wider structural and institutional structures, they become part of a victim-blaming enterprise." Further, "by locating responsibility for health problems within marginalized local communities, such analyses serve as a smoke screen for governments who seek to reduce welfare spending, and development agencies seeking to reduce development aid. Well-meaning community psychologists may inadvertently lend support to unjust social systems through drawing attention away from the impact of social inequalities on health." The accommodationist approach is what Rappaport (1977) refers to as "first order change" or change within a system, and Nelson and Prilleltensky (2005) note that the goal of this approach is to ameliorate health inequalities without challenging oppressive systems that give rise to illness and suffering.

The alternative critical approach takes a more political stance, arguing that many of the social problems which community psychologists seek to address result from wider social inequalities and injustices. It seeks to promote analysis and action that challenges the restrictions imposed by exploitative
economic and political relationships and dominant systems of knowledge production. Adherents of this critical approach often align themselves with broad democratic movements to challenge the social inequalities which flourish under global capitalism (e.g., Lebowitz, 2007). The critical approach is what Rappaport (1977) refers to as “second order change” or change of a system, and Nelson and Prilleltensky (2005) note that the goal of this approach is to transform assumptions, power arrangements, and resource allocation. Community economic development and economic policy change that reallocates resources to disadvantaged groups are transformative interventions that directly address the social determinants of health that are ignored by mainstream health psychologists who work within the accommodationist perspective.

These two contrasting approaches within community health psychology reflect the consensus and conflict approaches to community health education summarized by Minkler and Wallerstein (2002). Whereas the consensus model focuses on internal community development approaches the conflict model draws on Alinsky’s (1972) social action approach and emphasizes community empowerment through social action. This approach also draws on the conscientization ideas of Paulo Freire (1970). It is our belief that we need to turn to these social action ideas to build a strong community health psychology.

Training
In terms of training there are signs that community-based approaches to health psychology are gaining favor both within single discipline and multi-disciplinary programs. In one of our subsequent articles we discussed in detail how such a training program could be structured (Nelson, Poland, Murray, & Maticka–Tynsdale, 2004). In that article we identified: (a) six core concepts, (b) related core competencies that constitute the outcomes of graduate education in community health psychology, and (c) key educational activities and processes that can be used to build these competencies in students in training.

Values: We proposed a set of values, described in a previous section of this article, for community health psychology. Moreover, we argued that training activities regarding values should permeate all course and program activities, so that students learn the importance of “living the values” of social change.

Assumptions: Reflexivity about our presuppositions, and those of others, enables community health psychologist to discern the impact of hidden agendas, ideology, and values in the work that people do in this field. Key skills for unpacking hidden assumptions that drive research include critical thinking and an awareness of basic paradigms of inquiry.

Power: Power, which is ignored in mainstream health psychology, suffuses everything; there are many different types of power; power can be used for many different ends; and power consists of both agency and opportunity (Prilleltensky, in press). Core competencies that need to be fostered include the ability to understand health from the framework of power and oppression and to conceptualize alternative health intervention strategies based on such an analysis. To model power-sharing, faculty members need to shift from the traditional “banking” approach to education to an adult education approach in which students play an active role in the learning process (Freire, 1970).

Partnership: Community health psychology is grounded in the community and demands that researchers work in partnership with disadvantaged citizens who are vulnerable to a variety of health-related problems by virtue of their social circumstances. Partnership means that the community health psychologist would be committed to sharing power and reducing the power imbalance between professionals and disadvantaged citizens and providing multiple mechanisms for participation of disadvantaged people (Nelson, Prilleltensky, & MacGillivray, 2001). The skills of partnership are best learned from modeling and practicum experiences.

Systems: Community health psychology utilizes systems thinking about the interdependence of individuals and the multiple, nested ecological levels in which they are embedded. An important component of a systems perspective is how the macro-system is inter-related with more proximal environments that impact directly on health.

Action: Unlike mainstream health psychology, action is the self-conscious intent of community health psychology. Action needs to be emphasized in all parts of training, both formal and informal and both academic and experiential. Moreover, action should be a key part of the ethos of training, with faculty and graduates serving as role models of social action and community development through their immersion in social justice issues on and off campus.

Future Opportunities
The TCHP report reviewed graduate training programs currently available in Canada and found very few community psychology graduate programs, no health psychology programs, and no programs that were explicitly guided by the values, assumptions, and concepts of community health psychology that we had outlined in the report and in this article. To address this gap, we formed another working group with faculty representatives from four Canadian universities to develop a proposal for a trans-disciplinary training program in community health action research. In the proposal, we outlined three main content areas of the training program: (a) society and health, (b) community interventions, and (c) community health action research methodology. Our intention was to recruit students through the current graduate programs at the four lead institutions. We also planned to work with a wide range of community partners in this program. The implementation of the curriculum was to involve the development of teaching resources, faculty exchanges and site visits, faculty mentoring, and an annual spring institute that would bring all faculty and students together. As well, grant money was to be made available on a competitive basis to assist students with their research. While the developers of the proposal were quite excited about the potential of this trans-disciplinary, multi-university program in community health action research, unfortunately the Canadian Institutes of Health Research did not fund our proposal. Indeed one of the reviewers described it as being too ideological. It is still our belief that such a program would be a valuable addition to current training opportunities and we are currently exploring how community health psychology training can be introduced elsewhere (Murray, 2005).
Summary
In this paper, we have shown that community health psychology is an emerging approach in the social and health sciences. This has been fuelled by critical perspectives on the larger socio-political context. In particular, the adverse impacts of increasing socio-economic inequalities on health have been recognized. At the same time, health care has been commodified, privatized, and focused on the diseases or lifestyles of individuals, with no attention to macro determinants. One important implication of this social analysis for practice concerns the role of the community health psychologist as a social activist. Community health psychologists claim that research is value-laden and should be oriented towards the promotion of social justice. Thus, the stance of the community health psychologist becomes one of partner with disadvantaged groups in society and advocate with these groups for social change. This stands in contrast to the role assumed by mainstream health researchers as detached scientists who avoid addressing the moral and political implications of their work. With the emergence of critical perspectives in health and community health psychology, there is a need for training programs to build capacity in this new approach. Such programs are limited in Canada, in spite of Canada’s positive reputation for its public health care system and its leadership role in the development of health promotion approaches. Thus, there is a need to expand capacity through joint programs and links between existing programs that share a similar orientation. On a positive note, the Canadian government Public Health Agency has just established six National Collaborating Centres across the country to promote applied research and to facilitate knowledge transfer. The one established in Atlantic Canada has as its focus the Determinants of Health (http://www.stfx.ca/research/ncc). The lead author of this article has been invited to be a member of the advisory board for this Centre. We look forward to the continued articulation of community health psychology and the creation of opportunities to further expand the capacity for training in this approach.

Author Note
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References
Effective Community Health Research with Newly Arrived Migrant and Refugee Women

~Susan K. Lee, Womens Health Services and Curtin University of Technology
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Background
Womens Health Services (WHS) in Perth, Western Australia (WA) provides medical and clinical services, counseling, information, community talks and workshops, referral, and outreach to women in WA. From small beginnings as a feminist collective over 25 years ago, the organization has grown considerably and now manages numerous community and outreach projects. WHS’ Alcohol and Other Drug Services for women was first established in 1989, to provide gender specific counselling, information and education services to women experiencing problems with their own, or someone else’s, alcohol or substance use.

WHS works with women from over sixty different nationalities, including many newly arrived migrants and refugees. New arrivals access a wide range of WHS programs, but few ethnic women attend the alcohol and other drug services offered by the organization. Staff attributed the low number of women accessing the alcohol and other drug services to the service delivery not matching women’s needs, particularly around concepts of prevention and treatment, rather than to lack of need. To address this, a needs assessment with newly arrived women (0 to 5 years in Australia) is currently in progress. The needs assessment is examining barriers that prevent women from accessing alcohol and other drug (AOD) services as well as exploring the types of services and programs newly arrived women want. The needs assessment has been undertaken through focus groups with service providers and newly arrived women. The information from these focus groups has informed the development of a questionnaire used to survey a broader range of newly arrived women.

As part of the needs assessment project, it was considered essential to establish a consumer reference group for input, assistance with cultural sensitivity, advice around recruitment, and to ensure shared communication between the researchers and relevant community members. It was envisaged that the reference group would be maintained after the completion of the needs assessment to help WHS provide better preventive and therapeutic alcohol and other drug services to ethnic women.

Many guidelines now exist for increasing consumer involvement in research and community-based health service delivery. Often these guidelines are established around a single issue or to empower a single, identified marginalized group. There is a surprising dearth of published advice or material on creating a reference group for a more heterogeneous disadvantaged group that includes individuals from different cultural, language and educational backgrounds. This has been reported by other researchers and practitioners, especially around consumer participa-
tion in relation to AOD issues and mental health issues and/or by migrant and refugee consumers (Health Outcomes International, 2005). This lack of information is surprising as, like WHS, many organizations are not focused on a single ethnic group but rather work with a number of language and cultural groups. There appears to be a need for more information and research on how to promote and incorporate consumer participation of culturally heterogenous client groups in health programs and services.

**Consumer Participation**

The adoption of Primary Health Care policies in the 1970s promoted consumer participation in health (Stone, 1992; Walt & Rifkin, 1990; Zakus & Lysack, 1998). The word “consumer” is generally used to describe anyone who is accessing or has accessed a particular health service or program or anyone who may use a particular health service or program in the future (Health Outcomes International, 2005). Consumer participation can happen either through individuals, or collectively, such as by a group of interested consumers or a community as a whole. Consumer participation is often cited as the key to success for primary health care programs as it is the mechanism by which consumers can become involved in the decision-making process around health care priorities and resource allocation (Walt & Rifkin, 1990). Ideally consumers assess their own health needs and problems, plan and implement solutions to these needs and problems, create and maintain organizations or processes to support and evaluate their efforts and bring about any necessary changes to achieve their goals on an ongoing basis (Stone, 1992; Zakus & Lysack, 1998).

However, the reality of consumer participation varies greatly. The ideal of consumers being involved in all aspects of health services and programs including planning, implementation, and evaluation is relatively rare (Stone, 1992). The types and ways that consumers participate in health services and programs varies enormously, from tokenistic passive involvement where an organization makes plans and announces them, to “community control” where consumers have full control of the health organization (for example, WHS at its inception as an unfunded feminist health collective) or a community being involved in all the key decisions in identifying issues, goals and means of achieving goals (Dawson, 2004; Zakus & Lysack, 1998).

There is a strong ideological view, especially in Western democracies, that those affected by decisions should at least have some input into the making of those decisions (Brownlea, 1987). The concepts behind consumer participation are consistent with the principles of equality and self-determination (Brownlea, 1987; Cordwell, 2005; Stone, 1992). This ideological view holds that consumer input should not be tokenistic, for example being informed about decisions that have already been made (Brownlea, 1987). Supporters of consumer participation cite not only this ideological standpoint but practical evidence in support of consumers being involved in health projects and services. Projects from around the world have shown that when local people are involved in health projects and services—other things being equal—that there is a greater likelihood of success (Stone, 1992). As the level of involvement increases, benefits to individuals and communities involved in the participatory processes also increase. These benefits include reaching more participants as new values and perceptions are incorporated from consumers into the design and evaluation of a project or service. This subsequently expands access, strengthens responsiveness to needs and produces more appropriate programs and policies (Smith, 1998). Other benefits include opportunities to learn more about health and the health system, more equitable relationships between clients and health service providers, greater diffusion of health knowledge in the community, greater use of local expertise, a sense of contribution, a feeling of some power or place in the system, and in some cases better future employment prospects for individuals (Brownlea, 1987; Smith, 1998; Zakus & Lysack, 1998). Governments, organizations and funding bodies also see consumer participation as a cost-effective way to increase limited monetary and human resources (Zakus & Lysack, 1998).

**Why a Reference Group?**

Effective consumer participation can use a variety of methods to facilitate participation (Consumer Focus Collaboration, 2001). Although WHS often uses relatively passive forms of consumer participation such as consumer satisfaction surveys, the lack of ethnic women attending alcohol and other drug services at WHS suggested that a more dynamic form of consumer participation might be more helpful in understanding and reducing the barriers to service access. A good way to ensure that participation is more meaningful is to give consumers greater access to the decision-making processes in the planning, implementing and evaluation of service delivery. Other projects involving consumer participation with ethnic communities have found a reference group useful as a forum for discussion, debate, decision making and action (Karantzaz-Savva & Kirwan, 2004). An active reference group that met regularly with staff facilitators was the type of participation model WHS staff thought would best overcome some of the barriers that other types of participation models face such as the logistics of finding and organizing consumers and staff to attend a once only meeting to consult with consumers (Nathan, 2004; Stone, 1992).

**Practical Considerations**

Given the multicultural nature of Australian society today and the prevalence of drug and alcohol problems, the lack of broad reference groups with culturally and linguistically diverse (CaLD) consumers to inform delivery of alcohol and other drug services is surprising. Western Australia has one of the largest populations of overseas born residents in Australia. Coming from over 200 different countries, 27% of WA’s population was born overseas (Office of Multicultural Interest, 2003) with some suburbs in the Perth metropolitan area having up to forty percent of their population born outside Australia (Office of Multicultural Interest, 2003). Projected migration intakes suggest that WA will continue to have a high percentage of its population born overseas (Department of Immigration, Multicultural and Indigenous Affairs, 2005).

Although consumer reference groups and consultative processes with ethnic communities are an established component in the mental health area (Sozomenou, Mitchell, Fitzgerald, Malk, & Silove, 2000), their use is still in its infancy in the alcohol and drug sector, especially in Western Australia. However, the various models used by the mental health sector offered a starting point in setting up an alcohol and other drug consumer reference group. Despite using learnings and models from the mental health sector as a starting point, WHS encountered many practical and philosophical considerations in establishing the...
consumer reference group. These included: agreeing upon what the purpose of the group would be; how it would operate within the internal structure of the organization; the level of English language necessary for the group to function; if there would by any payment or reimbursement of expenses; and ensuring an appropriate and workable demographic mix in terms of age, language, and migration experiences. This article describes the decision making and practical steps that WHS took to resolve these questions and establish the CALD AOD reference group.

The level an agency is ready or prepared for consumer participation has been cited as one of the most important factors in successful consumer participation in health (Dawson, 2004). This readiness includes management and staff commitment, having processes and structures that facilitate consumer participation, and clear aims and objectives for consumer participation (Dawson, 2004). For this reason, agreeing upon the purpose of the reference group and how it would function within the existing organizational structure of WHS was an important first step. Discussions with the program managers and the Chief Executive Officer (CEO) of WHS ensured that, when established, the proposed group would be incorporated within the structure of the organization and its decision-making processes and was not a tokenistic gesture operating outside of the health service’s planning, implementation, resource allocation and evaluation systems.

The purpose of the group was described in terms of assisting Womens Health Services to:

- Plan education and prevention programs for migrant and refugee women and their families around smoking, alcohol, medication and drug issues
- Review WHS’ alcohol and other drug services for culturally and linguistically diverse (CalD) women
- Develop better smoking, alcohol, medication and other drug information for migrant and refugee women and their families

Having some general statements about the purpose of the group helped with the initial advertising and recruitment of women to participate in the group. The description of the group was intentionally left broad to allow participants to determine a more exact direction, a strategy reported as useful in other projects involving community participation with other ethnic communities (Karantzas–Savva & Kirwan, 2004). Indeed, the description of the purpose of the group is currently being revised by the group members to give them greater clarity as to the purpose of the group using words and terms they are familiar with.

**Consumers as Representatives**

Through the internal discussion, WHS staff decided that women would be invited to participate based upon their capability and interest rather than as an appointed representative of an association or an ethnic group. The word “representative” implies that there is a constituency that the consumer is accountable to, reports back to, and liaises with (National Resource Centre for Consumer Participation in Health, 2004). WHS was not so much interested in a consumer representative, but rather in gaining a consumer perspective in planning, implementing and evaluating services and programs. Given that WHS works with women of over 60 different nationalities, it would be difficult to choose or manage “representatives.” As Zakus and Lysack (1998) have noted, communities are heterogeneous not only demographically but in terms of people’s interests and concerns. This can create real problems for selecting representation and accountability of individuals: who is a legitimate representative? It is also difficult for one person to represent a community that, although having a common first language, is diverse in other respects such as of age, gender, migration experiences, length of residency in Australia, and interest in the issues needing to be addressed. Moreover, any one ethnic or language based group may have several community associations to which people belong and at the same time many people of the same ethnicity or language group that do not participate in any community association. WHS staff felt that they could formally liaise with ethnic organizations if a specific issue arose. Women in the reference group are encouraged to ask other women in their community, work or places of study, or women they know, their opinions on issues raised in the group.

For some women the idea of participating in a formal reference group may be too different to their notion of how clients and service providers should interact based upon their experience of the health system and consumer participation in their own countries.

Potential pitfalls for consumer reference groups have been outlined by Zakus and Lysack (1998) who reported that consumers participating in health planning may be criticized for appearing to be too closely allied with health service providers. It was recognized that working with AOD service providers could be highly problematic for reference group members as substance use in many ethnic communities is often highly stigmatized. Reference group members could be criticized by members of their communities for talking about substance use issues and their experiences in their community, for “inventing problems” and aligning themselves with “interfering service providers” instead of leaving substance use issues to families to deal with as a private matter. Because substance use, especially by women, is so highly stigmatized by many ethnic communities, reference group members by merely having an interest in the area and working with AOD service providers could be shunned by other community members. Being part of an AOD reference group, other community members could assume a woman member to have a current AOD problem, to have an unsavory lifestyle or have been morally corrupted in some way. Fortunately, to date none of these concerns have been borne out.
Interpreters and Translations

Because of the cost of employing interpreters and potential difficulties with requiring multiple translations, it was decided that all meetings would be held in English and that the minutes would be distributed in English. Because the meetings were to be held in English, women interested in joining the reference group needed to have reasonable English language listening, speaking and literacy skills but not necessarily be fluent in English. Having a good command of English was also important so that participants could communicate their ideas and opinions to staff and other service providers and that staff could communicate information about the agency and its programs to women in the group. As Brownlea (1987) commented, participants need to be able to communicate insights and concerns to others so that others can understand what the issues and options are and where the constraints lie.

This decision to require English as a common language within the group obviously precluded some women. However, not using interpreters meant the group was financially viable and more sustainable for a not-for-profit organization over the long term, increasing the likelihood that the reference group would become an enduring part of the organization.

Resourcing the Reference Group

In many circumstances, the only people who are able to participate are those with the time, money and other resources to participate (Brownlea, 1987; Zakus & Lysack, 1998). Without taking potential participants’ resources into account, only relatively privileged segments of society can contribute, which often effectively excludes people from lower incomes, often the same individuals who most require public health services and programs (Zakus & Lysack, 1998). Disadvantage is best seen as a continuum and not a dichotomy (Nathan, 2004) with some women experiencing more disadvantage than others. The plan to recruit volunteers for the consumer reference group through women who accessed WHS programs required that WHS recognize the disadvantage that many potential participants would have to deal with, including low income, lack of transport, unemployment or underemployment, having English as a second language, and difficulties given responsibilities for care of children. Women would need to juggle to fit the reference group around work, study and/or family responsibilities.

One of the keys to successful involvement is that participants should experience few out-of-pocket costs in order to participate, as even small costs may be excessive for those on low incomes (Sozomenou et al., 2000). As much as possible in planning for the reference group, factors that could be barriers for women participating in the group were addressed. Strategies included planning flexible meeting times, offering child care, providing healthy snacks at meetings for women coming straight from English classes or work, and offering transport if a meeting was held elsewhere from WHS, which is well serviced by public transport.

Two WHS staff members acted as liaison and contact people for the reference group. This meant if one staff person was sick or away, meetings could still be held. These staff were allowed time within their schedules to prepare for and attend the reference group meetings but also were allocated time to be “available,” to listen to personal problems and issues that arose as barriers for women participating in the group, regardless of whether the issues could be resolved. The experience of other consumer participation projects with CaLD consumers is that the facilitator(s) can become seen less like a worker and more like a colleague or friend (Sozomenou et al., 2000). In the mental health field, the allocation of a facilitator(s) has been seen to demonstrate the service or agency’s commitment to involving consumers and/or carers in the planning, delivery and evaluation of the service (Sozomenou et al., 2000).

Staff Roles in the Reference Group

Being involved in the reference group meant that staff would need to take on primarily a facilitation role by providing necessary information, resources and administrative support for the group. This required staff to step away from the traditional health professional role of defining needs and solutions to a less traditional role of assisting community women in developing a belief in themselves, that their viewpoints and contributions were worthwhile (Browne & Courtney, 2006), and that their contributions could influence health issues, programs and services (Llewellyn-Jones, 2001). Staff hoped that women participating in the group would gain and develop from the experience as a result of their participation. Staff realized that they may need to also change their viewpoints and practices as a result of being involved with the reference group. Effective consumer participation requires that both consumers and health service providers accept that the others’ contributions and viewpoints are equally valuable (Browne & Courtney, 2006). Other successful consumer participation projects in the mental health field have found that changes occur both in consumers and staff (Browne & Courtney, 2006). Thus, service providers need to be open to the possibility of reflecting on and changing their own opinions and practices. This is true for staff directly involved with the reference group as well as other staff at a health service.

Philosophical Considerations

A number of philosophical concerns were considered by WHS staff around the establishment of the reference group, particularly that a consumer reference group should not be seen as the only way ethnic women could become involved in influencing health service planning, delivery, and evaluation at WHS. Staff were also aware that concepts of consumer participation are primarily “Western,” based on notions of self-reliance, equality, and individualism as well as a Western biomedical model of health (Bevan, 1997). These values and understandings are not universally shared by women from different cultural backgrounds, and asking women to participate in the reference group could be regarded as yet another example of Western ethnocentrism (Stone, 1992). Not all cultures desire participatory approaches to health decision making (Brownlea, 1987), nor do all groups place a high value on participating in health services. Groups that have been accustomed to not being consulted or have been consulted in only a tokenistic way may have little interest in being involved (Zakus & Lysack, 1998). Community participation also does not take place in a vacuum. Community participation and the form it takes depends upon many factors: the way the health care system is organized, the political economy of the county and the place that health care has within that political economic system, the skills and knowledge of local people in social organization and health-related issues, the level to which health is a priority issue, and community opinion about collective responsibility for health issues (Bevan, 1997; Brownlea, 1987; Zakus & Lysack, 1998). Cultural factors
also influence the ways individuals and communities participate in health services and programs (Stone, 1992). Thus, for some women the idea of participating in a formal reference group may be too different to their notion of how clients and service providers should interact based upon their experience of the health system and consumer participation in their own countries. By establishing a consumer reference group there was also a concern that WHS might exclude more collectivist cultural viewpoints from being represented. WHS staff also recognized that women in the midst of a personal crisis needed other, less structured ways to participate. For these reasons, the establishment of the CaLD reference group was seen as an additional way women might participate in improving service delivery at WHS and not the only way they could have influence. As Zakus and Lysack (1998) comment, community participation comes in a variety of different forms. If only some ways of participating are considered valid and valuable, there will be problems. Experience from other projects with ethnic communities (Karantzas–Savva & Kirwan, 2004) shows that consultation and participating needs to occur in a variety of ways even for the “same” community, as there is a great deal of diversity within any given community.

Summary

WHS staff took over three months to do the preliminary work for the reference group before the group had its first meeting in September 2006. The time spent looking at different models, deciding how the group would fit into the management structure of WHS and how the group would be resourced has proved to be invaluable now that the group is meeting regularly. Although the CaLD Consumer Reference Group is still in a developmental stage, the value and utility of the group to the participating women and to WHS is already clear. This vindicates the approach taken in establishing the group and augers well for the consumer reference group becoming embedded as one of many consumer participation strategies within the service.

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References


Community–Academic Partnerships in Racial/Ethnic Minority Communities

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The urgency of preventing the spread of HIV has made collaboration at all levels of society imperative. Increasing interest in the development and implementation of community-academic partnerships has emerged as one strategy to tackle the economic and race based health disparities found in the United States (US). Community-based participatory research initiatives have taken many forms (Freeman, Brugge, Bennett–Bradley, Levy, & Carrasco, 2006; Israel et al. 2006; Seifer, 2006; Yonas et al., 2006), and most evaluated and prevailing models are predicated on pre-existing institutional structures both at the academic and the community level, as well as on the availability, interest and necessary skill set required to establish large-scale research and service provision entities. However, not all communities are equipped to accommodate such initiatives.

In the past decade, many local hospitals and their affiliated satellite clinics have closed their doors (Weissman, 1996; Hospital closings, 1998). To manage this change in healthcare availability, large teaching hospitals were forced to greatly expand their geographic service areas, which theoretically could address health disparities through the increased availability of high-quality, state-of-the-art care to those most in need. However, transportation time, cost and availability were not largely considered in the reallocation of healthcare resources in the lowest income communities, effectively leaving those in the poorest communities without easily accessed healthcare. The maintenance and, in some cases, increased incidence and prevalence of disease in these communities (Karpanti, Bassett, & McCord, 2006) documents the inability of this approach to effectively address health disparities. This phenomenon of “planned shrinkage” was identified almost two decades ago and chillingly paralleled the epidemic spread of HIV in US inner city communities (Wallace, 1988). Therefore, it is exactly these disenfranchised communities where services are dwindling that community-based health promotion/disease prevention initiatives could have the greatest impact.

Community-based research (CBR) is a unique approach to addressing health disparities among underserved and at-risk populations because it builds on the strengths and resources within a community (Israel, Schultz, Parker, & Becker, 1998) and considers the various perspectives of different professional territories and ideologies (Keene & Stimson, 1997). Researchers bring research skills and methods, as well as scientific knowledge of specific health issues, while community members provide a historical, cultural and social overview (Family Health International [FHI], 2006). Collaborative research encourages academic investigators to work in tandem with a community to prioritize health concerns by identifying and activating key community leaders and stimulating citizens and organizations to volunteer time, offer resources and promote prevention as a community theme (Mittelmark, Hunt, Heath, & Schmid, 1993). CBR can even be instrumental in raising awareness, promoting harm reduction, mobilizing resources, and empowering change.

Here we document the establishment and maintenance of a community-based health research center (CBHRC) in a disadvantaged, resource poor community. There are two stages to developing and implementing a CBHRC: establishing the center and maintaining it once it has been established. Several factors, loosely grouped into four categories, play a significant role in establishing a center: (1) funding considerations, (2) identifying the right community, (3) communicating the objectives and community benefits of research, and (4) barriers to establishing a CBHRC. Numerous and often unforeseen aspects of maintaining a CBHRC are equally important to the discussion. This process involves (1) the seamless integration of multiple projects concurrently housed at the center, (2) clearly defined center protocols that document shared and individual project responsibilities, (3) ongoing outreach and (4) communication methods that help to sustain partnerships with multiple constituents. Each stage will be discussed in turn, and the approach and methods outlined can be replicated to establish new CBHRCs or can be used to guide the transition of traditional research centers into more participatory entities.

Establishing a Community-Based Health Research Center

1. Funding considerations

An immediate limitation to establishing a CBHRC is the choice of funding options. Currently, no federal health funding is primarily dedicated to extra-academic infrastructure development to explicitly conduct research in communities lacking a major health institution. Therefore, categorical funding that targets a specific health need (i.e., the majority of federal funding from the NIH and the CDC; Israel et al., 2006) must be coordinated not only to conduct the research but also to establish a field site or center where research may be conducted. Coordination in this circumstance usually occurs among several researchers, thereby creating a potentially challenging arrangement at the academic level as well. The second challenge comes from delicate discussions academic researchers must initially have with key community members prior to seeking funding. Researchers must explain the benefits of CBR, the importance of community interests being represented in the research, AND the fact that the research first and foremost must comply with categorical funding requirements. This discussion becomes more challenging when the categorical funding addresses a polemical health issue such as HIV infection, as was the case with the CBHRC that is the focus of this paper. However, since the award of funding is dependent on providing considerable evidence of community support at the time of grant proposal submission, the key community members who provided initial support become invaluable in these discussions.

2. Identifying the right community

Though funding is a crucial aspect of the process, it is necessary to step back and consider where the research could have the most profound impact. The geographic area and target population must be carefully selected. In HIV prevention
research, low income communities of high HIV prevalence have the greatest need, since increased background prevalence raises the probability of exposure to HIV and subsequent infection (Miller, 2003a). Pinpointing communities that have previously been excluded from research efforts can allow researchers to identify potentially unique aspects of epidemic transmission and add to existing evidence; however, preliminary information on how community members feel about research and HIV/AIDS should also be gathered (FHI, 2006). Communities with known high levels of illicit substance use ought to receive serious consideration as most HIV transmission in the US is drug related, both through the sharing of drug-injection paraphernalia and through sexual transmission that occurs in the context of substance use by one or both sex partners (Miller, 2003b). Moreover, communities with high background HIV prevalence tend to exhibit great disparity in other social and health outcomes; these areas are easily identified through existing public sector and health surveillance reports. In addition, focusing exclusively on individual risk ignores the social context of health and disease (Strathdee et al., 1997), and this presence of multiple health disparities can be used to encourage other academic researchers to design analogous projects. This, in turn, allows the CBHRC to focus on the less controversial (but equally disparate) health concerns that are often vocalized by community members.

Central Brooklyn in New York City (NYC) is the largest African American community in North America (Jackson, 1998). It has been an HIV/AIDS epicenter since the beginning of the epidemic in the US. This community has one of the highest HIV incidence rates in the US (New York City Department of Health and Mental Hygiene [DOHMH], 2003), and more than double the number of HIV diagnoses, number of people living HIV/AIDS, and HIV/AIDS death rate than is found in the rest of NYC (Karpati, Lu, Mostashari, Thorpe, & Freiden, 2003). Moreover, 40% of those diagnosed with HIV/AIDS in this community are women (DOHMH, 2006), who also outnumber men by 40% (US Census Bureau).

Bedford Stuyvesant is the heart of central Brooklyn where 82% are African American, the median annual income is $17,210, 34% depend on public assistance, the concentration of public housing is high, and the adult unemployment rate is twice that found in NYC (PICCED, 2002). The percent of uninsured residents doubled between 2002 and 2004, and additional health disparities abound as residents are diagnosed with chlamydia and gonorrhea at almost three times the rate of other New Yorkers (Karpati et al., 2003; Yilma, 2003). The rates of infant mortality, drug deaths, and substance use hospitalizations are 50% higher than the rest of the city (Karpati et al., 2003). Chronic diseases including asthma, breast and prostate cancer, and diabetes are also overrepresented in this community (Li, Kennedy, & Kelley, 2006), which holds the overall life expectancy eight years lower than more affluent NYC neighborhoods (Karpati et al., 2006). Moreover, no large teaching hospital contains the entire Bedford Stuyvesant neighborhood or is within easy commuting distance. There was no previous presence of academic research nor large health (or other) partnering institution in this community, thereby making this locale an ideal candidate for the establishment of a CBHRC.

3. Communicating the objectives and community benefits of research

The most vital component of any community-academic partnership is initiating trusting and respectful relationships with key stakeholders, leaders of the community, and potential participants who will visit the CBHRC. Academic researchers will want to develop and maintain good relationships with as many people as possible and they should become involved in local community advisory boards (CABs), particularly in health related efforts, and regularly attend community sponsored events and activities to learn the interests, history, and culture of the community. Access to local power and resources can empower change, and visible support from influential local leaders can provide the needed authority and clout for the establishment of a CBHRC (Downing et al., 2005). These leaders can further ascertain and insures access to well located, suitable CBHRC settings.

Academic researchers must demonstrate that they are committed to conducting ethically correct research that incorporates the community’s concerns and improves community health. One way to address this issue is by articulating a clear, sustainable mission statement that communicates a key set of ideas that reveals the intentions, priorities, and values both internally and externally (Alliance for Nonprofit Management, 2004). These guiding principles comprise the true essence of an organization. Moreover, a concise, transparent message will motivate key stakeholders and the public to actively support the existence of a CBHRC in their community. The intent is to present the organization as complementary to existing health promotion/disease prevention efforts rather than as a competitor for scarce community resources (Alitm, 1995).

CBR provides a framework within which to organize a community to examine the concepts of the health issues being researched (Keene & Stimson, 1997), in this case a reconceptualization of drug misuse; sexual transmission, particularly male to male; and various models and methods of HIV prevention. The common goals of both the academic researcher and the community are to elucidate the context of disease transmission, to identify potential points of intervention, to provide direct and indirect benefits to the community (e.g., free and confidential HIV testing, community statistics to be utilized in subsequent funding requests by diverse community organizations), and to suggest directions for future community level interventions (e.g., through structural level policy changes such as improved access to HIV testing and linkage to care). The strategic use of public relations tools, such as newsletters, websites and formal and informal community gatherings by the center also facilitates the dissemination of information to improve community knowledge and health.

4. Barriers to establishing a community-based health research center

Instituting CBHRCs in resource poor settings is fraught with difficulties. However, before serious community level discussions about establishing a CBHRC can occur, three main barriers must be addressed: (1) the well known negative health research legacy in minority communities, (2) a lack of existing infrastructure (both physical and institutional) to support health research and disease prevention, and (3) misconceptions, stigma and sometimes denial concerning the health research agenda.
Addressing a negative health research legacy. Dialogue that recognizes existing barriers to conducting research in an underserved area must be the first agenda item. Inexcusable research abuses during the 20th century (e.g., the Tuskegee syphilis trials; Thomas & Quinn, 1991) are legendary to minority community members, and a significant minority of African Americans believe that HIV/AIDS was developed by the US government explicitly as a form of Black genocide (Guinan, 1993). Although not true, this and other myths are significant barriers that necessitate sensitivity to political and cultural norms (Downing et al., 2005). Additionally, researchers have been known to solicit members of underserved communities with excessive incentives to persuade them to participate in research projects. However, upon completion of data collection, neither the researchers nor their data findings are ever shared with the community. Public reassurance that the research will benefit the community is simply not enough, and at the outset, mechanisms must be implemented to ensure that the community has ongoing access to the researchers and the research, even when a specific project ends.

Due to this history of research abuse and negligence, community members may be hesitant about participating in the research process. Academic researchers are initially responsible for alleviating fears by presenting clear rationales and justifications for research to be conducted at the CBHRC and to do so in multiple forums. Coherent, tailored messages for different audiences will be mandatory (Downing et al., 2005), and communication channels must be available and emphasized in presentation. In HIV prevention research, the significance of informed consent and other confidentiality tools that maintain anonymity must be fully understood by the audience. However, once communication is facilitated, it is often the case that there are more common interests than divergent ones.

Building Infrastructure. The lack of a functional physical structure is a major barrier to establishing a CBHRC. Many “available” buildings in Bedford Stuyvesant have been abandoned for decades and are burned out and rat infested, rendering much of the building stock unusable (Figures 1 & 2). Basic utilities, such as gas and electric, are outdated, and the existing physical structures no longer conform to the requisite minimum standards for providing services. In many cases, current owners cannot afford costly renovations to upgrade their property, which exemplifies the extent of economic deprivation that currently exists in many US inner cities (Miller, 2003a).

Ironically, a barrier related to the lack of viable physical infrastructure to institute a CBHRC, particularly one that hopes to address “controversial” health needs (e.g., HIV, major mental health issues, or substance misuse), is the presence of community economic development organizations. Individuals trying to revitalize communities tend to be personally supportive of the theoretical underpinnings of HIV prevention, but the true commitment and assistance of the economic development community is often withheld because the goals of revitalization are deemed to be in conflict with HIV prevention (Miller, 2003a). Research must not be perceived as a threat to urban revitalization. This is a challenging argument to make, but an essential one, since those in economic development are often the only people with access to viable real estate, and alternative mechanisms to establishing centers de novo currently do not exist.

Misconceptions, stigma and denial. Misconceptions about populations at risk of acquiring and transmitting HIV are often embedded in underserved communities. Awareness of the stigma and discrimination people experience with having and living with HIV will be key to overcoming these boundaries. While prejudices are difficult for people affected by HIV/AIDS (or other stigmatized infections or diseases), a clear understanding of how prejudice functions is essential to consider in establishing a CBHRC (Miller, 2003b). As voiced by several HIV-infected community members in a focus group, to protect the privacy of research participants there is a need to camouflage the purpose of the research being conducted at the CBHRC and to make the location and environment as generic as possible (Miller, 2003a). While the ideal goal may be to de-stigmatize infection or disease, being cognizant of the values and beliefs of the community will garner faith in the project, initially as it is proposed and subsequently as it is introduced to the community. Change does not happen over night, but it will never happen
without the support of those who are affected—directly or indirectly—as are all of the residents in Bedford Stuyvesant where the background HIV prevalence remains among the highest in the US (DOHMH, 2003).

The first half of this discussion has addressed the macro level factors in the establishment of a CBHRC. Given that all of these factors are successfully addressed and a CBHRC is launched in a community where potential impact could be great, there comes a new set of priorities. As with many projects, setting up is the easy part; maintaining and sustaining a CBHRC can be much, much harder. The remaining discussion will consider some micro level challenges that must be addressed both in initial planning stages and as unanticipated issues emerge.

Maintaining a Community-Based Health Research Center

Once a CBHRC is successfully launched, a new set of priorities looms concerning maintenance and sustainability. The essential building blocks of the process are: (1) the seamless integration of multiple projects, (2) clearly defined center protocols that document individual and shared project responsibilities, (3) ongoing community outreach, and (4) sustained communication with multiple constituents.

Bed Stuy West Community Studies (Bed Stuy West) is housed between a largely populated residential area and a busy street intersection where people congregate, commercialism is prominent, and the traffic flow is moderate. The center is within walking distance of an express subway stop and can be reached via several bus routes. However, healthcare clinics and hospital emergency rooms, habitually used by the target population, are difficult to access from the center or the community in general.

1. Integration of multiple projects

At Bed Stuy West, multiple research projects originating from different academic institutions operate under one center name. The projects are composed of staff members with a variety of cultural and professional backgrounds, interests, and experiences, and this cross pollination has created capacity and synergy broader than any one project could attain (FHI, 2006). While this diversity is one of the strongest assets of the center, it is also a challenge. Each project contributes funds for center support, but these overlapping funding structures neither explicitly support center administrative staff nor specifically suggest which project should direct the center. For this purpose, a Field Site Director/Project Coordinator was hired to serve a dual role. The Field Site Director is tasked with internally negotiating clear rules of interaction among projects, communicating frequently with projects to identify and prevent problems, and to independently lead a center based research project.

An additional hurdle to full integration of center staff with their academic counterparts is the physical distance between the entities. Since cohesion is pertinent to maintaining staff morale over time, especially during unexpected turnover, this barrier should not be taken lightly. To address this issue, each individual project met biweekly to maintain strong connections between the center and academic staffs. Meeting locations rotated between Bed Stuy West and the academic institution to facilitate an appreciation of the work conducted by all staff members. Joint project meetings among the multiple projects were scheduled on a quarterly basis.

2. Development of center protocols and daily operations

Staffing and operating procedures are often constructed by the physical, legal, cultural, and economic environments of the target population and the surrounding community (Des Jarlais & Braine, 2004). Since Bed Stuy West required financial maintenance from numerous categorically funded projects, the Field Site Director needed to fashion guidelines that would divide center responsibilities among projects but equally consider the culture of the community. In the case of research that targets active substance users, safety policies and procedures must protect both participants and staff members. After internal discussion, two levels of safety protocols were established in a training manual: the physical safety within the center environment and the health protections of staff and participants. These guidelines were additionally incorporated into the protocols of each independent project.

Physical safety within the center: The center is a safe and inviting space where a non-clinical appearance was purposely used to reduce possible stigma and discrimination of participants (Strike, Challacombe, Myers, & Millson, 2002). The location to nearby public transportation reduces staff burnout, and opening and closing procedures at the store-front further shield them from any threat of violence. A telephone intercom system was installed in each office, and staff members are trained to use code words in case of an emergency. A plain-clothes security guard manages reception operations and, using documented intake procedures, controls the number of people behind secure doors. Program participants are escorted by staff members at all times, and weapons, drugs and drug paraphernalia are prohibited. To ensure safety outside of the center, staff members travel in pairs and share the use of a cell phone. Computers are restricted by passwords, and all file cabinets are locked to ensure the confidentiality of participants. The hours of operation fit the needs of the target population, and any disruptive incident is documented and reported to the appropriate research Principal Investigator(s).

Health protections and universal precautions. As regular hygiene may not be a priority for program participants, it is highly recommended that all personnel receive annual tuberculosis (TB) screenings and the full hepatitis B virus vaccine course. Any participant with known or suspected TB is to be reported to the Field Site Director, and participants are immediately referred to the local health department for treatment. Training and refresher courses in universal precautions are available for staff; however, a separate set of procedures guide an on-site Medical Technician to handle the majority of counseling and testing activities (Des Jarlais & Braine, 2004). Participants in the waiting room can browse through informative health pamphlets detailing free local healthcare, social services, and announcements of free local health events. Those participating in one of the center research projects are offered free snacks, which allow them to feel more comfortable and at ease.
3. Ongoing outreach

The purpose of outreach is to connect with a target audience through appropriate strategies. Using an array of business tools, such as brainstorming, marketing, and public relations, to develop community specific strategies will later contribute substantially in tailoring messages for the target audience (Fouad et al., 2004). A combination of strategies is always more effective than one strategy alone, but it is important to document, in detail, both the strategy and the outreach results (Kiger, 2003).

*Bed Stay West* staff members categorize outreach into individual and community level. Individual level methods are aimed at traditionally recruiting potential participants into research projects, while community level methods are twofold. Since the success of the center and the independent research projects rely on community acceptance and support, activities that appear unrelated to the research are a vital part of community outreach. In addition, community outreach may result in relationships whereby community organizations recognize the importance of the research and mutual referral mechanisms between the center and an organization are established.

*Individual level outreach methods.* Although the target population for each independent project at *Bed Stay West* varies demographically, the potentially eligible participant usually must be persuaded to participate via culturally appropriate methods that are reasonable, attractive and convenient (Fouad et al., 2004). As disease prevention and health promotion efforts are partially dependent on their ability to maintain contact with participants, *Bed Stay West* staff developed a desirable assortment of incentives for continued participation. These included picture identification cards (which became recognized as valid identification in the community), condom packets, informational brochures on sexually transmitted infections and other health conditions, beauty supplies, a postcard listing free HIV testing sites, and elegant project completion certificates. Upon request, staff members are also able to assist individuals with receiving health and social services information, including providing transportation to treatment centers.

Potential participants are most often recruited through street-based recruiting during the day and sometimes through adult venues late in the evenings. Staff members approach potential recruits using eye-catching club advertisement type postcards (*Figure 3*) that camouflage the intent of research to reduce stigma. Main concerns of potential participants revolve around a lack of familiarity with the research process and issues of confidentiality (Gabbay & Thomas, 2004). Explaining the process in clear, unqualified language and underscoring the associated benefits of participation allay many questions. In addition, all research projects have their own Federal Certificate of Confidentiality, which field staff possess at all times and which are made available for potential participants to see upon request. Interested participants are screened using a standardized form, and eligibility results are immediate. Individuals already eligible for one study are encouraged to recruit others and are offered a small finder’s fee when they refer other eligible people through word-of-mouth.

*Community level outreach methods.* Politicians, community board members, local health department officials, alternative care practitioners and people who minister to the community are important constituents to engage in garnering community support and investment (Meinert, Blehar, Piendl, Neal-Barnett, & Wisner, 2003). Active participation with these leaders in local and national HIV activities, including World AIDS Day and Free HIV Testing Day, boost community awareness and gain clout for the center. Less traditional approaches, such as the voter registration drive sponsored by *Bed Stay West*, highlighted center commitment to all community members, and established the center as a local fixture. Finally, interactions with community members at local health fairs, rallies (e.g. Harriet Tubman Day), special meetings, and youth parades all contribute to building trusting and open relationships with the community (Suarez-Balcazar, Harper, & Lewis, 2005). Moreover, impromptu interaction with potential participants at public events has proved to be a successful recruitment mechanism.

As part of ongoing community level outreach, staff members use field observation forms, mapping techniques, and field notes to capture data useful in identifying productive par-
participant recruiting locations (Figure 4). Community members are often curious as to the purpose of these activities, which provide yet another outlet for promoting the CBHRC. Recruitment may also occur through planned activities, such as presentations at special events, meetings, or health fairs; or through requests or referrals from friends, relatives, or community-based organization (CBOs) encountered through routine community outreach.

More formal partnerships have also been established between Bed Stuy West and CBOs that deal directly or indirectly (e.g., job training, legal assistance, etc.) with the health needs of the community. Teams of staff members visit local homeless shelters, clinics, needle exchange programs, street corners, laundromats, hair salons, high schools, and parks to encourage officials of these organizations to refer the public to the center. By jointly attending committee meetings, coalition conferences, and special events, staff members work hard to create, strengthen and sustain the center’s partnerships. To thank organizations for donating valuable time and services, Bed Stuy West staff have inaugurated a service award plaque that hangs in the center’s reception area.

4. Communication with multiple constituents

Academic researchers using a community-based approach must actively communicate with a diverse group of people for truly successful integration into the community (Downing et al., 2005). This center was established with the intention of making health research findings readily available to the community. Moreover, reporting these statistics gains legitimacy for the center. Bed Stuy West staff maintain crucial communications by publishing a tri-annual newsletter. Each issue is based on a theme and is a team effort. Past issues have been dedicated to sexually transmitted infections, with a special focus on hepatitis B virus, educational disparities between Black and White Americans, and breast cancer. The newsletter always contains standardized sections: community connections describing staff participation at local events; Bed Stuy statistics corner, which highlights the theme; an introduction of new research studies; presentation of new center staff; and an editorial section linking the concepts of health and community.

Staff reiterated the aims of creating community investment in research and fostering an open environment to conduct research (FHI, 2006) by also launching a center website to increase community access and promote information exchange among community members, researchers and other members of the scientific community. Communication via press releases and mailings, participation in email listservs, and hosting several open houses allows staff to exchange information and ideas and to seek guidance on resolving difficult issues. Staff quickly realized that sharing these findings with service delivery organizations, local law enforcement, and politicians can lead to animated discussions about follow-up actions which influence policy and promote public education (Minkler, 2004).

Conclusion

Establishing and maintaining CBHRCs is incredibly difficult and labor intensive. However, academic researchers determined to make a difference and a community filled with hope for an improved healthy future is a partnership that will make each more successful. Incorporating the health concerns of the community is a vital part of this collaboration. Partnerships can leverage resources and build on the strengths of the community to meet its health needs and nurture its potential in areas related to community and economic development. Partnerships can produce new knowledge, more effective research tools, and increased community capacity. However, time is needed to build respect, trust, and cultural sensitivity, and these efforts must be ongoing. By engaging in sensitive and deliberate conversations with civic leaders, community organizations and citizens, the center will serve as a resource to improve the quality of life of its residents. Local leaders must be convinced to provide the leadership, guidance and continued support of disease prevention/health promotion programs. The presence of CBHRCs augment the ability of local leaders by providing real time community statistics and an outlet to address the problem. Finally, community-based collaborations among academic researchers with different disease specialities are required to address the clustering of preventable diseases, to acquire needed knowledge to develop and implement realistic prevention and health promotion programs, and to sustain CBHRCs. ☐

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The North Carolina BEAUTY and Health Project: Overview and Baseline Results

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Introduction

Cancer remains the second leading cause of death in the United States, with an expected 570,280 cancer deaths overall in 2005, despite the fact that approximately 50% of cancer deaths can be eliminated with lifestyle behavior changes (American Cancer Society, 2005). Wide disparities in cancer incidence and mortality exist whereby certain minorities, lower income and lower educated groups are suffering disproportionately. For example, per 100,000 women, the cancer mortality rate is 196.5 for African Americans vs. 165.5 for Whites (Ries et al., 2003). These disparities in cancer risk and mortality have persisted over time (Ries et al., 2003).

Community-based participatory research (CBPR) is designed to engage specific populations who suffer these disparities in the process of planning, delivering and evaluating services that will overcome these problems (Viswanathan et al., 2004; Whitelaw et al., 2001). CBPR attempts to reach and engage individuals and groups in settings where they live, work, play, and receive services (Altman, 1995; Israel, 2002; Israel, Schulz, Parker, & Becker, 1998; Lantz, Viruell–Fuentes, Israel, Soffley, & Guzman, 2001; Lenkau, Ahmed, & Cauley, 2000; Levine et al., 1992; Minkler, 2000; Minkler & Wallerstein, 2003; Nelson, Ochocka, Griffin, & Lord, 1998; Omenn, 1999; Voorhees et al., 1996). One such setting, the beauty salon, is a unique place where women are able to relax, socialize, receive personal attention from their stylist, and focus on their sense of beauty and well-being (Linnan & Ferguson, in press). Beauty salons are located in all size communities, with more than 219,000 salons nationally and nearly 13,000 in North Carolina alone (Linnan et al., 2001; North Carolina State Board of Cosmetic Art Examiners, 1999). In addition, licensed stylists and their customers share a unique, trusting relationship that may be mobilized to promote health (Linnan et al., 2001; Solomon et al., 2004). In order to develop effective and sustainable interventions, it is important to collaborate with all stakeholders in the beauty salon setting, including customers, stylists, and salon owners (Linnan & Steckler, 2002; Poland, Green, & Rootman, 2000; Shediac–Rizkallah & Bone, 1998).

The purpose of this paper is to: (1) Describe the CBPR approach and the pilot studies that gave rise to the North Carolina BEAUTY and Health Project (aka the “BEAUTY Project”: Bringing Education and Understanding to You); (2) Review the BEAUTY Project design, study aims, and baseline results; and (3) Discuss implications of these results for intervention planning and future research aimed at addressing cancer disparities among African American women.

Community-Based Participatory Research and the BEAUTY Pilot Projects

Linnan and colleagues convened an Advisory Board (January, 2000) to assess the feasibility of working in partnership with beauty salons and licensed cosmetologists to promote health. With CBPR, members of the “community” are involved in all aspects of generating the research questions, as well as collaborating with researchers to determine intervention priorities and decide upon appropriate intervention strategies to address the priorities. They are also active participants in interpreting and evaluating the results of the research (Israel et al., 1998; Minkler & Wallerstein, 2003). In the case of the BEAUTY Project, “community” refers to the community of licensed cosmetologists/stylists, salon owners and their customers.

The BEAUTY Advisory Board members included licensed cosmetologists, two beauty school directors, customers, a beauty product distributor, health department representatives, a Cancer Information Service outreach worker, and researchers. BEAUTY Advisory Board members were selected using a snowball sampling strategy. A health educator at the local health department was contacted; she gave us the name of a local beauty school director, who provided us with a list of possible licensed cosmetologists, salon owners, and beauty product representatives. Twelve individuals attended the first BEAUTY Advisory Board meeting, were highly interested in the idea of promoting health in salons, and began meeting monthly to pursue next planning efforts.

To determine cosmetologist interest in salon-based health promotion projects, Board members recommended we talk with stylists about their interest in promoting health. We surveyed all licensed cosmetologists (n=58) in one local county. The Advisory Board reviewed the survey instrument, encouraged stylist participation (we obtained an 85% response rate) (Linnan et al., 2001), and helped the research team interpret the survey results. Results indicated that stylists: (1) routinely talk with their customers, with health as a key topic, (2) were interested in getting additional health training to promote health in the salons, and (3) preferred attending local training workshops or in-person consultations (vs. videos or print materials) (Linnan et al., 2001). Stylists were most comfortable (and likely) to discuss physical activity, healthy eating, and maintaining/achieving a healthy weight with their customers. Importantly, these behaviors are preventable risk factors for cardiovascular disease, cancer, diabetes, and stroke, so that intervention development began with these in mind (Linnan et al., 2001).

To develop an effective intervention, we needed additional information about the type of conversations that typically occur between stylists and customers, how these conversations come about, and the best ways to promote sharing of health information in the salon. Solomon and colleagues (Solomon et al., 2004) conducted an observational study in five African American and five White beauty salons to study the naturally occurring conversations that occur between stylists-customers and to explore differences/similarities in salons by race/ethnicity. Results revealed that the salon social environment is a place where cosmetologists and customers talk openly about many subjects, including health. Information, advice, appraisal, humor, and empathy are typically shared in these health conversations. Several features of the physical environment of the salon may be mobilized to support health: (1) access to healthy foods/snacks/
beverages, (2) smoking restrictions, (3) and availability of various media channels (print, audio, video) that include healthy messages (Solomon et al., 2004). We also learned that while many similarities existed, customers in African American salons (vs. White) spent more time in the salon during a typical visit. Given disparities in cancer risk, we decided to focus our attention on African American salons and to specifically focus on privately owned salons where loyalty to a particular stylist is high and both stylist and customer turnover is low.

Data from observations and the stylist survey results were used to develop a multi-level intervention capitalizing on the intrapersonal, interpersonal, and organizational levels of the social ecological framework (SEF) (McLeroy, Bibeau, Steckler, & Glanz, 1988). Using developmental funds from the UNC Lineberger Comprehensive Cancer Center, we tested a seven week pilot intervention in two salons that consisted of a 4-hr training workshop for stylists, an educational display for the salon, and print materials (e.g., brochures) for the customers (Linnan et al., 2005).

The stylist training workshop focused on dispelling myths/misconceptions about cancer, sharing the “good news” about cancer prevention, and asking stylists to share the following messages with their customers: (1) eat at least 5 servings of fruits/vegetables a day; (2) get at least 30 minutes of moderate physical activity on most days of the week; and (3) call 1-800-4-CANCER to get more information about cancer. The messages were introduced at the stylist training workshop through discussion and demonstration, then stylists role-played how best to deliver the messages during a typical appointment. The educational displays were interactive, attractive, personalized for the salon, and set up in a convenient location for customers to review upon entering the salon. Each display reinforced the three key messages and highlighted the “good news” about cancer prevention.

Based on the results of the pilot intervention (Linnan et al., 2005), we learned that: (1) 81% of responding customers read the display materials; (2) 86% of customers talked with their cosmetologist about the BEAUTY Project; (3) all trained cosmetologists reported they would continue delivering health messages beyond the pilot intervention; (4) 55% of customers at 12 month follow-up reported making changes in their health behaviors because of the conversations they had with their cosmetologist; and (5) customers who spoke more often with their cosmetologists about health also reported a higher percentage of self-reported behavior changes. These results provided encouraging evidence that salons were a good place to promote health, and that stylists/owners were willing partners.

The BEAUTY Advisory Board members continued to provide guidance during and after the pilot study. During the pilot study, they provided feedback on all pilot intervention messages and materials. Once the pilot test was completed, the Advisory Board helped interpret the results, reviewed proposal ideas for future funding, and wrote strong letters of support.

The North Carolina BEAUTY and Health Project—Overview and Baseline Results

In 2002, the research team received funding from the American Cancer Society (Grant # TURSG-02-190-01-PBP) to test different cancer prevention strategies among African American women who attend North Carolina beauty salons. We expanded the BEAUTY Advisory Board membership and they continue to be spokespersons for the BEAUTY Project and work to expand this program statewide.

Study Design and Intervention Description

A 2x2 factorial design (see Fig. 1) was used to test the independent and combined effects of two distinct intervention methods (specialized training of stylists and targeted health magazines sent to customers at home) on selected customer outcomes: fruit/vegetable and fat intake; physical activity; weight; and self-reported screening behaviors for cervical, breast, and colorectal cancer. Thus, once all salons and customers were enrolled and completed all baseline assessments, the salons (and all of the customers in the salon) were randomly assigned to receive one of four interventions: (1) targeted health magazine (only), (2) stylist training workshops (only), (3) targeted health magazines and stylist training workshops (both), or (4) neither magazine nor stylist training (control). The “control” salons received educational displays for the salons based on non-cancer related topics (e.g., financial health, time management, foot care), to help maintain their interest in the study. All procedures were approved by the University of North Carolina Institutional Review Board for Research with human subjects.

Sample Recruitment

Salons were eligible to participate in the study if they: (1) served at least 75 customers, (2) served primarily African American customers, (3) were located within a 75 mile radius of Chapel Hill, and (4) were not part of a franchise. Research staff followed an extensive and systematic process for salon recruitment, including a pilot test of the initial recruitment protocol (initial phone call to salon followed by an in-person visit), followed by a sub-study to test three different recruitment pro-
tocols: (1) phone call + in-person visit, (2) in-person drop-in visit, and (3) personal referrals from Advisory Board members. More details on salon recruitment can be found elsewhere (Linnan et al., 2005), but results indicated that the percentage of salons recruited was 50% from Board-referred salons (17/34), 14.4% (32/222) from drop-in visits, and 4.1% (13/322) from the phone call protocol. Thus, the benefits of our partnership with Advisory Board members were clearly evident during recruitment.

A total of 62 salons were invited to recruit at least 55 customers during an enrollment event using standardized in-salon displays highlighting the project and answering frequently asked questions. However, some salons had difficulty meeting the customer enrollment goals, so we invited 40 of the 62 original salons to join the study. Customers were eligible to enroll if they (1) were at least age 18, (2) were African American women, and (3) signed an informed consent.

**Data Collection Methods, Measures and Procedures**

**Salon Customers.** A 19-page BEAUTY and Health Survey was mailed to each enrolled customer, and included questions about the study health outcomes, salon behaviors, stylist interactions and socio-demographic data. We used Dillman methods to ensure a high response rate (Dillman, 2000), including: (1) a post card reminder, (2) second mailing of survey to non-respondents, and (3) a telephone interview among non-respondents using a shorter version of the mailed questionnaire. Descriptive statistics were calculated for the items on the customer survey. We compared whether the distribution of these factors differed across intervention condition, using a Rao Scott chi square for categorical variables and an F statistic for continuous variables, both accounting for the clustering of the women within salon.

**Salon Owner Interviews.** Salon owner interviews (SOIs) were conducted in all participating salons (n=40) at baseline. If a salon had more than one owner, then the first owner available was interviewed. Measures included salon characteristics, as well as the health and demographic characteristics of salon owners. Trained study staff conducted face-to-face interviews with the owners in salons, but also by telephone when necessary. We conducted descriptive analyses on interview data using SAS.

**Salon Observations.** To document conversations between cosmetologists, their clients and others who were in the salon, we conducted baseline observations in all salons using adapted protocols (Solomon et al., 2004). One two-hour observation was conducted in each salon by a trained female African American observer on a “busy” day as determined by the salon owner (typically Thrus–Sat). The observer sat in an agreed upon spot in the salon, close enough to observe and hear conversations, but far enough away as to not disrupt the normal client-cosmetologist interaction (Solomon et al., 2004). Observed conversations were not audio taped, rather, observers recorded conversations using a personnel code sheet and a conversation log. Conversations were defined as continuous verbal exchanges between two or more participants on an independent topic or multiple related topics.

All data from the salon observation logs and environmental scan were entered into a Microsoft Access database and coded, then exported into SPSS and summarized with descriptive statistics. Content of conversations were coded broadly as whether or not they were “health-related,” and who initiated the conversation (stylist or customer). “Health-related” conversations were based on the definition of “health” in the Preamble to the Constitution of the World Health Organization, including topics related to physical, emotional, and mental wellness. The specific topics of the conversation were coded based on the lists of common non-health and health-related topics of the pilot observational study (Solomon et al., 2004). Data were double coded. Cohen’s kappa statistic assessed inter-reliability between observers and found it satisfactory (kappa = .76).

**Results**

**Salon Customers**

From the 40 salons, 1,209 customers enrolled in the study with, on average, 32 customers completing the survey per salon (range 8-60 customers per salon). More than 97% of the customers self-reported as African American, approximately 80% had more than a high school education, and almost half were married (Table 1). In terms of salon behaviors (Table 2), customers had been going to their current stylist for an average of nearly 6 years; 95% made an appointment (vs. walk-in) to see a stylist; and approximately two-thirds spend more than two hours in the salon during a typical appointment. In addition, approximately 90% of the customers talked to their stylist often or a lot, and 37% talked with their stylist about health often or a lot. On average, customers reported consuming 3.7 daily servings of fruits/vegetables, eating 36.3 total percent daily calories from fat, and more than one-third currently engaged in moderate physical activity (data not shown).

**Salon Owners**

We found that 70% of salons were solely owned, all by African American women, and owners had a mean age of 40 years (Table 3). The mean number of full-time employees was three, and they worked at these salons an average of 6 years. Salons had been open for a mean of 10.3 years, and in their current locations for an average of 6.6 years. Thirty-five percent of salons reported plans to relocate within two years. Owners reported a mean of 170 customers per salon.

Most salons (78%) provide food/beverages for customers, and most salons have microwaves (87.5%) and refrigerators (90%). Salons tend to have restrictive policies regarding tobacco usage: 97.4% do not allow smoking anywhere indoors. The majority of salon owners (92.5%) reported their personal health as either “excellent,” “very good,” or “good.” Self-reported health behaviors revealed that 38% eat at least 5 servings of fruit or vegetables per day; 40% get moderate physical activity at least 5 days a week; 45% eat low-fat foods most of the time; and 60% obtain cancer screening tests recommended by a physician. Mean BMI for owners was 29.8, and 10% of salon owners are current smokers. The majority of salon owners (72%) have had someone close to them diagnosed with cancer; 2.5% had been diagnosed with cancer at some point in their life; and 82.5% have a regular physician.

Salon owners reported various reasons for participating in the BEAUTY Project. The most frequently cited reasons for participating included the benefits of participating for their communities (37%), personal benefits (37%), and for their customers (32.5%). The majority of salon owners (67.5%) reported that they believed their participation in the BEAUTY project would improve the salon’s reputation in their community, while approximately half believed that participation would enhance their salon business in the future.
Table 1 Customer demographic characteristics (n=1,209)

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean)</td>
<td>38.3</td>
<td>-</td>
</tr>
<tr>
<td>BMI (mean)</td>
<td>29.9</td>
<td>-</td>
</tr>
<tr>
<td>Percent (%) African American</td>
<td>97.6</td>
<td>1162</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less</td>
<td>14.9</td>
<td>176</td>
</tr>
<tr>
<td>Some college or technical school</td>
<td>32.2</td>
<td>437</td>
</tr>
<tr>
<td>College graduate</td>
<td>47.9</td>
<td>564</td>
</tr>
<tr>
<td>Yearly household income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;$25,000</td>
<td>23.3</td>
<td>256</td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>39.3</td>
<td>431</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>19.7</td>
<td>216</td>
</tr>
<tr>
<td>&gt;$74,999</td>
<td>17.7</td>
<td>194</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed, separated, member unmarried couple</td>
<td>10.0</td>
<td>117</td>
</tr>
<tr>
<td>Married</td>
<td>44.2</td>
<td>517</td>
</tr>
<tr>
<td>Divorced</td>
<td>12.0</td>
<td>141</td>
</tr>
<tr>
<td>Never married</td>
<td>33.8</td>
<td>396</td>
</tr>
<tr>
<td>Percent (%) with health insurance</td>
<td>89.8</td>
<td>1053</td>
</tr>
</tbody>
</table>

General health
- Excellent: 11.2 (127)
- Very good: 32.7 (372)
- Good: 44.8 (509)
- Fair: 10.8 (123)
- Poor: 0.5 (6)

Table 2 Customer salon behavior (n=1,209)

<table>
<thead>
<tr>
<th>Appointment method when visiting salon</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make an appointment</td>
<td>95.1</td>
<td>1115</td>
</tr>
<tr>
<td>Walk-in</td>
<td>4.9</td>
<td>58</td>
</tr>
<tr>
<td>How long have you been visiting this salon? (mean in yrs)</td>
<td>5.8</td>
<td>3.9</td>
</tr>
<tr>
<td>How long have you been going to this stylist? (mean in yrs)</td>
<td>5.7</td>
<td>4.0</td>
</tr>
<tr>
<td>Frequency of salon attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once a week or more</td>
<td>17.6</td>
<td>208</td>
</tr>
<tr>
<td>Every 2-4 weeks</td>
<td>57.2</td>
<td>674</td>
</tr>
<tr>
<td>Every 5-7 weeks</td>
<td>13.9</td>
<td>164</td>
</tr>
<tr>
<td>Once in 8 weeks or more</td>
<td>11.3</td>
<td>133</td>
</tr>
<tr>
<td>Time spent in the salon during typical visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1.5 hours</td>
<td>13.4</td>
<td>167</td>
</tr>
<tr>
<td>1.5-2 hours</td>
<td>20.8</td>
<td>246</td>
</tr>
<tr>
<td>2-2.5 hours</td>
<td>26.2</td>
<td>310</td>
</tr>
<tr>
<td>2.5-3 hours</td>
<td>22.1</td>
<td>261</td>
</tr>
<tr>
<td>3 or more hours</td>
<td>17.7</td>
<td>209</td>
</tr>
<tr>
<td>Do you try to see the same stylist every visit?</td>
<td>Yes</td>
<td>98.2</td>
</tr>
<tr>
<td>Extent to which you talk with your stylist</td>
<td>Not at all or some</td>
<td>10.1</td>
</tr>
<tr>
<td>Not at all or some</td>
<td>89.9</td>
<td>1059</td>
</tr>
<tr>
<td>Often a lot</td>
<td>37.3</td>
<td>439</td>
</tr>
</tbody>
</table>

Salon Observations

Of the 1200 total conversations observed between cosmetologists and clients, 54.2% (n=650/1200) were initiated by cosmetologists and 37.8% (n=452/1200) were initiated by clients (Table 4). Each conversation was coded into 3 main categories: non-health-related (80.3%), health-related (17.2%) and “topic unknown” (2.5%). Among non-health related conversations, thirty-two percent (309/964) were focused on beauty topics (hairstyles, hair care, and cosmetics) or salon business (primarily scheduling appointments). The remaining non-health conversations focused on a wide array of topics, including family/friends (12.5%, 121/964), arts and entertainment (music, movies, television, magazines, books, celebrities) (10.3%, 99/964), work/school (4.1%, 40/1200), and religion (4.0%, 39/964). Seventeen percent (206/1200) of the conversations between cosmetologists and clients were related to health, and the most common health topics discussed were diet/nutrition (15%, 31/206) and physical activity (11.7%, 24/206). Cosmetologists initiated about half (52.4%, 108/206) of the health-related conversations, while clients initiated 44.2% (91/206). A qualitative content analysis of health-related conversations determined that typical discussions can be placed into five categories: volunteering information about one’s own health, volunteering information about the health of family or friends, direct and personal inquiries triggered by health brochures/magazines, discussion about food and food preferences, and unrelated conversations. The majority of health-related conversations occurred because the initiator (cosmetologists and clients) volunteered information about their own health status or the health status of family and friends. They willingly shared health information about themselves without direct inquiries or triggers.

Discussion

We used a community-based participatory research approach and two years of formative research results to mobilize salon owners, stylists, and the salon environment to promote health. We believe that this approach is our best chance at working collaboratively to address the disparities in health that exist for African American women. The BEAUTY Advisory Board has been central to building trust and these relationships over time. For example, we were able to achieve a very high 84% response rate to our initial stylist survey (Linnan et al., 2005) because Advisory Board members took a personal interest in reminding and encouraging all licensed stylists to complete the survey. We also learned that the most successful salon recruitment method was referrals from Advisory Board members (Linnan et al., 2005). This evidence confirms that involving members of a community can have a positive impact on recruitment and assessment efforts.

Our formative research and baseline results confirm that the African American beauty salon is an excellent setting for delivering multi-level interventions based on CBPR principles and the social ecological framework (SEF). The motivations, attitudes, beliefs and knowledge of individual stakeholders in the salon setting operate at the interpersonal level of the SEF (McLeroy et al., 1988). Finding ways to engage them in intervention development is critically important. For example, we learned that stylists were interested and able to talk with their customers about health. By beginning with their health interests and abilities (e.g. healthy eating, physical activity, weight) vs. other health topics such as tobacco, we build on their comfort and help build their self-efficacy to deliver these messages. We also honor their interests, which is likely to continue to build trust and respect between the research team and our community partners.

At the interpersonal level of the SEF, data from the observational studies revealed important findings about the interactions between stylists and customers. For example, stylists and customers equally engaged in conversations on a variety of topics, including health-related topics (Linnan et al., 2001; Mangum, 2005; Solomon...
et al., 2004). As such, interventions should focus on strategies to encourage and prompt health conversations from both sides of the relationship. Along with the training of stylists to deliver health messages, educational displays and print materials placed in salons should be expected to function as prompts or cues-to-action to bring about health conversations between stylists and customers. Furthermore, these prompts can stimulate or encourage “cross-talk” within the highly social salon environment, where “cross-talk” refers to conversations that involve other people in the salon beyond just one stylist and her (or his) customer (Solomon et al., 2004).

At the organizational level, interventions that aim to mobilize the social and physical environment are planned. For example, we learned that opportunities to improve access to healthy foods are prevalent in many salons. At present, most participating salons offered food, but almost no healthy food options were available. Given the amount of time that customers spend in the salons (on average, over 2 hours per visit), having access to healthier food/beverage options would be desirable. Salons could also make health information available to customers through a wide range of media channels, including magazines, radio/CDs, and videos. Interventions that make use of these methods should be tested.

In addition, we have attempted to learn from salon owners what motivates them to participate in research studies like the BEAUTY Project. Owners told us they were motivated by personal interest and interest in helping their customers. Thus, it is important that owners benefit both personally and professionally from their participation. Just like their customers, salon owners could benefit from making positive changes to their health behaviors, and so should be included as targets of salon-based interventions. In addition, steps should be taken to ensure that owners see benefits for their business as a result of project participation. For example, local and regional media can bring positive recognition to participating salons that may bring additional benefits to their business.

Like all other settings, beauty salons present some important intervention opportunities and challenges. Salons are very busy business environments where stylists are typically working with more than one customer at a time. Figuring out the best timing, methods and dose of intervention is critical for successful intervention research in this setting. For example, we have learned that certain types of data collection instruments, particularly written surveys, prove difficult to implement with stylists—they simply have little time (and interest) in completing written surveys. Instead, our response rates for interviews proved much higher.

We have learned to respect that stylists have long-term relationships with their customers because they know how to communicate with them and what they need. In our training workshops, we have not “forced” a certain protocol on the stylists for how to deliver key messages, but have encouraged them to “weave” the messages when and how they feel it best with each customer. This approach may result in the “watering down” of intervention messages, but it is the best way to respect the stylists as licensed professionals, honor the relationship they already have with their customers, and acknowledge their natural abilities to communicate effectively with them.

### Table 3 Salon owner interviews

<table>
<thead>
<tr>
<th>Table 3 Salon owner interviews</th>
<th>mean or %</th>
<th>min-max</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salon Characteristics (n=40)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years in operation</td>
<td>10.5</td>
<td>0-30</td>
</tr>
<tr>
<td>Years in current location</td>
<td>6.5</td>
<td>0-30</td>
</tr>
<tr>
<td>Plan to relocate in next two years</td>
<td>35%</td>
<td>-</td>
</tr>
<tr>
<td>% of salons solely owned</td>
<td>70%</td>
<td>-</td>
</tr>
<tr>
<td>Number of full-time employees</td>
<td>3.0</td>
<td>1-7</td>
</tr>
<tr>
<td>Avg. years employees worked at salon</td>
<td>5.8</td>
<td>0-23</td>
</tr>
<tr>
<td>Estimated total number of salon customers (n=37)</td>
<td>170</td>
<td>45-600</td>
</tr>
<tr>
<td><strong>Food, Beverages, and Tobacco in Salons</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and/or beverages in salon</td>
<td>77.5%</td>
<td>-</td>
</tr>
<tr>
<td>Microwave oven in salon</td>
<td>87.5%</td>
<td>-</td>
</tr>
<tr>
<td>Refrigerator in salon</td>
<td>90%</td>
<td>-</td>
</tr>
<tr>
<td>Smoking not allowed anywhere indoors</td>
<td>97.4%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Salon Owner Characteristics &amp; Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General self-reported health: good to excellent</td>
<td>92.5%</td>
<td>-</td>
</tr>
<tr>
<td>Eats at least 5 servings of fruits and vegetables/day</td>
<td>37.5%</td>
<td>-</td>
</tr>
<tr>
<td>Gets moderate physical activity at least 5 times/week</td>
<td>40%</td>
<td>-</td>
</tr>
<tr>
<td>Eats low fat foods most of the time</td>
<td>45%</td>
<td>-</td>
</tr>
<tr>
<td>Currently smokes</td>
<td>10%</td>
<td>-</td>
</tr>
<tr>
<td>Has a physician for regular check-ups</td>
<td>82.5%</td>
<td>-</td>
</tr>
<tr>
<td>Gets cancer-screening tests recommended by physician</td>
<td>60%</td>
<td>-</td>
</tr>
<tr>
<td>Ever been diagnosed with cancer at any point in life</td>
<td>2.5%</td>
<td>-</td>
</tr>
<tr>
<td>Had someone close to him/her diagnosed with cancer</td>
<td>71.8%</td>
<td>-</td>
</tr>
<tr>
<td>BMI (weight lbs/height inches^2)*703</td>
<td>29.8</td>
<td>21.5-42.8</td>
</tr>
<tr>
<td>Age (yrs)</td>
<td>40</td>
<td>28-59</td>
</tr>
</tbody>
</table>

### Table 4 Number/percentage of topics discussed during conversations between stylists and clients by initiator of conversation

<table>
<thead>
<tr>
<th>Table 4 Number/percentage of topics discussed during conversations between stylists and clients by initiator of conversation</th>
<th>Number of Non Health-related Conversations</th>
<th>Number of Health-related Conversations</th>
<th>Number of Topic Unknown Conversations</th>
<th>Total Conversations Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiator</td>
<td>n % of total</td>
<td>n % of total</td>
<td>n % of total</td>
<td>Total Conversations Recorded</td>
</tr>
<tr>
<td>Cosmetologist</td>
<td>533 55.3</td>
<td>108 52.4</td>
<td>10 33.3</td>
<td>650 54.2</td>
</tr>
<tr>
<td>Client</td>
<td>355 36.8</td>
<td>91 44.2</td>
<td>6 20</td>
<td>452 37.8</td>
</tr>
<tr>
<td>Other</td>
<td>6 .6</td>
<td>2 1</td>
<td>0 0</td>
<td>8 .7</td>
</tr>
<tr>
<td>Unknown</td>
<td>70 7.3</td>
<td>5 2.4</td>
<td>14 46.7</td>
<td>90 7.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>964 80.3</td>
<td>206 17.2</td>
<td>30 2.5</td>
<td>1200 100</td>
</tr>
</tbody>
</table>

We intend to address these challenges, yet remain convinced that beauty salons are places where strong partnerships can be formed and cultivated to address the health needs of African American women. If proven effective, interventions in beauty salons may be more likely to be sustained since salons are located everywhere and stylists/owners are important community members.

### Summary

Moving forward, data from the North Carolina BEAUTY and Health Project midpoint and final assessments will be compared to these baseline assessments to measure change in salons, owners/stylists and customers over time and across intervention conditions. The evidence in support of beauty salons as a promising public health setting is building. Understanding key salon characteristics is important if we are to maximize their...
potential for addressing disparities in health. We think building collaborative relationships with stakeholders through community-based participatory research leads to the trust and mutual respect that will give interventions the best foundation for success.  

Author Note
The authors would like to thank all participating 40 salon owners, stylists and their customers; as well as members of the BEAUTY and Health Advisory Board, in particular Ms. Joyce Thomas, Ms. Donna Hooker, Ms. Sharon Martin, and Mr. Morris Boswell, who have been important collaborators on all aspects of the study. In addition, the authors thank Ms. Noel Kulik for her assistance in the final preparation of this manuscript.

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References
A Community Health Case Study: Creating a Food Oasis in a Food Desert

~Darcy A. Freedman, Vanderbilt University

This community health research endeavor emerged out of a community-university partnership, the Vanderbilt Community Outreach Partnership Center (COPC), which was funded from 2002–2005 by the US Department of Housing and Urban Development. For three years Vanderbilt COPC worked in collaboration with a predominantly African American, urban community in Nashville, TN, consisting of two traditional neighborhoods and one newly renovated HOPE VI public housing complex on initiatives related to four community-identified focus areas: (1) crime prevention, (2) community organizing and planning, (3) health care promotion and disease prevention, and (4) economic development (Vanderbilt University, 2004).

Though I was not involved with the initial stages of the Vanderbilt COPC, I intersected with this partnership during a pivotal point in time. I had just completed a 12-month research assistantship with a childhood obesity prevention project. I entered that project with a keen interest in the influence of communities on child health, and my interest only heightened as a result of countless interviews during which parents and teachers repeatedly emphasized the role of community factors on health outcomes. Even though community conditions such as availability and quality of grocery stores within the neighborhood were identified by participants as key issues that needed to be addressed if childhood obesity was to be prevented, overarching obesity prevention frameworks provided insufficient guidance for addressing these community factors. In comparison, significant support and resources were available for changing knowledge, attitudes, skills, beliefs, and behaviors related to diet and exercise. This experience coupled with experiences on various other public health projects left me disenchanted with the individual focus dominating public health discourse and action. Although the field of public health purports an ecological approach to addressing health issues (Institute of Medicine, 2002), it seems that contemporary public health initiatives have the tendency to implicitly or explicitly give primacy to individual factors associated with poor health without equal emphasis on broader community factors (Krieger, 2000).

My experiences served to motivate a reflexive process focused on the connections between public health and what I was now calling “community health.” While both public health and community health focus on health promotion and disease prevention for groups or populations of people, community health seemed to have the potential to accentuate the influence of community factors on health to a greater extent than current hegemony within public health.

As I was debating the differences between public health and community health, the Vanderbilt COPC was working to connect the theory of community health to practice. Instead of being concerned with unhealthy behaviors and choices related to the high rates of obesity in the community, an area that had some of the highest rates of diet-related health conditions in the city, the partnership focused their attention on changing unhealthy community structures such as the dearth of healthy food outlets located within the neighborhoods. The Vanderbilt COPC developed community health plans that looked quite different than many health promotion initiatives created by health departments and public health specialists. The partnership’s community health proposal involved the formation of a business and marketing plan to entice local grocery stores to set up shop within the community. Unfortunately, these well-articulated strategies for health promotion rested on deaf ears; no grocery stores were willing to relocate to the neighborhood.

Though our paths were quite different, both the Vanderbilt COPC and I were committed to intervening on community conditions in an effort to promote community health. It was evident that our unique health promotion strategies could indeed be integrated into a combined community health project that drew upon the varied interests and expertise of all of us.

Before focusing on the participatory research process that emerged, I want to highlight several characteristics of the Vanderbilt COPC that made it an ideal launching point for me, a graduate student interested in community-based research, to engage in this project. First, the difficult and time-consuming—yet immensely important—process of building trust and rapport between the university and the community was established by the Vanderbilt COPC well before I came to the scene. Though it was necessary for me to cultivate trust and rapport with the partnership and the community, my work was buttressed by the sense of trust that was already in place. Second, there was an organizational structure to the group. Regular partnership meetings provided opportunities for discussion about new ideas and initiatives. Third, and probably most importantly in this situation, the Vanderbilt COPC was organized in a manner that facilitated the inclusion of new people and viewpoints. The permeable boundaries of the partnership allowed outsiders to learn about and eventually work with the group. At the same time, the structure of the partnership ensured that decisions were made by the key partners. Thus, outsiders could not mo-
bilize the partnership toward issues that were not the primary focus of the community. Finally, the partnership provided mini-grants for projects related to their aims and mission. After learning about my proposal for a participatory action research project (for information on PAR see: Israel, Schulz, Parker, & Becker, 1998; Minkler & Wallerstein, 2003) focused on establishing a neighborhood farmers’ market in conjunction with the partnership, the Vanderbilt COPC awarded me a small, one-year grant (September 2005–October 2006) to fund a portion of this research.

This case study will focus on the development, implementation, and evaluation of the neighborhood farmers’ market. The neighborhood farmers’ market was designed to (1) enhance neighborhood involvement in the promotion of community health, (2) increase the volume and diversity of fruits and vegetables available to residents living in the Vanderbilt COPC community, and (3) increase the consumption of produce by residents in the community. The farmers’ market operated for nine Saturdays (10am–2pm) from June to August 2006 in a vacant lot within the community (Fig. 1).

### Participatory Planning Process

In September and October 2005, informal listening sessions with the three neighborhood associations in the Vanderbilt COPC community were conducted to learn more about residents’ concerns related to food and nutrition and to recruit community members to take part in the planning stages of the farmers’ market project. An anonymous questionnaire that specifically assessed interest in a neighborhood farmers’ market was also administered during these meetings (n=30). Data revealed that 93% of the residents surveyed were “very interested” in a farmers’ market in the community. Residents highlighted factors that would make the market successful including convenience, both in terms of hours of operation and location; fair prices for food; high quality produce; and successful advertising. Fruit and vegetable preferences of community members were also collected; this information was used to guide the types of produce sold at the farmers’ market during the summer months.

From November 2005 to July 2006, a planning team met five times to develop, implement, and manage the project. Between eight and fourteen people attended the planning meetings; however, a core group of seven people attended at least half of the meetings. The core group was comprised of two community members, three leaders from the Tennessee State University Cooperative Extension Program, a community-based nutritionist, and me. The planning meetings were used to make all decisions related to the farmers’ market. We developed the name, location, and hours of operation of the farmers’ market; learned about the pros and cons of being a food stamp accessible market and ultimately decided not to accept food stamps due to logistical issues; developed a job application for the market managers; and organized methods for promoting the market within the community. Though each of these decisions could have been made relatively easily by one or two members of the group, the values and principles underpinning the project necessitated that decisions be made in a participatory manner. The meetings were coordinated by me and were held at a church within the community. Dinner was served at each meeting.

In addition to the core planning team, partnerships with people and agencies representing various parts of the food system (from farmers to hunger relief groups) were formed because these partners were vital to the success of this project. A total of eighteen partners invested financial, material, and/or human resources to support this endeavor.
Due to a history of unjust relationships between farmers and African Americans, particularly in the South, the planning team was reluctant to have White farmers sell food in the predominantly African American Vanderbilt COPC community, and thus decided to have the farmers’ market operated by residents from the neighborhood. Consequently, the farmers’ market was managed by two youth interns, both of whom were from the community, and by a college student intern. For the most part, locally grown produce used to stock the farmers’ market was purchased at wholesale prices at two large farmers’ markets in the region and was then transported to the neighborhood by a nonprofit organization that operated a mobile farmers’ market in another neighborhood in the city. One local organic farmer donated over 500 pounds of fruits and vegetables to the neighborhood market.

**Evaluation of Neighborhood Farmers’ Market**

Evaluation of the farmers’ market involved attention to supply factors (i.e., how much food was made available to community residents as a result of the farmers’ market?) and demand factors (i.e., what happened when residents availed themselves to the fruits and vegetables sold at the market?) related to health.

The neighborhood farmers’ market increased the volume and diversity of fruits and vegetables available to residents living in the Vanderbilt COPC community; a community defined as a “food desert” because of the dearth of food outlets available within the neighborhood. Over 1600 pounds of fresh, locally grown fruits and vegetables, representing 20 different types of produce, were sold at the farmers’ market. Seventy-four percent of the produce that entered the community as a result of the farmers’ market was sold at the market. The most popular items sold at the farmers’ market were corn (447 ears), tomatoes (213 lbs), peaches (146 lbs), turnip greens (114 lbs), yellow squash (96 lbs), cucumbers (75 lbs), cantaloupe (71 melons), and watermelon (71 melons).

It cost approximately $120 per week to stock the farmers’ market with fresh fruits and vegetables. The farmers’ market was not established for of its potential to generate profit for the community; however, since it was designed to be a sustainable endeavor, we strove to recover all costs associated with purchasing the food through sales at the market. All but 5% of the fruits and vegetables sold at the neighborhood farmers’ market were the same price or cheaper than produce sold at the nearest chain supermarket or at a larger farmers’ market in the city. The farmers’ market was profitable on six of the nine days of operation and made a total of $131.21; all profits were returned to the community for future community-based endeavors. Profits are only related to food costs and do not take into account costs associated with staff time. Food that was not sold at the farmers’ market (about 500 pounds) was gleaned to drug and alcohol rehabilitation centers in the community. Hence, 100% of the produce that entered the community as a result of this project remained in the community.

A total of 247 people shopped at the farmers’ market; between 21 and 35 people shopped each week. To enhance our understanding of farmers’ market customers and the impact of the farmers’ market on fruit and vegetable consumption, a brief, anonymous survey was administered at three time points: baseline (Time 1), midway through the project (Time 2), and at the end of the project (Time 3). A waiver of consent was approved by the Vanderbilt Institutional Review Board for this part of the research process. The surveys were administered on site by project volunteers. Respondents received a $1.00 coupon for the farmers’ market if they completed a survey. Since the farmers’ market aimed to influence the entire community and not just specific people “enrolled” in the project, we decided to collect cross-sectional rather than longitudinal data on customers. This decision was made because the community planning team was not interested in tracking farmers’ market customers, a requirement for longitudinal studies, and because we were concerned that the interview questions may inadvertently influence fruit and vegetable consumption patterns since participants would be asked these questions three times within a relatively short time frame (nine weeks).

Sixty customers completed the survey; 29 at Time 1, 15 at Time 2, and 16 at Time 3. Most customers were female (65%), African American (80%), and from the Vanderbilt COPC community (72%). The mean age of customers was 52 years (range, 26-84 years). Most customers reported only one visit to the farmers’ market; however, this is due in part to the higher number respondents at Time 1 compared to the other data collection time points. Thirty percent of the respondents reported two or more visits to the farmers’ market.

Two questions on the survey focused on consumption of fruits and vegetables in the past week; questions were taken from the national Youth Risk Behavior Surveillance System (Centers for Disease Control and Prevention, 2006). Response choices for these questions were the following: I did not eat fruit (vegetables) during the past 7 days; I ate fruit (vegetables) 1 to 3 times during the past 7 days, 4 to 6 times during the past 7 days, 1 time per day, 2 times per day, and 3 or more times per day. Figures 2 and 3 illustrate a trend of increased fruit and vegetable consumption in relationship to the ongoing presence of the farmers’ market in the neighborhood. Though the cross-sectional survey data cannot be used to assume causality between the farmers’ market and produce consumption, findings provide important descriptive information about the relationship between the neighborhood farmers’ market and consumption of fruits and vegetables. Small sample sizes at the three different time points precluded the use of inferential statistical analyses of these trends.

**Conclusion**

Underpinning this project was the notion that lack of access to high quality fruits and vegetables is a social injustice that must be acknowledged and rectified as a part of community health promotion strategies. Without access to outlets that sell nutritious foods, even the best public health campaigns focused on eating high quantities of fresh fruits and vegetables have limited potential to change eating patterns. This community health project highlighted the process by which a farmers’ market was implemented within a community that lacked venues for purchasing fresh foods, and data reveal that the project both increased supply of fruits and vegetables in the community as well as demand for the foods. The farmers’ market was a
resounding success in the community and is serving as a model for the development of five additional neighborhood-based farmers’ markets in similarly food-deprived communities in Nashville, TN. Nevertheless, the farmers’ markets have limited capacity to promote community health throughout the majority of the year. Future community health endeavors must work to bring permanent food venues into these food deserts.

Author Note
This research could not have happened without support from the Vanderbilt Community Outreach Partnership Center. Extreme gratitude is extended to the core planning team (Eldridge Ronnie Simmons, Frazier Beverly, Mary Wakefield, Finis Stribling III, Richard Winston, and Bola Teyinka) and to the farmers’ market managers (Domonique Moore, Corey Henning, and Caitlin Skinner). A special thank you is also extended to Paul Speer, Debbie Miller, Sean Siple, and Del Ketcham for their guidance throughout this process.

References
et al., 2003; Diaz & Huebner, in press; Shaw, 2006). Differences in cultural beliefs contribute to differences in how people make sense of how they feel, both physically and emotionally, who they share those feelings with, and what they choose to do to address those feelings (Anderson et al., 2003; Shaw, 2006). Acculturation is associated with differences within ethnic minority groups with regard to their health seeking and treatment behavior (Anderson et al., 2003).

Key elements to a culturally competent health care environment include: a health care site that has the cultures of the populations it serves embedded in it, a bilingual/bicultural, culturally diverse and culturally sensitive staff with appropriate training in cultural competency, health-related literature available in all of the languages of the populations it serves, and appropriately trained medical interpreter staff (Anderson et al., 2003; Arean, Alvidrez, Nery, Estes, & Linkins, 2003; Arean & Gallagher–Thompson, 1996). In addition to these central components, particularly within immigrant and refugee communities, knowledge of the ethno-medical practices will help to situate clinical engagement, evaluation, diagnosis and prescribed treatment within the cultural belief system of the clients.

Health literacy is broadly defined as the ability for patient and provider to effectively communicate about all aspects of the patient’s health and care (i.e., symptoms, diagnosis, treatment, follow-up appointments). For the past ten years, health literacy has become widely accepted as one of the key components to eliminating health disparities among ethnic minorities, particularly among those populations who experience language barriers. A survey conducted by the Robert Wood Johnson Foundation found that one in five Spanish-speaking US residents either forego seeking medical care or put it off because of the language barrier they face in dealing with an English-speaking medical doctor (Foundation, 2002).

The provision of medical translators and literature in all languages of the communities served falls short of the level of cultural competence needed to increase health literacy and ultimately to improve health outcomes. Shaw (2006) indicates:

Language barriers in health care are exacerbated when cultural differences between patient and provider contribute to misunderstandings around chronic disease management, health status, disease severity, and treatment regimens. Too often, people with the greatest chronic disease burdens have limited access to health information and limited ability to process that information. (p. 3)

However, because scholars, practitioners, and policy-makers have varying definitions of health literacy (Baker, 2006; Shaw, 2006), the steps that should be taken to increase health literacy among patients are not uniform. Health literacy is debated as being: rooted in “individual capacities,” illustrative of a “dynamic state,” or achievable through “knowledge or proficiency” (Baker, 2006).

Both in health research and health care, mere translation of readable materials is not sufficient to capture the cultural differences that may impact the embedded meaning. Research survey instruments often reflect perspectives of investigators rather than of participants (Bender, Harbour, Thorp, & Morris, 2001). To be effective, the survey instrument must be modified to be culturally appropriate (Diaz & Huebner, in press). Likert scales, common to many research instruments, have been found to present problems. Bender and colleagues (2001) report, “Likert-type scale caused problems with subjective questions because it imposed a de-contextualized response frame on a contextualized situation. Not wishing to be discourteous, the respondent will simply opt for the least contentious response, which in this case is usually very satisfied or somewhat satisfied” (Bender et al., 2001, p. 782). Steinke (2004) finds that Likert scales are confusing, particularly among Latino populations. The responses are not directly translatable and so, for example, a better measure of “strongly agree” would be “I feel very sure.” Likert-scale numeracy measure would be improved if positive answers were associated with higher numbers and negative answers with lower numbers (Steinke, 2004).

Four Qualitative Cases

The qualitative cases presented in this paper come from field notes generated from four unique community-based health studies. The four studies are: a multi-method study based in a locally known and trusted community health organization in a Connecticut city utilizing street and club ethnography to understand transitions in drug use and social networking patterns among drug using and drug selling youth; a culturally-modified study to measure psychotropic medication adherence in monolingual Latinos based in a community mental health clinic in a Connecticut city; a study of preterm delivery based in a public hospital community OB/GYN clinic in a Connecticut city; and a study of the impact of culture on health literacy and chronic illness outcomes based in a community health care center and clinic in a city in Massachusetts.

“Joining.” In designing the research methods, researchers must consider the population, access to the population, and the “comfort zones” of the population to engage in the research. It is incumbent on the researcher(s) to “join” the individuals culturally where they are by learning about the cultural beliefs and practices of the study population and adapting research tools and instruments to be culturally appropriate. For instance, accessing the youth drug using and selling networks required first establishing a relationship based on trust and respect. Because the research team was looking at the causes for transitions in drug use from “soft” drugs (tobacco, alcohol, and marijuana) to “hard” drugs (cocaine, crack, heroin, and injection drug use), it was particularly important to become integrated in the youth networks in their daily setting. Through street and club ethnography, ethnographers were able to access the youth in the places and during the times that they were most likely to be engaged with their drug using and/or selling networks.

As one of the ethnographers on the study, I practiced what I call “candid” ethnography. By “candid” I mean, I was honest and open about my purpose as an ethnographer for being on the streets and in the clubs. Upon meeting youth networks, acknowledging differences was crucial. I did not try to gain acceptance as a member of the network, but rather, tried to gain trust as someone interested in their experience within the culture of youth drug using and drug selling. It was also important that the participant(s) clearly understand that the information they shared would benefit the research project and that our interactions were part of my work.
Over the course of three years of field study, several youth networks fully trusted that I was not interested in using, buying, dealing, or busting. I was interested in what they knew, what they experienced, and how they made sense of their role and involvement in their networks. In this way I was able to establish a long-term relationship with several of the networks. Eventually their decision to trust and include me in their networks was based on a mutual respect and a mutual interest in the research. The following two vignettes illustrate these points.

A is a Puerto Rican 21 year old man: Today A picked me up to do one of our usual drives through the city and, with his informed consent, I record our conversation. On this drive, A told me about the history of his network placing its development since middle school within the changing sites and scenes of the city’s downtown projects, “hot” corners and streets, and night clubs. He pointed out informal grave sites and tags that mark the passing of its members and rivals. After getting Jamaican beef patties and coco bread from the local Jamaican bakery, we stopped by the public library to continue working on the social network map that indicates important dates, major events, and social divides relevant to his changing network. We have been working on the map each time we meet up and, according to A, it is close to being done—although it will continue to change as times passes. (Huebner, 2000)

There is a cultural theme unique to the after-hours parties which I will refer to as ‘fast-friending.’ Though strangers to one another at the start of the party at about 2 a.m., an intimate friendship develops in several hours. Fast-friends care for each other at the club by sharing ecstasy pills, defending each other in confrontations with other strangers/friends, and then carrying the bond into the morning hours and often into the following weeks. Because I don’t engage in any of the fast-friending behavior, I am clearly an outsider but with time and consistent attendance I am trusted and expected. Members of one particular network who have accepted me explain to ‘fast-friend’ new-comers that I don’t use or sell, but that I am cool (as in ‘not a threat’) and that I am a researcher studying what goes on here. And they always clarify that I am not an undercover cop. These parties often extend to the morning hours and this time they continued to one of the individual’s homes. I was invited and told that I should see a house party too to understand another dimension of their party culture. This network has decided to include me and the members know that I see them as the experts on their culture. There is interest in me because I am interested in them, because I show them respect, and because my research behavior and needs remain consistent. (Huebner, 2000)

Acknowledging differences is critical because even if the researcher/participant share in a cultural, ethnic, or racial identity, cultural differences often exist based on other factors like social support resources, socio-economic positioning, education, and physical or mental functioning. The researcher’s willingness to be in a position of not knowing combined with a candid, genuine, and explicit research interest, facilitates the individual or group’s opportunity to become actively engaged in the research and to exercise a level of control and power over the exchange of knowledge. In this way the participants and the research have the capacity for impacting change-efforts.

Creating a culturally appropriate research design facilitates participant recruitment and retention (Diaz & Huebner, in press; Keller, Gonzales, & Fleuriet, 2005). This includes having a research team that is fluent in the language(s) spoken by the target population and culturally competent, if not bicultural, of their cultural beliefs, values, and practices. The research site is critical to the study’s success. Researchers have a better chance of successfully recruiting and retaining participants in a study when it is conducted in a community-valued and trusted location and if the research is able to be conducted in culturally acceptable spaces not typically associated with research (i.e. street, homes, local organizations or neighborhood sites). All of these factors are central to ensuring cultural competence.

Language and communication. Because mistrust is one of the greatest barriers to ethnic minority participation in research, it is critical that the research design and team invest in the formative planning to identify potential barriers as perceived by the target population. In a current study at a community-based health clinic in a Massachusetts city, a critical step to developing the epidemiological survey is to conduct formative focus groups with each of the four ethnic/racial groups being studied. This will be done to ensure that the survey is culturally appropriate and to identify any problematic formatting or questions. The survey will be piloted not only among the team members to ensure proper length and skip patterns, but also with members from the community in each of the possible three languages (Spanish, Vietnamese, and English) in order to identify any problems in the back translation or in the questions themselves before finalizing the survey. In addition, important themes that link cultural beliefs to health seeking practices, health literacy, and treatment compliance as perceived by the participants will be identified and will be used to ensure that the final instrument is culturally appropriate.

In addition, the outreach/interview staff will also be certified medical interpreters, completely fluent in spoken and written English and either Spanish or Vietnamese and will administer the survey in the language of the participant’s choice. In order to make the Likert-scale questions more user friendly, flash cards will be designed as helpful visuals. Health literacy is indeed illustrative of a “dynamic state” (Baker, 2006) because effective communication is an experience between provider and patient. In addition, the provider, medical interpreter, patient triad is a delicately nuanced method of effective communication and requires, on the part of the staff, training in cultural competency. Similarly the researcher must exhaust all possible efforts to ensure that the survey instrument and its delivery facilitate and support participant understanding. The following vignette illustrates efforts to develop a culturally-appropriate and culturally competent survey instrument:

In developing a seamless epidemiological survey through stringing together several relevant instruments, it is clear that the survey will need to be culturally modified. The focus groups will be a critical step in evaluating the effectiveness
of the language, format, and themes. There are some very obvious modifications that need to be made. For instance, in a section that addresses diet and exercise, specific examples like “carrots” and “golf” are meant to illustrate the questions. To elicit meaningful responses, the instrument must provide culturally appropriate examples, preferably ones identified by members of the study populations. (Huebner, 2007)

**Culturally appropriate interventions.** The Medication Usage Skills for Effectiveness Program (MUSE) is a “program developed to teach severely mentally ill patients simple techniques to remember daily medication doses” (Cramer & Rosenheck, 1999). Cue-dose training links common daily routines like breakfast or teeth brushing with taking medications. Cultural modifications were made to the MUSE to study medication adherence among monolingual Hispanic patients at a community-based mental health clinic in Connecticut. For the Latino population, “past positive experiences” associated with taking the medication, like feeling calmer or sleeping better, are linked to the cue-dose training so that an association between routinely scheduled doses and improved outcomes are associated. In combination with the Culturally Modified MUSE, a medication event monitoring system (MEMS) was also used. The MEMS is a medication cap that tracks the time and date of when the medication bottle is opened each month. The following vignettes illustrate the benefits of a culturally appropriate study, for both research and clinical outcomes:

After being asked about her adherence and her past positive experiences, one participant comments: ‘The help [I feel] is from the medications and from talking. You can explain to me how I can get better. The best treatment is medicine and the kind of therapy where I can talk.’ This is a significant clarification indicating that she can not talk in therapy that is in English. The principal investigator states about this participant’s comments, ‘We recruited 134 patients for a study on medication adherence, 69 of them were Hispanics. The success of the recruitment had to do with having a well trained bilingual and bicultural staff that was very attentive to patient’s needs and fears associated with participating in research.’ (Diaz, Woods, & Rosenheck, 2005; Huebner & Diaz, 2003)

Seeking mental health services within the Latino community is burdened by social stigma (Meinert, Blehar, Peindl, Neal-Barnett, & Wisner, 2003) and a cultural belief that issues of the mind and of the family should be kept private because they are part of the collective identity rather than an individual identity (Arean et al., 2003; Falicov, 1998). Therefore patients of the mental health clinic take a risk, culturally speaking, by seeking mental health care. One female patient at this clinic states:

In this clinic, I find the attention better than in other places. I can express myself. They understand me and I understand them. They also provide me with better medicines. They always use good medications and I feel healthy fast. (Huebner & Diaz, 2003)

The psychiatrist of this clinic clarifies that while of course the medications provided at the clinic are in no way better than those provided in other places, clearly the patient’s ability to express herself and be understood by the staff contributed to her experience resulting in a great outcome. Similarly, another patient at the clinic states: “They treat people here with love and respect. My therapist is like my friend. I feel comfortable.” Both patients express being understood and experiencing the treatment as better or more effective. To this end Anderson et al. states (2003): “Cultural and linguistic competence reflects the ability of healthcare systems to respond effectively to the language and psychosocial needs of clients.”

The “desire to be agreeable” as discussed previously by Bender (2001) was also common in conducting the survey instrument and in reviewing medication adherence. However, the qualitative data themes reveal that institutional racism plays a major role in patient experience indicating more than simply a desire to be agreeable. The following vignette illustrates how the apparent desire to be socially agreeable is indicative of larger systemic issues that influence a participant’s active voice:

Instead of choosing a response to a specific question on the survey, many times participants respond: ‘Lo que tu digas’ (Whatever you say), ‘Lo que Ud. Crea’ (Whatever you believe), ‘Como te digo?’ (How do I explain to you?). Even with a bilingual/bicultural research team, the researchers are in a professional position of authority. When conducting the research survey with the participant in a small office in the clinic, that authority mirrors sitting with the doctor. The participant’s absence of an active voice, the apparent poverty of words, indicates much more than a desire to be agreeable (though the desire to be polite and agreeable is definitely observed). The desire to defer to what I believe, what I would say, appears to be a surrender of power, control, and self-directed participation. However, the context of this behavior must be considered and the conclusion re-framed because to surrender power indicates a previous position of having power. When an individual is a member of an oppressed group (as low income, monolingual Spanish-speaking residents and immigrants are) and dependent for care on a system that has embedded institutionalized racism through policies that create disparity (as the health and mental health care systems do), the absence of an active voice reflects the absence of power—it reflects the voice of an oppressed person. And so ‘Lo que tu digas’ should be heard not as a desire to be agreeable but as a key indicator to the researcher/the provider of the unequal distribution of power and authority that is the common context for the patient/participant who is indeed actively seeking care. (Huebner & Diaz, 2003)

**Flexible study protocols.** Institutional racism most directly impacts patients who have limited access to health care services and who are low-income minority populations. Part of being a culturally competent researcher is recognizing the role and impact of institutional racism on research. This is noted in the major discrepancy between the numbers of White versus ethnic minority individuals who are principal
investigators or in lead research positions; cultural competency efforts include increasing the number of minority investigators (Arean & Gallagher-Thompson, 1996; Diaz & Huebner, in press; Hughes et al., 2004; Levkoff & Sanchez, 2003; Yancey, Ortega, & Kumanyika, 2006).

In a Connecticut public hospital OB/GYN clinic that serves primarily low-income ethnic minority women, women who had recently become pregnant were recruited into a study aimed at identifying possible genetic markers for preterm delivery. The research team had one bilingual/bicultural research associate responsible for recruitment and study visits with all of the Spanish-speaking participants. In anticipation of potential recruitment barriers related to scheduling research appointments, appointments were scheduled to immediately precede or follow the participant’s regular prenatal clinical appointments.

Many women refused participation because the study required multiple non-clinical blood draws, vaginal and cervical swabs, ultrasounds, and a placental biopsy. Time was also a common reason for refusal to participate. Clinical visits often required long wait times and many of the women came for appointments during a lunch break from work, on public transportation, or accompanied by children and/or other family members. All refusals to participate were logged in a daily recruitment log and the majority was due to the long wait and the extensive additional procedures. Many of the women indicated that they would have participated if they could modify the requirements. Based on this information, the clinical research team made significant modifications so that participants could self-administer the vaginal swabs in the bathroom while they were waiting to be seen by their clinical provider. Study bloods would only be drawn if the patient had a clinical blood draw scheduled and if she agreed. With these modifications, recruitment increased. Another barrier was identified as illustrated in the following vignette:

A Muslim woman refused participation in the study because of the placental biopsy. In her religion, the placenta is saved to be brought home and buried. With her permission to ask a question, I asked whether she has been able to take her placenta from past deliveries home to bury. She had not because she did not feel comfortable asking to take home the placenta. In the medical model, the post-partum placenta is treated as a waste product and thrown away. Its cultural value (or societal importance) is controversially rooted in the umbilical cord—it’s blood containing stem cells. It seems that only an abnormality in the placenta, baby, mother, or delivery would make the placenta clinically valuable and redirected to pathology. The Muslim woman in this system is met with a barrier to receiving culturally competent health care. (Huebner, 2005)

Because of the changes that had been made to the study protocol, the woman did in fact join the study and refused the placental biopsy. She was interested in participating and in being a part of potentially important research to help women in the future. The lack of cultural competence that was identified based on her experience led to the development of a pregnancy experience instrument that focused on physical, psychological, cultural, and medical aspects of the pregnancy. The data from this instrument, which included a semi-structured qualitative section, would be used to increase cultural competence within the clinical research team as well as to generate additional psycho-social quantitative and qualitative data to supplement the clinical findings. Barriers can be helpful signals of how and where to make changes. Once a barrier is identified, possible solutions need to be explored with the study population and a reasonable and acceptable change implemented.

Conclusions and Future Community-based Health Research Suggestions

In community-based health care and health research, the provider’s and/or researcher’s biases (Curlin, Lawrence, Chin, & Lantos, 2007), cultural beliefs and level of cultural competency training (Shaw, 2006) will impact the degree to which a patient is able to understand and function within the health care setting. Mixed method research is necessary to examine the role of culture in health research. The qualitative data from semi-structured interviews, focus groups, participant observation and field notes can be coded and analyzed. Unlike quantitative data, as qualitative data is collected it is analyzed and new, emerging themes are identified. These new themes help to uncover more accurately the life experiences, belief systems, and practices of a person or group and these themes can be used to identify barriers as well as culturally appropriate solutions or modifications.

Members of a particular cultural group have first hand knowledge of their experience and that information is critical to creating culturally competent community-based research designs and projects that will address the needs, barriers, and concerns that are pertinent to the particular group. By involving community members in the formative stages of research design, researchers initiate the trust-building process needed to successfully recruit and retain participants (Diaz & Huebner, in press). Trust is gained by being visible, consistent, and committed. From its inception, the researcher should “give” to the community. One method is to conduct focus groups where potential participant voices are heard and can, through the research, effect positive change in the future for their community. Research teams as well as medical providers who have been trained in cultural competency are more likely to communicate effectively with their patient/participant thereby ensuring more accurate data collection as well as improving patient health outcomes. Part of improving cultural competency is the ability to self-assess individual, group, and organizational biases and cultural beliefs that contribute to the cultural differences between patient/provider and/or researcher/participant. These differences must be respected, acknowledged, and, as much as possible, incorporated into the research design and/or clinical engagement.

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Deconstructing “Terrorism” . . .
Implications for Community Research and Action

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Each age is left to grapple with specific problems and issues that are unique to that age, posed by the particular crises that characterize it. In 1932, Einstein had put forth a very pithy question to Freud, “Why war?” Perhaps the time has now come for us to ask, “Why ‘terrorism’?” Moving beyond the construction of “terrorism” as an act of political violence, it is also possible to look at the human bases of “terrorism,” reflections on human nature gone astray and the social and cultural context in which this can happen (Varvin & Vamik, 2003). The act of “terrorism” cannot be construed in simple moral terms. Seized though we are by this form of violence, at the same time we also need to see how war against “terrorism” is a metaphorical absurdity.

My work on “terrorism” began in 2004 with my master’s thesis titled Hidden Selves and Untold Stories . . . An Exploration into the Inner World of the “Terrorist.” This work traced the narratives of five young people who were on trial for their affiliation with a “terrorist” organization called Achik National Vocational Council, active in the north-eastern region of India. This group employs violence as a means of demanding a separate State for their own people, the Garos. My initial questions were focused primarily on the nuances of the inner realms of the person who comes to be labeled as the “terrorist.” However the course of the study exposed serious gaps between the definitions/explanations of terrorism and the experience that my participants articulated. Most of the existing definitions of the term “terrorism” are problematic because they are framed in the notion of the pejorative; “terrorism” is cast as immoral and persuades observers to adopt the definer’s point of view. Thus these definitions invite the criticism that they benefit existing systems of power, both within nations and in an international context, since they allow those who represent the status quo to decide when violence is “terrorism” (Stout, 2002).

Juxtaposing the different stories provided a sense of the social logic within which these individual narratives were embedded. A close encounter with people who have come to bear the label of the “terrorist” in the course of this work raised some critical issues. First, the study pointed towards larger anomalies in the community that legitimize youth violence as a means of protesting against their conditions. This has important implications for conflict resolution. Besieged by violence that gets labeled as “ter-

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1 The terms “terrorism” and “terrorist” have been used as labels by the State and hence always appear in quotes.

rorism,” we need to consider that the dichotomous picture (us-them; victim-victimizer; terrorist-State) often presented is a mis-
nomer. In a community characterized by gross socio-economic disparities, failure of a dialogic process between the terrorist
group and the State is not surprising. This is so because there is a deeply embedded ethos of victim in the entire community. In a
way, taking on the collective identity of the victim places these people in the role of someone wronged who deserves justice;
this allows for a self-righteous perspective that can eventually rationalize unjust and violent treatment of others identified as the
perpetrator of their victimization (Varvin & Vamik, 2003).

These insights facilitated a conscious and meaningful initiation into community research and action as I grappled with the emerging issues. The findings of the previous study challenge the mythic power of the term “terrorism.” It serves to situate the person who comes to be labeled as a “terrorist” in a specific historical and sociopolitical context. It points to the tri-
als and tribulations that each person has to confront in the face of a stifling socio-political milieu. Any form of intervention or conflict resolution thus has to address the concerns of the com-

munity by entering into a dialogic process. The question is: What would a dialogic engagement look like in these contexts? It ap-

pears that we have to be cautious that we do not resort to some form of social control even as we try to engage in research as an eman-
cipatory exercise. Each group cultivates its own sense of freedom, which is the reason why one people rarely understand what makes another person feel free. How do we always make sure that the ideal of empowerment in community psychology—to enhance the possibilities for people to control their lives—is not compromised?

Thus, the deconstruction of the term “terrorism” indicates that it is merely a label imposed by the State and has no meaningful representation in the minds of the people who bear the label. This finding has implications for similar sporadic conflicts across the globe. It alerts us to delve into subtle or overt ways in which communities have been historically oppressed. The gaps in the language and the experience of people indicate that the language of constitution is extremely crucial. For in-

stance, as psychologists when we articulate what is “disordered,” “pathological,” “degenerate” about an individual/community, or even when we define a “social problem,” we use a vocabulary that stresses the primacy of the pathological over “normal” or “positive.” It is interesting to note how our vocabularies of the person and situation/systems have not emerged through reflection on the normal individual, normal personality, and nor-

mal situation rather than the very notion of normality that has emerged out of a concern with what is deemed problematic or pathological.

As community psychologists, a large part of our focus is on garnering resources inherent or latent in the community. In this case, the first consideration is to what it is about a com-

munity that fails to offer stable points of reference to the youth in their surrounding terrains that leads them to routinely end up in social pockets from which it is difficult to entertain possibili-
ties of return. Working with a community with violent divisive forces operating along communal lines has important implica-
tions for community psychologists—mainly that such a research process has to be dialogic and transformative. We work in spaces

where the social, psychological and political converge. It seems inevitable that in the midst of a hierarchical world, reverberating

with several contending voices, the question posed before any researcher also demands a positioning—whose voice does a par-
ticular work represent? Therefore we need to be able to allow our participants to represent or validate their positions so that our research is not limited to academic discourses and distant theory where the lived reality of the people remains an intel-

lectual representation as conceived in the mind of the researcher. This in fact conveys the spirit of community psychology.

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Community Psychology and International Relations: Exploration of an Integrated Model for Peace

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Introduction

Related to this issue’s theme of community psychology’s role during wartime is community psychology’s role in prevent-

ing war and promoting peace. The field has much to offer in this area and can benefit from dialogue with other disciplines con-
cerned with these issues. One possible contribution is explored in this article through a theoretical analysis, highlighting the overlap between the two disciplines of community psychology and intern-

ational relations (IR) in search of fruitful areas of pursuit.

There has been a growing body of work applying psychological theory to IR and specifically, regime theory (e.g.,
Jonsson, 1993). Along with other psychologically and sociologi-

cally-oriented theories, such work is recognized as a signifi-
cant contribution and has been called, generally, “cognitivism” (Hasenclever, Mayer, & Rittberger, 2000). However, in an effort
to bridge the still wide gap separating these micro-(psychologi-

cal) and macro-(global) levels of analyses, this paper proposes the application of an ecologically oriented theory from com-

munity psychology. A more contextualized psychological per-
spective is seen as necessary toward the goal of synthesis. In addi-
tion on a more practical level, there has not been sufficient
description in IR of the dynamics involved in settings in which
globally diverse actors interact. If collaboration between state
and non-state entities is expected to have an impact, the nature
of the collaboration must be understood. Such a description,
provided by a contextualized psychological theory, can more richly explain the outcomes of cross-national activities as well as prescribe a model for enhancing relations across borders.
More specifically, the "activity setting" model within community psychology provides a useful framework to describe the psycho-social dynamics and their contexts in international activities, which has been largely overlooked in IR theories. Because a significant proportion of global interactions involve cooperation around specific issue areas, understanding the processes involved in joint productive activity and their consequences is critical. A perfect synthesis between theories does not seem likely at this point, but the exploration that follows attempts to outline the related areas that may serve as links between the two fields.

Theories of International Relations

Various schools of thought exist within the study of IR, with divergent views on the nature of global systems. Among the most prominent are liberalism, realism, constructivism, and critical theories (Karns & Mingst, 2004), which are not necessarily exclusive categories. Briefly, the realist perspective sees individuals, along with states, as motivated by self-interest and as trying to maximize their power to satisfy these interests. International activity from this point of view becomes merely an instrument to further states' interests. Proponents of constructivist view behavior as socially and culturally constructed. Values, norms, and beliefs are the key factors in international activities. Critical theories examine the role of hierarchical social structures and the dependency of disadvantaged groups. Critical theories are of many types, with each examining the inequalities inherent between specific groups.

Liberalism. Liberalism places importance on non-state actors. It is a perspective that sees humans as inherently "good" and, with the freedom to act, proponents believe that individuals will work together toward worthy goals. Extended to the international realm, it is believed that individuals and organizations from different countries will cooperate with each other for mutual benefit. Most importantly, this tradition is comprised of three elements that are also critical in a model of human activity within community psychology.

First, liberalism tends to emphasize the importance of functional relations, where actors develop through working together on substantive issues. In "A Working Peace System," Mittrany (1966) asserted that nation states are no longer a sufficient system for maintaining peace and develops the rationale for utilizing functional forms of organization; thus, the widely used term in IR theory, "functionalism," took hold. Second, while states' activities are important, liberalism also recognizes the widespread activities taking place between non-state entities. Keohane and Nye (1971; 1977), along with many other theorists, demonstrated that transnational relations beyond state and military activities constitute a major proportion of world affairs, with astonishing growth in transnational organizing. They believed that it is not enough to simply examine any politics in terms of the behavior of nations, and argue that transnational relations are a significant force in changing the relationships between governments by causing societies to become more sensitive to each other. Third, the sub-discipline concerned with regime theory emphasizes the roles of goal-directed activity and intersubjectivity.

Regime Theory: With the realization that a momentous amount of global activity was non-governmental, many began to study this phenomenon. What has emerged in the international system is what has been called "governance without government" (Mayer, Rittberger, & Zum, 1993). In the absence of a government, there may still be governance in the form of agreed upon rules with norms and expectations for behavior, but these rules are not backed by the potential use of force from a higher authority. Regime analysis examines these normative institutions as they form around specific issue areas. The commonly used definition of a regime offered by Krasner (1982) is "principles, norms, rules, and decision-making procedures around which actor expectations converge in a given issue-area."

Members of regimes have committed to complying with their agreed upon rules and norms and expect other members to comply so that progress can be made on their specific issue. However, different forms of organization exist for different regimes. Some areas may possess highly complex forms of organized activities, treaties, conferences, courts, etc., with hundreds of members, and indicate unequivocally the presence of a regime. Some areas that consist of only a few members who cannot agree on how to address an issue will not constitute a regime. A critical factor determining a regime is that there is agreement on core principals (Karns & Mingst, 2004). This allows the formation of goals and coordinated activity and provides the basis for examining regimes in terms of an activity setting model.

Activity Setting Model

The characteristics of regime activities appear analogous to those of the activity setting model. The activity setting was proposed as the appropriate basic unit of analysis in community psychology (O'Donnell, Tharp, & Wilson, 1993). It is a model that sees interaction between individuals as the basic process and places the interaction within context. From these interactions, individuals develop shared understandings and cognitions that contribute to their development. The environment must also be considered for its ability to facilitate or constrain these interactions. Similarly, transnational relations can be seen as activity settings in which individuals from different locales, organizations, or cultures interact. From these interactions, diverse actors develop shared meanings and abilities to improve their conditions. Thus, it is necessary to closely examine the characteristics of activity settings.

The basic elements of the activity setting include: (1) people, (2) positions, (3) physical environment, (4) time, (5) funds, and (6) symbols. These ingredients require careful mixing to allow optimal interactions to take place. To foster interaction in this way is critical, because interaction is the “foundational process by which cognitions are developed, skills acquired, relationships formed, goals set, and activities carried out” (O'Donnell, Tharp, & Wilson, 1993, p. 505).

The formation of relationships is another key aspect that should result from successful interaction. Positive relationships are built with the development of trust between individuals. As a consequence, individuals acquire behavioral repertoires and new social networks. These new behaviors and networks lead to participation in other activities where greater repertoires and networks are developed (O'Donnell & Tharp, 1990).

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1 Keohane and Nye (1971) define interstate interactions as interactions between governments of nation states, or conventional diplomatic activity. Transnational interactions consist of interactions across borders involving one or more non-governmental actors. Transnational relations involve “contacts, coalitions, and interactions across state boundaries that are not controlled by the central foreign policy organs of governments” (p. xi).
Another integral component of the activity setting is the presence of a common goal. An agreed upon goal directs activity in a coordinated fashion where cooperation and interaction is necessary. O’Donnell, Tharp, & Wilson (1993) refer to this as joint productive activity. Joint productive activity should involve people who have more expertise in a given area to enable the advancement of those less developed in that area (O’Donnell & Tharp, 1990). The “expert” helps the learner to acquire knowledge and skills in the zone of proximal development (Vygotsky, 1978) until the learner has mastered them. Ideally though, joint productive activity would not only involve one party assisting the other party. All parties have something to contribute to the activity in the form of offering assistance to another. When all parties both assist and are assisted the greatest amount of development takes place. This reciprocal participation is the ideal form of joint productive activity (O’Donnell & Tharp, 1990).

Last but not least, through these interactive processes, the individuals involved develop intersubjectivity, or shared meanings and perceptions about the world. Intersubjectivity represents a significant step in the process, as O’Donnell, Tharp, & Wilson (1993) note:

To the degree that intersubjectivity is present, values and goals are more alike, more cooperation is possible, and greater harmony and partnership exist at some level. This intersubjective dimension of joint activity serves as a reward to its members and motivates their continued participation. Over time, the productivity of a group, a community, or a nation will rise and fall with their degree of intersubjectivity. (p. 506)

Many of the characteristics of activity settings mentioned briefly here can be compared to the qualities of the activities of regimes. A fundamental difference between these two areas of study is that the activity setting model is an “asset” model of community intervention and development (O’Donnell, Tharp, & Wilson, 1993), while literature on regimes has mainly focused on describing the phenomena as it exists. However, several features have been discussed which provide links between the activity setting model and regime activities, providing interesting empirical and practical implications.

A Synthesis

Interaction and relationships. It was mentioned that interaction is the central component of activity settings. For regimes as well, interaction has been argued to be an essential factor in their success. Skjelsbaek (1971), in examining how the development of non-governmental organizations (NGOs) have contributed to peace, offers one possible explanation that NGOs facilitate positive interactions across borders. Relationships are established through these positive interactions, which also require the development of trust. Jonsson (1993) further explored the role of trust in transforming conflict into cooperation within regimes. Thus, building relationships based on positive interactions as prescribed by the activity setting model appears to be an important aspect for the success of regime activities as well.

Joint productive activity. Activity directed towards a common goal is another feature that both the activity setting model and regimes have in common. A goal provides the motivation for cooperative interaction and the building of relationships within activities in general. Regimes, by definition, are clearly consistent with this framework, as regime members are involved in working to resolve specific issues. Joint productive activity is also enhanced when members are involved who are more expert and can assist in the development of other members. Regimes also reflect this pattern, as epistemic communities, or communities of experts in a specific area, are often involved in the activities.

Reciprocal participation. In the activity setting model, reciprocal participation is the ideal, where all parties are able to assist each other in different areas. Jonsson (1993) acknowledged the presence of mutual learning in regimes in his analysis of regime change, and stated, “mutual learning through interaction is what may illicit regime change” (p. 217). Although it is probable that powerful nations or organizations with more resources and knowledge will be more likely to provide assistance, to the extent that all actors can be involved in some kind of joint productive activity, mutually beneficial outcomes appear more likely.

Intersubjectivity. Besides the practical goal towards which the activity is directed, intersubjectivity may be perceived as the ultimate goal in terms of development. O’Donnell and Tharp (1990) state, “individuals come to share ‘planes of consciousness,’ higher order mental processes, and systems of value and meaning” (p. 258). Similarly, Keohane and Nye (1971) stated that transnational relations and organizations develop their own myths, symbols, and norms, which result in changes in attitudes, perceptions, and beliefs, and subsequently state policies. While success in regimes depends on shared perceptions of the problem, or common metaphors, reaching intersubjectivity is a greater challenge for participants of vastly different backgrounds (Jonsson, 1993). Despite these challenges, Field (1971) perceived that shared cultures develop as the world begins to shrink. Many areas can develop two levels of culture, one global and one local, national, or provincial.

The combined model, then, would suggest that arranging people, positions, the physical environment, time, funds, and symbols to foster successful interaction within regime activities will lead to positive outcomes. Interaction that should be facilitated will be directed toward a common goal with mutual assistance and learning taking place. Building trust and relationships should also be of central concern. Ultimately, shared perceptions and norms should emerge, where members agree on the issues and how to address them. Based on these assumptions, future research and practice may benefit from exploring the possibility of framing regime activities with concepts from the activity setting model.

Future Directions

The study of international relations can be enriched by theories of community psychology. Similarly, community psychology’s scope can be expanded by concerning itself even more with global issues and fulfilling Marsella’s (1998) vision of a “global-community psychology.” In other words, each discipline has much to offer to the other.
Roesch & Carr (2000) also elaborated on how the broader field of psychology, as well as community psychology, can be merged with the international community. The authors maintain that international development, peace, and community psychology are interconnected. Assuming the definition of peace that is not limited only to the absence of war, but that endorses a minimal threat of war along with addressing such issues as equality, interdependence, economic fairness, and justice, community psychology is at the front lines of tackling the issues necessary for peace. The theories and principles of social change utilized by community psychologists are well suited to the development of peace in the world.

Because many people perceive peace to be an overly complex and impossible goal, these authors argue that other more conceivable paths to peace must be focused on. Citizen involvement can be possible when strategies for peace are reframed in terms of social issues, an area in which community psychology has much to contribute. This focus on substantive issues that Roesch and Carr advocate is in agreement with the theories discussed in this paper.

Community psychology has a number of other strengths to bring to world issues. Advancing the concept of empowerment, if linked with a “shared humanity” perspective, can promote empowerment of groups throughout the world. Community psychologists can also contribute to educating others on psychological theories related to peace and conflict resolution, and participate in grassroots movements and international interventions, to name a few.

Among these various strategies, a more modest contribution was attempted in this paper. An integration of theories between these two seemingly divergent realms can be a starting point for future research and practice. The enormity and pace of global changes today also demand that successful strategies be implemented to guide the world in positive directions. Psychology and, especially, community psychology have a wealth of resources to offer toward this effort, and it is hoped that this analysis can be one of many valuable contributions.

References

Liberation through Art: Women Creating Safe and Just Communities

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The following essay was written in the context of a community psychology course entitled, Women Creating Safe and Just Communities. In this course we explored the potential of art and cultural work to encourage safe and just communities for women and other groups who experience oppression, violence and the resultant trauma. We, the students working together as partners with members of the community, co-created works of art in a project called: Repairing the Social Fabric. For this project both partners destroyed a piece of fabric in a way symbolic of some “hurt” done to themselves or a group with which they were connected. Partners then traded fabrics and “fixed” each other’s fabrics. We wrote both about the process of destroying or ruining the fabric and about the process of fixing it. Many of the hurts spoken of were related to intimate and/or societal violence. The final ceremony enacted the core val-
ues of community psychology, for it was a safe, supportive setting for expression of how we all in some way have suffered from a culture of violence, oppression, and cruelty, and how we all dream of a different way of living within community. Our project was one of many our professor Anne Mulvey has brought to being through collaboration with her students and with community members. As she herself describes the power and possibility of this type of project: “creative expression in small supportive settings has created literal and figurative space for individual and collective experiences of transformation and community” (2005, p. 32).

In envisioning transformation we confront that which we wish to abolish: the ills of society which are based in maintaining unequal access to power and life-sustaining resources through the use of violence. In confronting this we also confront the terrible relationship of intimate and societal violence. Kathryn Temple (2004), in her work as an artist, community activist, and advocate for battered refugees and immigrant workers, has been able to see and articulate this relationship. She describes hearing, in training sessions for work in domestic violence shelters, the question (asked about the battered woman in relation to her situation): “Why doesn’t she just leave?” After answering the question, Temple makes the vital point about the question itself: that it “reflects how deeply colonized our thinking is” (p. 127).

Psychologically, the ideas behind the behaviors which themselves create society, community, are part of a system. They systematically create and recreate the conditions, even cruel ones, in which, among other things, whatever dominant group exists remains dominant and justifies this dominance. As Elizabeth Thomas and Julian Rappaport (1996) note in “Art as Community Narrative: A Resource for Social Change,” one of the few articles discussing the importance and power of the arts and cultural expression for the field: “Ironically, dominant cultural narratives are usually believed by those who both benefit from and are hurt by them” (p. 139). They go on to say that there are alternatives to the dominant cultural narratives, giving descriptions of how mutual self-help organizations, religious communities, neighborhood, and ethnic and grassroots organizations can provide these alternative narratives.

However, we must face the fact that dominant narratives abound and enjoy a kind of hegemony in popular culture and therefore in our common social psyches. This is due to the fact that they are repeated throughout our lives beginning in our earliest childhood as popular stories and “once the stories are indexed in our memory, they function in ways similar to the ways our own experiences, also indexed in our memory, function” (Thomas & Rappaport, 1996, p. 319 emphasis mine). While the dominant narratives create a psychological reality for us, even when at times toxic and delusional, the experiences of our lives are present alongside the narratives as “indexes.” They are a potential source for stories as well. I believe, as Thomas & Rappaport do, that it is the task for us, along with others seeking to build a safe and just community, to “[f]ind ways to give voice to stories that not only challenge the dominant cultural narrative but also celebrate the community members’ own construction of reality . . . .” (p. 320). Art can facilitate the “bringing up” of experiences and feelings about them in ways traditional social service provision or educational programs often cannot. Oppressed community members can use their own experiences (true memory) to create stories about and for themselves. This means making art accessible as a tool for change.

Making art accessible as a tool for change entails enormous risks for all involved in this undertaking. Belenky, Bond and Weinstock (1997) point out that Jane Sapp, a nationally recognized cultural worker, has used arts and cultural work to create “a model of how you build communities and schools where people feel included and respected . . . .” (p. 249). Belenky et al. quote Sapp’s comment on this process: “When people latch on to models for living that they have created out of their own visions they are willing to change their lives. When the life becomes one with the vision it is very dangerous to the entrenched power structure” (1997, p. 250).

Kathryn Temple (2004) describes the horrors of backlashes against victims speaking up against entrenched power structures when making their lives one with their vision in the massacres committed by the El Salvadorian and Guatemalan military regimes. Describing parallels between intimate violence and state sponsored violence, she illustrates that military repression is basically the same process serving the same purpose as the abuse performed by a batterer on his victim. Thus the answer to “why doesn’t she just leave?” is that there is no just about it: “Women often don’t leave because they know there is a good chance they will be killed” (Temple, 2004, p. 126).

Yet still the creative works are made, and must be made. Temple herself painted the story of the massacre. She also participated in a non-violent protest against the School of the Americas, the military training school where, contrary to American ideals of democracy, dictators such as those who order the El Mozote massacre learn techniques of brutal repression. At her sentencing hearing for trespassing, Temple showed the child’s toy she made as part of the El Mozote (massacre) body of paintings and explained it to the judge sentencing her. This caused the judge to be “visibly moved” (p. 147). Temple allows that creating art is but one tactic among many, but it is a viable manner to resist an oppressive status quo and envision and create an alternative. The stories of all our lives are always already there in our memories. Using the arts when we reach out to the community can be the way to explore ways that both our individual and collective psyches are not colonized. Art is a way we can enact and embody liberation. What will be liberated will be our visions of safe and just communities.

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References


THE COMMUNITY PRACTITIONER with
THE EDUCATION CONNECTION—

Defining Core Competencies for Practicing Community Psychology

“Education Connection” is edited by Jim Dalton & Maurice Elias and “The Community Practitioner” is edited by Dave Julian.

We are happy to co-sponsor Kelly Hazel’s, “Infusing Practice into Community Psychology Graduate Education.” Building on her recent Education Connection column regarding trends in graduate training (“Are Opportunities for Graduate Training in Community Research and Action Diminishing?” The Community Psychologist, 39(4), pp. 19-25), Kelly now calls for increased systematic integration of the practice of community psychology and community research and action into graduate training. Hopefully Kelly’s perspective will spark a multi-sided discussion of these issues; especially in the upcoming first-ever Summit on Transforming Community Psychology Practice and elsewhere at the 2007 Biennial.

Infusing Practice into Community Psychology Graduate Education

~Kelly L. Hazel, Metropolitan State University

When the field of community psychology was envisioned, the pioneers at Swamspcott recognized the importance of practice. Indeed, the whole effort was organized to identify how to train mental health practitioners who would be working in the community, as compared to clinical settings (Bennett, Anderson, Cooper, Hassol, Klein, & Rosenblum, 1966). Swamspcott participants included practitioners and academics who understood the critical importance of maintaining a link between practice and science. They saw the role of the community psychologist as that of a “participant-conceptualizer” (p. 7), a person who was “involved in” and a “mover of community processes” and who also was able to conceptualize those processes within the framework of social scientific knowledge. The founders of community psychology placed great emphasis on the need to overcome the dichotomy between the academy (i.e., the University) and community. They argued that processes and “bridging positions” needed to be developed so that students, teachers, and practitioners could flexibly move between the academy and the community. More specifically, Bennett et al. (1966) advised that: “The mission, competence, and orientation of each side must be respected . . . field people uniquely experience the community as a richly complex on-going . . . system, while university people . . . bring a questioning broad-gauge research attitude . . . a meaningful integration of these two sets of strengths is crucial for successful program development” (p. 19).

In the following years, the new field of community psychology grew beyond its initial roots in community mental health, developed its own theory and scientific base, and has now clearly distinguished itself from its parent field of clinical psychology. Today, community psychologists can be found in a variety of academic and community settings addressing issues that span the spectrum of societal issues. Yet, the roster of members of the Society for Community Research and Action is filled with those whose professional home is the academy. Those whose practice is primarily in the community have not been as active in the ongoing activities of our professional association or in the training of future community psychologists (Hazel, Meissens, Snell–Johns, & Wolff, 2006). Academic and nonacademic respondents to a 1984 survey of Division 27 membership recommended that the Division better integrate professionals in applied and academic settings (Elias, Dalton, Franco, & Howe, 1984). That same year, Jim Kelly (1984) wrote:

Both the academic and the professional community psychologist have resources, which when combined, are needed to stimulate the development of paradigms and the field as a whole. I am assuming that the creation of social settings will make the resources of each group available to the other and will stimulate positive accommodations between the academic and the professional community psychologist. (p. 314)

Despite these recommendations from current and past leaders of community psychology, the applied and academic divide continues to exist. The bridges suggested by the founders and social settings suggested by Jim Kelly have not been created within our profession.

Perhaps today’s situation can best be understood by the importance the founders placed on conceptualization. As they saw it, the problems of community mental health required research and that the community psychologist be a research psychologist (Bennett et al., 1966). Yet, at that time, psychology was primarily a laboratory science. New research methods were called for as well as the adaptation and adoption of research models from other community oriented social and health sciences. As the new “community psychologists” struggled to establish the field’s position within the dominant paradigm, the emphasis shifted from training community mental health practitioners to developing the field of community psychology as a respected scientific and theoretical perspective within psychology. Those in the academy were rightly placed for the task of developing our science, including the development of theory (sense of community, prevention, stress and coping, social support, empowerment, etc.) and new means of pursuing science (participatory action research, experimental social innovation and dissemination, qualitative enquiry, empowerment evaluation, etc.). Over the past 40 years, we have established the primacy of prevention and the importance of empowerment as a means to address today’s social ills. Our action science orientation has influenced prevention practice in mental health, school, medical, community, and public health settings. Our scientific and theoretical literature is well cited across the disciplines (at least that is what I like to believe).
Yet, our emphasis on our science may have hampered the development of community psychology as a respected profession in the community, separate from community mental health. Today, our graduate programs heavily emphasize theory and the practice of our science, the skills and knowledge that are required by the academy to be successful. This emphasis has been effective in that the number of training programs over the years has steadily increased as those trained in community psychology have gone on to support and start new training programs across the country and the world (Hazel, 2006). However, our field is not growing at a rate comparable to other fields both within and outside of psychology. For example, our sister field of clinical psychology has grown tremendously over the last 50 years, not because of those who are in academia, but because of the thousands of practitioners in clinics and private practice. So too, school and industrial/organizational psychology have burgeoned because of visible career paths available outside of academia. In public health, community education is one of the fastest growing subfields, with the Masters degree being the lead practitioner degree. A similar pattern can be observed in the field of Social Work. Graduate training in all of these fields is heavily focused on developing the skills and tools necessary for practice in the appropriate settings, as well as the science.

What about our graduate programs? Do we value community practice as much as our science? At the 2005 Biennial, a number of students talked about their desire to work in the community and recognized that they needed their training programs to focus more on helping them to develop the skills and knowledge they would need to be community-based practitioners. They lamented that their training programs do not provide them with the opportunities to develop those skills. Further, many of those who have chosen the community as their place of practice have felt ostracized and undervalued by the profession (Hazel et al., 2006; Wolff & Swift, 2005). I personally have talked with a number of my contemporaries and heard stories of how their professors ignored them after they said they did not want to pursue an academic career and other ways in which they felt unsupported in their community-based career choice. Many community psychologists have disappeared from our professional association and its meetings, leaving few mentors for those who want to apply their training primarily in community settings.

The very fact that the most often heard questions from potential students are—“What do community psychologists do?” and “Can I get a job with a degree in community psychology?”—indicates we have not properly educated ourselves to proudly work in the community as community psychologists. Although a number of us are out there, our profession continues to be invisible to the community at large and to potential employers. Students who attended the Austin conference on training in community psychology (Meyer, 1977) noted that the issue of employment was one that went unresolved at that conference. Students had experienced difficulties in “uncovering the job openings” and faced the problem of “selling themselves, as psychologists, into jobs viewed by the employer as roles for business graduates, social workers, or other professionals” (p. 281). Unfortunately, that issue remains unresolved almost 30 years later.

When we think about community psychology practice (separate from community mental health counseling or clinical work), what readily comes to mind are the words: action research, community-based participatory research, and research within intervention (Serrano-Garcia, 1994), as well as various strategies of evaluating the efficacy of interventions, such as empowerment evaluation.1 All of these are important and part of both our science and our practice. These are the things we do well, for the most part, and have successfully incorporated into our professional identity as community psychologists. For some, the link between our science and how we apply our science in communities—whether it is evaluating the impact of new initiatives or the effectiveness of prevention programs—is as far as the thinking about practice has gone. For many of us, in part because we are bound to academic settings, our research and our teaching is our practice.

However, community psychology practice is so much more. If we take a moment to examine the implications of the definition of community psychology proposed by Julian (2006), “to strengthen the capacity of communities to meet the needs of constituents and help them to realize their dreams in order to promote well-being, social justice, economic equity and self-determination through systems, organizational and/or individual change . . . ” (p. 68) we see that a major focus of our practice would be in helping communities create change. To do this, a community psychologist needs skills and tools to build collaborative relationships with community members and organizations and to facilitate processes that help move communities from apathy to “readiness” for change so that individuals can begin to address the salient issues impacting their communities. Not surprisingly, many of the skills required are the same ones that are required in conducting action research and community-based participatory research. Yet, these skills are rarely, if ever, explicitly made a part of our graduate education. As Jim Kelly (2006) noted in his commentary, gaining entry into a community and listening to the community (rather than talking at them) requires both commitment and skills. I believe our students have the commitment; what they need is educational processes that will provide them with the skills and opportunities to practice such skills in an arena in which they are encouraged to actively reflect on their experiences.

Ultimately, our graduate training programs must begin to acknowledge the importance of teaching practice skills along with research skills. We cannot assume that students will learn these “on the job” or by observing their mentors. Our students will require skills and tools that will help them to work effectively in collaboration with communities as they identify and make decisions regarding action strategies, develop leadership, and mobilize resources to carry out their intended change strategies. They will need knowledge, skills, and tools so that they can provide technical assistance to communities that are trying to implement new strategies or that desire to adopt and/or adapt an effective intervention from another

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1 David Chavis, in a personal correspondence, reminded me that these approaches are not unique to community psychology and encourages us to remember Seymour Sarason’s vision for a greater emphasis on the psychological sense of community and all that a science of community could bring to a practice of community change. I agree with David. Part of the frustration many of us feel when working with communities is we have very little of our science and theory to inform our practice of how best to work with those communities. We have not sufficiently developed our theory base or our science as it relates to the psychology of community.
setting. And then, once the innovation has been implemented, they will need skills and knowledge that will help communities nurture innovations beyond the pilot stage, assuming they are effective, or to modify them if they are not. So many innovative programs never move beyond their initial “pilot” projects (Schorr & Schorr, 1988), due in part to the emphasis placed on the evaluation research and a lack of attention to the practice of community change and innovation sustainability. In addition, if our goal is to work with communities to create change, our students will also need the knowledge, skills, and tools to aid in the dissemination and diffusion of the innovation to form new social regularities (Seidman, 1988). These are just a few of the areas in which skills and tools related to the process of community change (not just the evaluation of that change) will be required of community psychologists.

Raymond Scott (2007) has suggested a core set of competencies for us to reflect and build upon. These competencies include advocacy, capacity building, collaboration, consultation, cross-cultural communication, group process, and program development skills to name just a few. How many of our graduate programs directly address these skills and competencies, not only the theory but also the nuts and bolts and the reflective process intimately connected to the successful implementation of such skills? We have the theoretical and value framework to be of service to communities. We need to capitalize on our strengths and build a more complete set of practice skills into our graduate training programs.

At the First International Conference on Community Research and Action in Puerto Rico (June, 2006), a series of sessions were held to discuss the relevance and importance of community psychology practice to the field of community psychology. Practitioners, academics, students, and professionals from across the globe attended these sessions. The purpose of these sessions was to direct attention to and stimulate interest in community practice. These brainstorming sessions centered on three primary issues: (1) determining a definition of community psychology practice, (2) identifying the competencies community psychologists should have, and (3) determining how to better infuse community psychology practice into our graduate training programs. The results of the first two discussions have been subsequently published in the “Community Practitioner” by David Julian (2006) and Raymond Scott (2007). This, the third in the series of reports, is concerned with graduate training, not so much the content and focus of training (see Raymond Scott’s piece for that) but the structure and process of graduate level education. I am indebted to the members of our Society and others who attended these sessions. Much of the content that follows is stimulated by their ideas, experiences, and passions as well as my own.

In order to better serve our communities and students who desire community-based careers, our graduate programs will need to consider changes in multiple areas, including student recruitment and selection, instructors, community collaborations, learning strategies, reward structure, program location, and continuing education.

**Student Recruitment and Selection**

Students are our first resource in any program, without them our programs do not survive. We must do a better job at recruiting students whose interest is in community practice. Then, we must fervently nurture this interest. Traditionally, graduate programs have recruited students who are fresh out of their undergraduate training with little to no community-based experience. These students relocate themselves to the community where the university is housed, attend day-time classes, are full-time students, devote the bulk of their energies to learning their new profession, and fulfill teaching and research assistantship duties as part of their education. This type of student works well for the apprenticeship model utilized by many of our training programs. As fine as these students have been, we can no longer afford to devote all of our effort to traditional education models and students. Programs are increasingly being scrutinized for productivity (i.e., numbers of incoming and graduating students) and held accountable to financial realities of institutions that are run more and more as for-profit businesses. Programs that are seen as too small, not profitable, or not productive are cut. The message is clear—to survive, programs must become more effective at recruiting students, producing graduates, and especially developing local support (such as alumni who are leaders in the community).

As coordinators of Masters programs can attest, some of the best students who can help us meet our needs are those who are already working in the community. The non-traditional student, who is generally older, often can do none of the things we expect from our traditional students. Their employment and family responsibilities barely leave time for part-time study and limit them to evening and weekend courses. They have jobs that interest them and help them provide for their families and selves, and consequently are not available to serve as our research or teaching assistants. They are often committed to remaining in their community, and therefore cannot or will not leave their families or jobs in order to pursue graduate level training elsewhere. However, the non-traditional student also has deep connections, experience with and awareness of the service system, and knowledge of problems facing the local community. Because of their setting-based knowledge and experience, these students can be an invaluable resource to the more traditional student as well as the program. They have wisdom based on experience that can be enhanced through graduate training focused on theory, research, and the development and nurturance of applied skills.

Yet, our emphasis on recruiting and training the traditional student, conducting the bulk of our courses in the academy during working hours, and preference for full-time education create barriers to the development of location-committed, community professionals. We need to identify ways in which we can more effectively recruit non-traditional students and modify our training processes to meet their needs and interests in community practice. Here is where we might learn from adult education and other community practice professions (e.g., social work and public health) whose graduate education programs are expanding exponentially, due in large part to their willingness to serve the non-traditional, location-committed adult student. For example, the role of the instructor may change from expert teacher to facilitator of knowledge exchange with the addition of community experienced, non-traditional students, depending upon the level of student expertise.

In addition to restructuring our course schedules and recruiting methods, other modifications could include assess-
ment of prior learning, giving credit for that prior learning, and advanced placement for students with relevant experience and knowledge. If our programs can appeal to non-traditional students, they may also appeal to local professionals (psychologists included) who are in need of continuing education or retooling. Opening our courses to local degree professionals who are not looking for an additional degree can increase our class size (which has both pluses and minuses), develop connections with and enhance the local service infrastructure, provide an additional experiential base to draw upon in class discussions, and serve to increase the visibility of community psychology at the local level.

**Instructional Resources**

Who should or will be the teachers of practice? Many of us come from graduate programs that did not provide us with sufficient training or expertise in community practice. Like many of our graduates, what we have learned has come through experience, not formal training. In order to effectively infuse community practice into our training models, we will have to retool or identify local experts in community practice who we can recruit to partner with us in our training programs. Jim Kelly, who has been at the forefront of contemplating and explicating the training needs of community psychologists, suggested quite a while ago that community psychologists from applied settings be equal participants in the training of future community psychologists (Kelly, 1984). He argued that settings in the academy be developed such that students and faculty learn from those who are in practice and vice versa. At the Austin conference on training in community psychology, Dorr (1977) noted:

There is a major source for continuing training that is often overlooked—the civic leaders and influential persons in one’s own community. Every community has a group of individuals who have an enormous ‘seat of the pants’ knowledge of how their community works, and these people can be valuable sources of training for young and experienced psychologists. (p. 92)

Yet, many of our training programs are in communities in which “community psychology” practitioners are scarce. Such cases challenge us to identify community-based practitioners who are trained in other fields—sociology, social work, community organizing, public health, etc.—and are doing community psychology work and recruit them to share their expertise with community psychology students.²

Many programs have established practicum and internship settings whereby students have opportunities for learning from community practitioners; however, these kinds of experiences often come much later in the training program. To infuse practice throughout the training program, community practitioners could be recruited as instructors and lecturers in courses and/or workshops much earlier in the training sequence. In addition, our programs could establish community partnerships in order to offer students first hand experience with consultation and community change. To better prepare students for their first community-based experiences, instructors would engage students in appropriate simulations, role-play, and small group exercises before delving into the community.

As I have moved my instructional approaches and course content toward an emphasis on practice, I have found it difficult to locate instructional materials. Most recently, I have had to peruse textbooks and journals from social work and public health to find appropriate literature and reading materials for my students.³ Granted, our journal, *American Journal of Community Psychology*, recently published a special issue of exemplars of community practice (Julian, Hernandez, & Hodges, 2006); our newsletter increasingly contains descriptions of our colleague’s community practice experiences; the Community Toolbox website offers many valuable resources and continues to grow; and some of our textbooks have increased their coverage of practice (e.g., Dalton, Elias, & Wandersman, 2007). But in general, we have scant instructional resources from which to draw upon as compared to other practice oriented professions. Where are our textbooks on community practice? Where are our instructional videos on practice skills and approaches to practice?

**Community Collaborations**

This brings us to the third resource available to graduate programs: the community. The best practice oriented training programs are those that have developed collaborative relationships with the local or not-so-local communities in multiple arenas, not just for research, internship, or practicum settings, but for ongoing experiential learning and teaching. For example, several graduate programs have developed community consultation centers (such as Wichita University’s Self-Help Network) in which students learn community practice skills first hand throughout their educational program. The Community Action Research Centers (the “Woods Hole” model championed by Bob Newbrough and others) offer additional hope for an emphasis on practice throughout a student’s graduate training and postdoctoral opportunities to the extent to which students are engaged in the process of community collaboration and not just the conduct of the research. So too, graduate programs need not rely solely on university owned or controlled centers. Building collaborative relationships with multiple community agencies and organizations can also provide rewarding opportunities for student training and learning. Students can also be encouraged to reach out on their own, selecting their own area of interest, initiating their own project and developing collaborative relationships with a community on an issue of mutual interest, and pursuing it to a meaningful conclusion (Carman, 1974). Such a learning experience

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² Metropolitan State University has had mixed success engaging community practitioners in the educational arena. On the success side, our students have enormously benefitted from the expertise of their teachers who make a living doing program evaluation, health promotion, community organizing, and writing grants. However, it has been difficult to maintain any one person’s employment as a community faculty member when the reward ($) is so much less for their time than they can get for that time in “the real world.”

³ I recently discovered a small paperback text by Mark Homan (1999), entitled *The Rules of the Game: Lessons from the Field of Community Change* that I currently have my first year Masters students reading. I wish I had had that book when I was in graduate school, it would have saved me a lot of frustrations.
requires considerable initiative and imagination on the part of
students, but those are qualities that are essential for success-
ful community practice. The important point here is that the
experience is monitored and the learning facilitated by ongo-
ing dialogue between the student and the educational facilita-
tor, the person who encourages and provides opportunities for
students to reflect on their experiences and learn from them.

Learning Strategies
When we break from the traditional approach to
graduate education, with its emphasis on scholarly education
of young students who will make their mark in the literature
before age 30, and the degree person as the only educator, it
becomes easier to make the next leap—the development of al-
ternative learning and teaching strategies. Of importance here,
is the idea of process. A practice oriented education focuses not
just on content, but also on process, the process of practice as
well as the process of learning. Programs that embrace the idea
of educating future community psychology practitioners will
need to develop models of education that facilitate the learning
of and reflection on process. As such, the role of the faculty
member may need to change from one of expert teacher to one
of coordinator of multiple experiential learning opportunities
and facilitator/guide of the reflective learning process. One
specific example of experiential learning suggested by confer-
ence participants was one in which students learn about group
dynamics by observing, participating in, and reflecting on their
participation in a group building experience that is based in the
community. Another example would be a series of group and/or
individual community practice oriented experiences combined
with multiple opportunities for guided reflection.

Everything we do need not lead to specific doctoral
or masters degrees. Increasing our visibility in the com-
mmunity may best be served by offering certificate programs and
other non-degree oriented options that are skill specific or
community practice in orientation. These can enhance com-
mmunity visibility of our graduate programs, help to develop
community capacity, and provide opportunities for recruiting
future degree-oriented students. Graduate programs that desire
to be effective in training community practitioners should also
consider developing more flexible, alternative learning strate-
gies, such as independent study, apprenticeships, weekend or
week-long intensives, and community immersion/laboratory
experiences that are facilitated by community-based practitio-
ners in collaboration with university based educators. Distance
learning methods fit here as well. So many potential students
are unable to relocate themselves and their families to pursue
graduate education. Many professional degrees are now offered
by on-line universities and programs, why not community psy-
chology? Our graduate programs could develop the capacity to
provide internet-based learning combined with the more tradi-
tional classroom experiences. With new technologies, oppor-
tunities for students to learn from educators and professionals
across the globe, utilizing audio-and video-conferencing, and/or
Internet based training are more real today than they ever were.

Reward Structure and Program Location
Many of the changes suggested above will require a
significant rethink of the academic reward system, especial-
ly in departments of psychology. Our definition of scholarship
will by necessity need to be redefined to include products re-
sulting from our community collaborations, and our mentorship
of future practitioners. We may find that we need to develop
our own professional training centers separate from the more
tradition bound academic psychology departments. Indeed,
several community psychology programs have already broken
away from their psychology roots in order to have a more in-
terdisciplinary focus in their programs (Hazel, 2006). Further,
many of these changes are already occurring in other profes-
sional training programs. Business, Social Work, and Public
Health are all getting into the alternative learning game, devel-
oping their capacity to provide distance learning and Internet
based programs. As Universities become increasingly squeezed
for dollars, there will be increased incentives to develop gradu-
ate and professional training models that reach larger numbers
of students. The rapid development of Internet and communi-
cation technologies will further encourage us to develop more
innovative means of training future professionals.

Continuing Education
A profession cannot be sustained without continuing
education. Participants of the Austin conference on training
(Iscoe, Bloom, & Spielberger, 1977) readily recognized the
importance of continuing education and offered many sugges-
tions, few of which were ever implemented. Some of these in-
cluded summer workshops for both short and extended periods,
workshops at regional and national meetings, telephone con-
sultation, and a system of training modules, all of which would
use procedures that foster skill development. Our universities
and professional programs, in collaboration with their commu-
nity-based partners and instructors, could become key sources
of continuing education for the profession. Post-doctoral train-
ing opportunities in specific intervention skills or models of
practice could be developed that would bring together prac-
titioners from around the world for dialogue and exchange.
Envision with me for a moment, a summer institute devoted to
building community practice skills and knowledge, or a series
of weekend retreats for community practitioners to exchange
practice skills and tools, or even a Community Psychology
Practice CRUISE!

The Society for Community Research and Action
(SCRA) and the Council of Education Programs should be
called upon to provide the leadership to make community
psychology practice a reality not only in the academy, but
also in the community, with all the attention to professional
development and support it entails. The Council of Education
Programs should provide the leadership in further developing
training competencies and educational outcomes for commu-
nity practice as well as provide opportunities for continued
dialogue among educators and practitioners on models and
methods of practice oriented professional training. In order to
better support the continued professional development of com-
nunity-based practitioners, SCRA should develop a network
of continuing education opportunities in community practice,
such as the ones noted above (especially the CRUISE!) and op-
opportunities for skills based learning at our conferences.
Conclusion

Many of the ideas shared in this article for how we can make our graduate programs more welcoming and accessible to students who have an interest in community psychology practice are not new. Colleges and universities throughout the country have begun to recognize the value of establishing more flexible means of delivering educational programs. If we are willing to move beyond the idea of a community psychologist as primarily scholar in order to implement the reality of community psychologist as a participant-conceptualizer and community change agent, we should entertain the notion that our current ways of recruiting and educating students will need to be examined for their efficacy and perhaps changed. What potentially effective community change agents are we missing because our programs are inaccessible to local (and not so local) adult students from the very communities in which we do our work? What wisdom and knowledge are our students not getting because we have not established bridges and settings that link our educational programs with the wisdom and talent of community-based practitioners? How better prepared and more competent will our students be when we fully incorporate practice into our curriculum, and how much richer will our profession be when we as a Society fully support their efforts?

My vision, and the vision of my colleagues in the Practice Task Force is one in which the profession of community psychology is visible in the community, not just the academy. Where one day, inquiring students will no longer have to ask “Can I get a job with this degree?” and “What is community psychology?” Developing our presence in the community requires that we change not only how we see our profession, but also how we train the future “movers and shakers” of our profession. We must come to an agreement on what we mean by community practice and continue to develop the core competencies identified in previous articles published by the Practice Task Force (Julian, 2006; Scott, 2007). Our graduate programs must clarify which of the core practice based competencies their students can expect to acquire and develop educational strategies to enhance student attainment of the skills and knowledge associated with those competencies. We need to identify and develop effective learning strategies and alternative learning environments that foster proficiency in the process of community/organizational/setting change. We need to identify new and innovative settings for community psychology internships and practicum experiences. Those of us in the academy need to build bridges with our colleagues in the community so that our students may have appropriate mentors, and our programs the means and resources to educate future community psychologists. We need to fully support our students and our colleagues in their desire and effort to be community psychologists in the community.

I vote that our future be in the community, not just the academy. Let us build those bridges; let us get out of the box.

References


Commentary on Infusing Community Psychology Graduate Education with Practice

~Patricia Garza, University of Illinois at Chicago

I believe how well our graduate training programs address the core competencies relevant to the work of a community psychologist is one of the major issues that will determine whether our field flourishes or not in the future. My experience is that community psychology attracts socially aware individuals who wish to work toward change. While such individuals may appreciate the need to learn and think about the concepts, ideologies, and theories framing our work, insufficient guidance and opportunities to experience the work of a community psychologist in the field will alienate those who have the potential to carry the field forward.

This may further explain why those who graduate from community programs and who are interested in community practice become disconnected to professional organizations such as SCRA. As Kelly Hazel (2007) and others have suggested, the dual role of community psychologist as a participant-conceptualizer requires that our students successfully maintain ties to scholarship and the needs of local communities. This has traditionally left students with the challenge of successfully maintaining their role in the university system while simultaneously seeking opportunities in their chosen fields to develop and gain relevant experiences that will foster their growth as community psychologists.

Given these demands and training needs, it appears that a balance between academic scholarship and community practice is especially critical. Professional workshops and conferences, practica, and work with communities have the potential to address the needs of community psychologists in training, but unless these experiences are given as much credence as theses, dissertations, and publications within the academy, students will feel that their community-based experiences are secondary to their written products.

Ultimately, we, as a field, need to be explicit about our goals. As a field, do we want to have a core set of agreed upon competencies, and do we want to ensure that our students' experiences working with communities are aligned with these competencies? Is community practice a critical element of our academic programs, or are we more interested in the science of community psychology? Clearly there is room in the field for programs that fall closer to either side of the participant-conceptualizer continuum. Programs that seek to strike a balance between these goals, however, must have a clear picture of the relevant skills and competencies that constitute community practice and how training programs can be structured to adequately address these core areas. Whether programs create these learning opportunities or reward students who seek them on their own, we as a field need to be creative in fitting these goals within traditional program requirements. I believe that the work of the Practice Task Force is a fruitful step in beginning the dialogue that will help answer these questions and help guide the work of program directors.

Infusing Practice into Community Psychology Education: A Comment

~Marc B. Goldstein, Central Connecticut State University

As I read Kelly’s (Hazel, 2007) article, I found myself developing a headache from shaking my head so vigorously in agreement! She rightly points out that community psychology has largely become an academic profession, not a practice one. I suppose we should have seen it coming. Housed primarily in Colleges of Arts and Sciences, psychology departments may not be the best sites for developing skills born of rubbing shoulders in the community, rather than from quiet reflection or data analysis. Indeed, Sarason (1981) long ago pointed out the importance of context and the limitations visited upon clinical psychology when it allied with the medical profession. Kelly makes a number of useful points; I would like to comment briefly on just three.

Student Recruitment

Like Kelly, I work in a small MA program (in which community psychology is just one of several options offered) where our students tend to fall into two clusters. The first are the young, right out of undergraduate school students who see an advanced degree as a stepping-stone into a PhD or PsyD program or as an entry credential into a profession. Most of these students want to “work in the community,” by which they mean they want to be in private practice or work at a human service agency where the community will come into their office between 9:00 and 5:00. Our second (and smaller) cluster of students tend to be older, many of whom already work in the human service field. Some of these folks have aspirations similar to the other cluster, but some truly want to work in the community. Their personal or work experience has made them understand “system-level” effects at the gut level. They know where the system doesn’t work and often recognize that little improvement in the human condition will occur until the “rules of the game” have changed.

Indeed, I like to think of this subset of nontraditional students as “subversive” change agents. They are already planted in the agencies; my job is to try and assist them in changing the ways their workplaces think about and practice service delivery. For these students, the most meaningful thing I can give them is a community psychology frame of reference which allows them to conceptualize the problems they see in different ways; to see that context is crucial; and to see that even well-intentioned policies and practices can have unexpected and paradoxical effects. These students will be community psychology practitioners even if they never have that job title. We need to recruit more of these students, but their credentials often do not fit the traditional mold. They may not have good GREs or GPAs; they just have the spark. They don’t fit comfortably into our institutions, which brings me to my second point . . .

Being Separate from the Academy

I don’t think that the education of community psychologists will change dramatically as long as we are safely ensconced in the academy. As Kelly notes, some of our most effective instructors may be those in the community. I recall the struggles
I have had trying to bring in individuals who do not fit the academic mold. It’s not easy to make the case for hiring instructors with years of relevant life and work experience, but who do not have a graduate level degree and have never published a journal article. It may be easier to integrate such individuals into instruction through Certificate programs run through the Office of Continuing Education or via outside organizations.

**Distance Education**

I have taught online courses and conducted research regarding online education. I am enthusiastic about its potential for community psychology. My experience with this suggests several things: (1) teaching an effective online course is harder and more time consuming than teaching an effective on-ground class, (2) online education is best suited for older, more motivated individuals, and (3) there is a need for an on-ground component. Online education done through the auspices of a Continuing Education program or an outside organization may be an effective way to train some potential community psychology practitioners.

All in all, Kelly has articulately identified the challenges for educating students for community psychology practice. I am hopeful that the field can move in this direction and we will truly be a Society for Community Research and Action (Practice).

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**Reference**


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**The Waikato Experience**

~Neville Robertson, University of Waikato

Kelly Hazel (2007) has provided a compelling case for community psychology training programmes to focus on preparing students for practice. While we cannot claim to have always done this as well as we might, preparing students for careers as practitioners has always been the raison d’être for the community psychology programme at the University of Waikato. Unless we could demonstrate that our graduates could get employment and make useful contributions to New Zealand communities, we were never likely to be able to recruit students.

Our practice focus was born of necessity and reflected our origins. That is, while the term community psychology may have been coined in the United States in the 1960’s, community psychology here owes much to local, earlier traditions in which applied work and community intervention were prominent. Particularly important was the influence of Earnest Beaglehole, Professor of Psychology at Victoria University of Wellington, and his student, James Ritchie, who in 1964 became the Foundation Professor of Psychology at the University of Waikato. Both men advocated that psychology pay attention to practical applications to enhance the social and material conditions of community life, which are, at least in part, determinative of health and well-being. Other factors have helped maintain our practice focus. From its establishment by David Thomas, another former Beaglehole student, the program has fostered close relationships with local community organizations. These relationships are symbiotic. The NGOs benefit from the work of our students who conduct needs assessments, small evaluations and other tasks for them—and our students benefit from the practical experience gained. Indeed, our programme has students getting experience in community settings right from the beginning, increasing year by year until their final internship year. As well as providing a smoother transition from university to the workforce, we believe that the practical experience of our students gives them an edge in competing for jobs in the labor market.

As a way of maintaining our links with the community—and of enhancing our ability to support the development of students’ practice skills—we appoint practitioners as Associates of the program. Associates take part in selecting students, provide guest lectures, participate in on-line discussion forums (which they can do from anywhere in the world), act as examiners in practice-relevant oral examinations, supervise students on placements, and provide advice to academic staff on program development. They do all of this without remuneration, but appreciate the status and the access to university resources (particularly the library) that are linked to their appointment.

A concern with practice informs our selection policy. Three broad criteria are used: academic ability, personal qualities, and community experience or interests. While academic ability is important, it does not take precedent over the other two factors. Instead, we treat academic ability as a threshold criterion; we want to ensure that our students have the ability to succeed in graduate school but so long as they reach that threshold, we pay more attention to the other criteria than to grades. We look for people with community experience. We have found that this needs to be assessed within the context of applicants’ ages: younger students cannot be expected to have accumulated as much experience as older students but they still may make excellent community psychologists. Above all, we look for people who are interested in making a difference.

Our program pays as much attention to students’ professional development as to their academic development. We have an annual cycle in which students prepare professional development plans and meet with staff to review and receive feedback on progress. This concern with professional development is underpinned by a strong emphasis on students maintaining a professional journal in which they regularly reflect on their experiences.

One further aspect of our curriculum (broadly defined) is worth comment. Kelly poses the question whether an emphasis on science has hampered the development of a greater focus on practice. To my view, that may depend on one’s view of science. One of the defining characteristics of our programme is its heavy emphasis on qualitative and process-oriented methods. This emphasis is very evident in one of our core methods classes, Evaluation Research, in which students undertake an evaluation in the community. Ethnographic methods feature prominently in the course, along with interviews, observation and document analysis. Needs assessment, formative evaluation and process evaluations are given at least equal time as the evaluation of outcomes. The course has been heavily shaped by our experience of what community organizations find useful. While there is undoubtedly a role for outcome evaluation (for which quantitative methods are often important), what community organizations mostly need is research that helps them to develop and improve
programs. Overwhelmingly, qualitative methods have a key (but not exclusive) role to play in such work. Our graduates find that a good grounding in the skills of small-scale, qualitative research is invaluable as they pursue practice-oriented careers.

Those careers are in diverse areas. Rarely, do our graduates hold positions with Psychologist in the title. Instead, they work as policy analysts, planners, service developers, health promoters, community development workers, evaluators and applied researchers. Inevitably, they find that there are gaps in their training, but on the whole, they also find that by providing several opportunities to enter a setting, build relationships, and assess needs and resources, their training has provided a sound basis upon which they can build, whatever challenges they face in their practice.

Commentary on Infusing Practice into Community Psychology Graduate Education

~Talia Master & Ayorkor Gaba
Graduate School of Applied and Professional Psychology, Rutgers University

Hazel (2007) offers a number of thought provoking perspectives regarding the infusion of practice into community psychology graduate education. As students enrolled in a clinical psychology PsyD program, we were drawn to our university for the community psychology concentration and agree with the need for greater inclusion of practice in training, yet are presented with many challenges in our quest for community psychology training. A unique aspect of our program is that it is not a community psychology program, where one graduates with a PhD or PsyD in community psychology. Rather, students in the clinical, school, and organizational psychology PsyD programs have the option of integrating a community psychology concentration into their work. This, however, simultaneously presents a number of difficulties.

Students interested in community psychology concentrations/programs in clinical programs are often presented with a unique set of challenges. Students within these programs are expected to acquire a significant number of clinical hours for the purpose of practical training and to fare competitively for internship placement at the end of their training. There is often an unspoken pressure for students to find pre-internship placements that provide direct clinical contact hours, assessment experiences, and clinical training. Within such programs, it is often difficult to find time, training, and occasionally support for activities that are not clinical and/or research based. Therefore, incoming students with a fledgling interest in community psychology may get the impression that the practice of community psychology is not a viable career option, or that they will not be able to obtain sufficient training to make it a viable career option.

With all of the requirements and demands on students’ time, training in community psychology is often the first to be sacrificed. Due to the applied framework of our program, though, there is significant potential to use it as a model for community psychology outside of a purely research setting. A slight schism, however, continues to exist. A number of the community psychology oriented professors are academics and therefore not directly involved in applied community work, leading to a model that is advocated, yet not directly illustrated, to students. In clinical psychology, this problem often is addressed by hiring a number of practicing clinicians to teach a class or two, providing the students with a professor who teaches what he/she does on a daily basis. In a parallel fashion, perhaps community psychology oriented graduate programs could hire one or two community psychology practitioners to come onto campus, teach a class or two, and model community psychology practice to students.

To address some of these unique challenges, some programs have implemented other innovative ways to integrate applied community work in a clinical program. One example of a program that integrates both clinical and community psychology is a collaboration between doctoral departments in psychology at a public research university and the guidance department at a middle school, which promotes school-family-community-based partnerships via prevention and intervention services. It was started by two community-oriented university psychology professors in conjunction with a local church and intermediate school principal. The project focuses on school-based prevention groups for at-risk students and school-based student counseling. Programming is middle-school student driven, focusing on significant concerns from students’ daily lives, in addition to tackling issues such as tolerance, academic difficulties, conflict resolution, leadership development, and the development of future goals and dreams. The project is staffed by graduate students who work with adolescents in the school and interact closely with school personnel, creating and strengthening community connections. While the program could be viewed as secondary prevention, there are distinctly clinical elements, such as individual therapy. The program differs greatly, however, from traditional clinical psychology due to the ecological and prevention focus. This particular experience masterfully addresses the graduate students’ desire to practice community psychology.

We recognize that there is a deeper philosophical issue in our attempt to specialize in both clinical and community psychology. Is it possible to integrate clinical and community psychology effectively and consequently, be fully trained in both fields? Since some areas, such as critical psychology, can be viewed as in direct opposition to clinical psychology, how could the two ever coexist within one department? While some branches of community psychology might be incongruent with clinical psychology, perhaps areas of applied community psychology can help bridge the gap between the two fields.

A focus on translating material from the class setting to the field is greatly needed. As Hazel (2007) suggests, skills in advocacy, capacity building, collaboration, consultation, cross-cultural competency, communication, group processes, and program development would be immensely useful, especially beyond the standard textbook definition, along with a movement to the more applied focus. Furthermore, state psychological associations may be a way to increase visibility of applied community psychologists, especially one with a student association that focuses on training themes and mentoring. The lack of visibility of applied community psychologists impacts students’ training and interest.
Rebels with a Just Cause? A Closer Look at Practice and Professionalism

~Roderick J. Watts, Georgia State University

Before beginning a discussion of the micro-aspects of training for community psychology practice, it would be helpful to unpack some important terms and supplement Hazel’s (2007) excellent overview of community psychology training for practice with some ideas many would view as controversial. I will begin with the terms “professional” and “practice.” Why do we use these terms, and what is their history? After all, we could simply say we are doing community “work” and that we are community workers. Yet generally we have not chosen to do so.

I submit that community psychologists want to “have their cake and eat it too” when it comes to their “professional” identity. We want to call ourselves professionals (for the sake of credibility or status?), but we also want to remain true to our rebel roots that began with a break away from the mental health establishment, as represented by clinical psychology paradigms and training.

A recent echo of this first rebellion can be seen in the decision some programs have made to make a break from psychology programs altogether; leave home, as it were, without forsaking the family name. We remain psychologists, by heritage if not by paradigm, and we insist on a professional identity even as we resist accountability for the decisions we make when we design our training programs. That is where having our cake and eating it too comes in.

This may be the time to reassess the balance between accountability and stability and their complement, freedom, and self-determination. Medicine, law, accounting, clinical psychology, and all the other old-line professions that often elicit our cynical views of accreditation must be accountable to some degree because people’s lives and livelihoods can be made or lost based on the decisions its members make. That is one reason they are regulated by the state. Quality control, a definition of the subject matter, and key competencies are a necessity for these fields.

In contrast, for community psychology, all this is mostly about visioning sessions, workshops, papers, and presentations. For me personally, trying to figure out who we are in the context of accreditation and accountability would make me stand up and take notice of this important exercise.

I recall being on the SCRA executive committee some years back and hearing someone speak some fightin’ words—even putting some ideas on paper—about an accreditation procedure for community psychology programs and some sort of specialty certification for community and/or prevention practitioners. At the time, I had mixed feelings about this and did not favor a change. The opponents raised the rebel instinct in me with their objections (I am paraphrasing here): “Community psychology must not become the wooden, guild-conscious, innovation-phobic professions that clinical psychology and medicine have become! Freedom is tantamount to the success of our young, creative and promising field!”

Practicum Training at Georgia State University

In the spirit of ecological validity and “letting the thousand flowers bloom,” rather than pushing further on the issue of true professionalization, I will discuss some major changes we made recently in how we supervise practica and document student experiences. Nonetheless, the reader should note that whatever we do or do not do is not subject to any rigorous external review. Like all community psychology programs, individualism trumps accountability to the tribe when it comes to program development.

We needed to enhance the quality of our practicum supervision. It had been inadequate in part because the annual workloads of community psychology faculty did not allow for supervision time. As a result, it did not get the attention it deserved. We discussed the matter with our Department Chair, and she agreed to allow the credit hours given for practicum to be centralized under a single faculty member who would then have this course count as part of her/his teaching load. In the past, students registered for the hours but there were no class meetings and they were graded by their individual faculty supervisors. No faculty member got credit for the supervision time. With the support of the Department Chair, I became the first person to teach the course. Under the new system, there are bi-weekly class meetings spread over the entire year that equal the in-class time for one course. Students help determine the format and structure of the course, which has the following objectives:

1. To integrate multiple intervention strategies into the practicum experience
2. To promote professional development as a community psychologist or a clinical-community psychologist
3. To ensure the practicum experience results in high quality services for the client and the client’s settings, and high-quality training experience for the student

This new course was integrated with the existing student-run “Brown Bag” seminar, an informal weekly meeting where students, faculty, and people from around the city talk about work in process or practice upcoming presentations. The Brown Bag schedule was changed from weekly to biweekly so that it alternated with the supervision course. As the first objective implies, we have a clinical as well as a community program
at Georgia State, and one hat I wear is de facto coordinator of the two independent areas in matters that affect the training of community-clinical students. The committee I chair, made up of students as well as faculty from both areas, aims to promote better integration. When a clinical colleague and I did a summer seminar on community-clinical psychology, we were surprised to discover that several doctoral community students signed up. Despite the many critiques of clinical psychology made by community psychologists, community students wanted to learn more about what clinical psychology might have to offer. Many students had seen mental health issues come up in their community work and felt that certain clinical ideas or techniques might be helpful—group conflict, process and facilitation, for example, or family problems that make it difficult for young people to participate fully in after-school community work.

Requirements were kept simple. Beginning in their second year or later, all students take three practica during their graduate careers. At least one is focused on research, one on some applied area (practice and/or policy), and the third can be either research or applied. The process of the practica is thus:

- **Proposed Statement of Work.** When a student requests supervision from a faculty member, she/he presents a proposed statement of work. This statement is signed by the site supervisor, so that all parties (student, faculty, and site supervisor) are in agreement regarding the nature of the work and product(s). The student also completes a registration form that is signed by the faculty supervisor and program chair.
- **Student-Faculty Interaction.** Students have weekly contact with their faculty project advisor. Such contact may be brief and may take the form of a meeting, phone call, or e-mail. The student provides a summary of the week’s activities and any issues or concerns that he or she may have.
- **Instructor-Client/Supervisor interaction.** The course instructor contacts the supervisor at the beginning of the practicum to introduce him/herself and invite conversation as needed. A mid-point contact is made to assess progress. A termination contact is made to obtain an assessment of the student’s performance (such as quality of work, level of responsibility, extent to which expectations were met, overall evaluation).
- **Student-Student Interaction.** Students are expected to attend and participate in supervision course meetings and to present their practicum experiences during a Brown Bag.
- **Products.** At the conclusion of the practicum, the student provides the following to his/her supervisor:
  1. An on-line blog of on-site practicum activities and hours worked
  2. A brief statement (1-2 pages) providing an evaluation of the quality of the experience, lessons learned, and a self-assessment of performance
  3. Any products from the practicum (such as an instrument created, data analysis, a grant proposal).

**Related Coursework**

We identified several areas of community psychology that are particularly relevant to practice. Each of these areas is covered in a separate course: Consultation, Community Organizing, Prevention, Program Evaluation, Community Interventions and Social Change, and Public Policy. Faculty who teach these courses are encouraged to include coursework and projects that emphasize skill-building and application of skills to real-world activities. For example, students in my program evaluation course conduct evaluation site visits as United Way volunteers, reviewing the work of that agency’s grantees and participating in decisions that lead to new funding and funding decreases. In the Public Policy class, students write and submit op-ed articles for the local newspaper.

The ultimate aim is a synergy between the student-run Brown Bag, the faculty-run supervision course where peers as well as the instructor contribute to learning, and the skills and knowledge gained in certain key courses. Returning for a moment to the issue of accreditation, I wonder if SCRA could raise the money to do a series of non-binding external reviews of some of the more promising approaches to community psychology practice, many of which Hazel noted. Not only would this be a useful way of critiquing, promoting, improving, and disseminating innovations in training for practice, it may help us think creatively about instituting mutual accountability in training.

**The Need for Transformative Change**

~Olya Belyaev–Glantsman, Darrin Aase, Monica Adams, & Leonard A. Jason, DePaul University

We thank Kelly Hazel for inviting our group, made up of clinical-community and community graduate students and one faculty member, to comment on her rich and provocative article that stresses the importance of maintaining a link between practice and science within our field. In the past few years, considerable time has been spent by SCRA discussing the values associated with our field. However, many might argue that values are most useful when operationalized and applied in specific contexts; thus, the practice contributions of community psychologists to communities have a more palpable reference point. We would add that our field makes a more unique contribution when it tackles real world issues with substantive analysis and intervention rather than solely articulating the barriers or needs for such social and community interventions.

In addition to bridging the practice-science gap, we argue that a more social action and applied approach will help to achieve another goal discussed by Hazel (2007), which is a greater awareness of our field by public and social policy officials. We might accomplish this heightened visibility objective by disseminating our work throughout the entire research implementation process, as this would highlight the emphasis given to the collaborative nature of our work and help others see the potential advantages of this open and flexible approach to scientific inquiry. The burgeoning fields that Hazel discusses are excellent marketers due to their ability to shape public opinion and impact large numbers of consumers, activists, and public policy officials. This
way the knowledge that we uncover through our collaborative efforts and interventions will be noticed by more within the public domain, serving to legitimize our field and help others recognize the merit in our multidisciplinary, applied research. Clearly, we can work with and excite social scientists from fields as diverse as Sociology, Anthropology, and Social Work. These partners will be drawn to work with us by our innovative approach toward collaborative scholarship, our adventurous use of both qualitative and quantitative research methods, and our emphasis on social justice. The latter focus is increasingly minimized by many within the field of psychology who search for genetic and intrapsychic explanations for our social problems without adequate environmental context.

In regard to student recruitment and study, Hazel points out the need to alter program structures to accommodate more non-traditional students. Implementing her suggestions could help to expand community psychology programs and to recruit students who already have connections and experiences in the community. Too frequently, our programs recruit students nationally, without any formal efforts to bring within our ivory towers those very community activist citizens who, if recruited, be the ones to most actively push our programs and universities to be relevant and serve their neighborhoods. However, concerns over traditional metrics of standardized tests very likely create as high a barrier to non-traditional students as more blatant discriminatory practices of the past.

One way to increase hands-on-experience opportunities and community involvement among students is to develop community psychology courses and concentrations at the undergraduate level. Given the number of universities that support and require community-based learning, it is surprising that so few of our colleagues have embraced and been at the forefront of this movement. In fact, the paucity of general community psychology classes to support community-service experiences suggests that we have failed to show the relevance of our approach to a larger undergraduate audience or have unintentionally narrowed the perceived significance of our field.

Hazel also suggests that early opportunities to follow their own interests can enhance students’ graduate educational experiences. The burdens of multiple requirements for graduation can, if unexamined, extinguish the passion of our most ambitious and committed students. Rather than increasing flexibility and choice, the educational establishment continues to deliberate on the needs of so many core courses, which eliminates the option to follow a course of study based on real interest. A thorough examination of these practices is desperately needed, although such an endeavor might be too threatening, and of course, studying the structural impediments of other groups is often more reinforcing within academia.

We call for a broad new vision, and by modeling our values through practice, and introducing more undergraduates, community members, and policy-level officials to our field, we ultimately provide a higher protection that the usefulness of our ideas will be preserved and transformed for the future. By lowering the barriers to full participation within our academic settings, we will train a future generation of community psychologists who know the issues of the neighborhoods where our universities are located. Such students will partner with city government officials to advocate for change and will involve the university community and neighboring groups to deal with substantive issues needing attention, rather than continuing a practice of adding discussion rather than action to a world so in need of adventurous and transformative methods.

A View from the Bridge

~Michael Morris, University of New Haven

The issues raised by Kelly Hazel (2007), without question, are of vital importance to our field. We should definitely be striving to provide students with high-quality, community-based training in areas such as “advocacy, capacity building, collaboration, consultation, cross-cultural competency, communication, group process, and program development skills.” Indeed, at least at the master’s level, I think there are a number of programs that already do a reasonable job in these domains, mine included. What I’m not so sure of is how close the link is between (1) successfully delivering this training, and (2) offering students a reassuring answer to the decades-old question, “Who is going to hire me as a community psychologist?”

Scan the want ads for jobs in the community and you’ll find very, very few listings that explicitly mention community psychology as a relevant degree. You’ll see references to social work, counseling, clinical psychology, public health, public administration, and even early childhood education (among others), but seldom community psychology. I don’t think this is because community psychology graduates (at the master’s or doctoral level) are seen as lacking community-practice skills. Many of those holding the degrees I just noted are probably just as likely to lack those skills as community psychology graduates. The more likely reason for omission of community psychology in these ads is that “community psychology” is simply not on the radar screen of the hiring organization or, in the case of clinical positions, the agency desires applicants who are license-eligible.

There is no short-term, easy solution to the challenge presented by this situation. Generally speaking, community psychologists are not, by inclination or training, comfortable with self-promotion. We are socialized to give credit to the community at every opportunity, not seek it for ourselves. But a type of self-promotion is necessary if community psychology is going to increase its visibility in the competitive marketplace outside of academia—in human services, in the public sector, and in other areas of the not-for-profit world. As our graduates find their professional niche in the community, we should encourage them to advocate in various ways for the expansion of job descriptions to include community psychology as a relevant degree, whenever it is appropriate. This is a “small wins” strategy that, over time, can lead to normative change within a network of community-based organizations. Such change serves the interests of both our field and the wider community, assuming that we have done a good job of training our students in the fashion recommended by Hazel. And you don’t need a foundation grant to engage in this strategy. If we’re going to teach our students about advocacy in the community, let’s apply some of that knowledge to ourselves.
Infusing Practice in Community Psychology Programs: Practice Alone Doesn’t Make Perfect

~Emily P. Thaden, Michael H. Nelson, & Paul W. Speer, Vanderbilt University

The ideas for re-structuring graduate education in community psychology described by Hazel (2007) provide important directions for our field to realize its potential as an applied discipline. Many of these directions, however, are fraught with serious challenges. Largest among these is that academia, as an institution, is not likely to accommodate our goals as readily as we might like. For universities, growth in non-traditional students will be viewed favorably—not for the experience and expertise these students bring to the classroom, but as a new market to increase university revenues. Another challenge is the economic and ideological environments that subsidize growth. Just as community psychology grew with government funding via the community mental health centers movement in an earlier era, public health and social work have grown in recent years through economic stimulation by state and private funding as well as intervention strategies that adhere to the medical model. For instance, despite the decline in environmental intervention in the field of public health, today we see public health dominated by individual, deficit-based “interventions” such as treating obesity by teaching the food pyramid or scolding people to exercise rather than addressing food security or urban design. We feel strongly the need to re-structure graduate education, but to be successful we must attend to the structural constraints we face.

Despite these challenges, we are hopeful that graduate education can improve based on our experience in the Community Research & Action program at Vanderbilt University. Though far from perfect, our training has strived to integrate research and practice as laid out by Kelly Hazel. Structural-institutional constraints notwithstanding, we would like to discuss a few application-based issues that our program continues to address during its development towards “infusing practice.”

Our program strongly values actively recruiting students from a vast array of backgrounds. Prioritizing “diversity” during our recruitment and selection process of prospective students means that we consider race, culture, sex, sexual orientation, age, places lived, professional and personal past experiences, and future goals. Each student comes in with unique strengths as well as specific educational needs for the attainment of their professional goals. Hence, promoting diversity requires building a durable, yet malleable infrastructure to support student learning.

One support we have built into our program includes a student-selected Program of Studies faculty committee that facilitates tailoring coursework and practicum to each student’s needs. Another support offered by our faculty is supervision for student-designed courses. Although malleable, our infrastructure would benefit from greater durability. Our faculty provide greater individualized attention to students than many of their university counterparts; however, they must also find time and resources to fulfill similar institutional responsibilities. In this context, students may struggle to find adequate mentorship from and collaboration with faculty despite faculty’s best efforts. Though not by design, but echoing Hazel’s suggestion, peer and community-based mentorship has helped fill-in the gaps and enrich student support in our program.

Hazel places community experience at the crux of practice-infused education. In our program, students spend a large portion of their time out in “the community;” however, we find ourselves asking: does student learning sacrifice community gain? Finding the overlap between these two interests has been harder for us than anticipated. Hazel suggests that learning practice skills in the classroom can reduce potential community exploitation. However, we have yet to come to consensus about what curriculum should entail to advance student skills across diverse and complex communities. One important element that is rarely addressed is work to change community conditions necessarily involves creating enemies as well as allies. Although Hazel suggests teaching processes rather than content, we would highlight that due to the dearth of literature within community psychology, curriculums must currently draw from other fields, such as community organizing and community development. Despite the lack of institutional rewards, the field must develop tools and document processes to support future community psychology practitioners.

Training for Community Practice in Rural Areas: Response to Hazel

~Cécile Lardon, University of Alaska Fairbanks

Kelly Hazel’s article on infusing practice into community psychology graduate training raises several important points, including the historical influences on the development of a practice orientation in the field and the pressures experienced by community psychologists working in the academy to produce external funding and, therefore, to blend their practice with research. In fact, I would argue that while academy-based community practitioners have the advantage of being supported by a university infrastructure, they also operate in an environment that tends to value success in grant writing more than the goals of the projects they fund. In other words, the goal to obtain funding can supersede the goals of the project and/or define the role of the community psychologist in it.

However, the main point I would like to make here is that training students for work in rural or remote areas provides additional challenges due to the difficulties accessing those settings. When I was a graduate student at the University of Illinois at Chicago, it was possible to participate in my mentors’ projects and even conduct my own community-based study because it took no more than an hour to reach those settings. While the program at UIC followed the apprenticeship model Kelly Hazel critiques in her paper, the urban location of the university and of the communities we worked with allowed students to become deeply involved in all aspects of the projects.

At the University of Alaska Fairbanks, I have experienced a very different training situation. The communities we work with here tend to be in rural, hard to reach parts of Alaska. Many of the students in our former Masters program...
were located across the state and participated in our classes by phone. Many of them worked full or part-time and had families to take care of. I suspect the MA students in other programs have similar challenges trying to balance home life, work, and graduate training. Spending time in the community can be quite difficult for these students. While I am not saying that PhD students have more time, I do suspect that they tend to be full-time students and are more likely to receive graduate assistantships. I realize that time is only one factor in community psychology training, but I believe strongly that there is no in-class substitute for time spent in community settings.

Let me elaborate on my points with examples from the new PhD program in clinical-community psychology at UAF and from my own work with a rural community in southwestern Alaska. Our new PhD program seeks to provide training in clinical-community psychology with a special emphasis on rural, indigenous, and multicultural issues. Our curriculum is very intense and course-heavy and includes many mainstream elements. However, we have made attempts to incorporate some practice-oriented facets similar to those suggested by Hazel. For example, the program includes a two-course sequence on program evaluation and community consultation. I have modeled these courses after a similar sequence offered by DePaul University’s PhD program. In these courses, teams of students work with community agencies or programs to conduct a program evaluation, followed by a consultation based on the results. During class, students discuss the progress they have made and the obstacles they have encountered and problem-solve with each other. Writing assignments are focused on the specific tasks the teams are working on at that time (e.g., a memorandum of understanding, or a draft of the evaluation questions and methodologies for the evaluation).

Most grades given in this course sequence are based on the work the teams have produced together, not the achievements of individual students. We have discussed in class how this can work and be fair to all team members, and I believe that these discussions have helped students figure out how to better work as a team and utilize the unique strengths and limitations of each member more effectively. For example, while one student with children may have difficulties attending evening events, another student who is a night owl might prefer that time. Even parts of the course calendar on the syllabus are developed with the students to provide practice in developing realistic timelines for projects and to illustrate the need to revise them when things don’t go as planned. Students provide input on the sequence of topics to be covered, on the dates for some of the assignments, and even on the types of assignments that would be helpful in developing professional skills. We have also used role-playing to practice conversations students were getting ready to have with members of the host settings and problem-solved on how they might respond to unexpected situations.

Including students in community-based research or intervention projects in Alaska is more difficult. While over half of Alaska’s population lives in the three largest cities (Anchorage, Fairbanks, and Juneau), the majority of the smaller towns and villages are not on a road system and are scattered across a very large geographic area. For example, my research takes place in a village of about 390 people in southwestern Alaska. It takes me a full day on two jets and a small bush plane to travel from Fairbanks to the village—weather permitting, of course. For about a year and a half, I made that trip almost once per month, except for the winter holidays and the subsistence season during the summer months. The cost for each trip is about $1,100, and it requires some special gear and clothing, especially in the winter. I have found these trips to be both exciting and taxing. The amount of learning that takes place during each trip (for me and my community partners) is immeasurable and cannot be duplicated in a classroom. But I also come back exhausted from having slept on the floor at the village school for several days and from the trip itself. As difficult as it is for me to be prepared for my classes and to participate in other departmental and professional activities, it is often impossible for our students to leave town for four or five days during the semester. Besides the time pressures created by such trips and the need to be in class most days of the week, students often lack the resources to take care of other aspects of their lives while gone (e.g., child care).

Similarly, it is extremely difficult for our students to develop their own community-based projects in rural areas. Both the time and the money required for such projects present serious limitations on what they can do. We are working on ways to make such experiences more manageable, such as funding for students to spend the summer in a village working on a project. More advanced students may even spend a whole semester in a rural community. Partnerships with rural service providers and tribal organizations could provide practice experiences for our students, while alleviating the extreme staff shortages experienced by those organizations a bit. An added benefit of such partnerships would be the opportunity to educate service providers and other community-based organizations about community psychology.

I realize that most rural areas in the US are not nearly as remote as the rural villages in Alaska, but they do present some of the same issues for training students including transportation, time, cultural differences, and lack of resources. Technology has opened some doors. For example, videoconferencing allows for a more complete experience of a guest speaker than a teleconference. Being able to see the person one is talking to dramatically improves the experience, especially when that person is connecting from a very different environment or speaks another language. Internet connections and improved audio and video technology have made it easier and faster to disseminate stories told through sound and images to a much wider audience. Advanced technology makes it easier for students to at least observe events and activities they otherwise might not have access to.

As I said above, I firmly believe that there is no substitute for direct and sustained experience in community settings. But in situations where that type of experience is difficult to provide to our students, there are ways we can use technology and in-class experiences to teach about community practice, even in rural areas. In addition, the way we structure and teach our courses can provide rich experiences relevant to community practice.

94 Spring, 2007 The Community Psychologist
Reflections on Community Practice in Graduate Education: Addressing Institutional Barriers and Political Transparency

~Holly Angelique, Penn State, Harrisburg

When I assumed the coordinator role of our MA program in Community Psychology and Social Change (CP&SC), I placed student training among my top priorities. I agreed to serve as a member of the Council of Education Programs, the new educational arm of the Society for Community Action and Research, and I set out to make training issues visible within our field. For the CP&SC program, I began by benchmarking with similar community psychology programs and incorporating best practices into our program. In this short reflection, I will highlight the ways in which the CP&SC program at Penn State exemplifies some of the ideas discussed in Kelly Hazel’s paper, and I will also identify some of the struggles we continue to face as we make progress toward infusing community practice into our academic program.

What We Do

In the CP&SC program, we take an interdisciplinary perspective. While community psychology is at the core of the program, our course content (and professors’ expertise) cover disciplines including Afro-American studies, sociology, justice studies, political science, counseling, social psychology, community relations, and women’s studies. We feel that our interdisciplinary approach strengthens our program and allows us to integrate multiple perspectives within our social change training and education. While Kelly Hazel’s paper did not discuss interdisciplinarity, we believe that it is at the cornerstone of successful community practice and essential to long-term social change.

Our curriculum. We attempt to balance theoretical education with community practice throughout our curriculum. While the introductory course, *Theories and Issues in Community Psychology* focuses on the core theories and tenets of our field, other important theoretical perspectives, such as feminist theories, Frankfurt School critical theory, symbolic interactionism, functionalism, conflict theory, queer theory, critical race theory, and literary theory are explored in subsequent courses. We strongly emphasize theory in our program. We hold that theory and the practice of theory has revolutionary potential. As such, our program could be described as critical community psychology, as exemplified in the Monterey Declaration of Critical Community Psychology that I drafted with one of my colleagues here (and many others from across the US).

Our emphasis on theory does not preclude us from acknowledging the role of community practice as the foundation upon which social change occurs. In fact, we diligently infuse practice throughout the courses in our program. Beginning with the introductory course, students are required to explore a local social issue. Topics have included environmental problems (nuclear power, superfund sites, landfill issues, medical waste incinerators, etc.), takeover by eminent domain, legislative actions (the PA pay-raise), urban development, factory farming, public school issues, gambling (casino building in PA), immigration, and homelessness. Because we are situated between the state Capitol (and the city of Harrisburg) and many rural areas, we are fortunate to have ample and varied issues to explore. In this initial community exercise, students have the opportunity to become active in the local issue and are instructed to analyze that issue at multiple ecological levels from the concepts and theories of community psychology. They place the local problem within the academic context of community psychology and explore the issue and theories from the major publications in our field.

While the second core class of the program, *Social Impacts on Individual Functioning*, is typically taught from a sociological perspective, students become more embedded in the community by conducting a *force field analysis*—a distinctly community psychology approach to understanding and addressing community problems (Elias & Dalton, 2001). While the force field analysis is a simulated exercise, our graduate students adapt the seven-step process to an actual community issue. Throughout this process, they learn skills, such as gaining access to a site or organization, listening to the group (rather than deciding what the issues are), group interaction skills, advocacy, collaboration, coalition-building, cross-cultural understanding, and program development skills.

These experiences provide students with a foundation to approach the second half of a two-semester Research Methods sequence. In the first semester, students learn the textbook skills associated with quantitative and qualitative methods. During the second semester, students conduct community-based research involving small program evaluations, ethnographic research, etc. This sequence is designed to give students the training and experience that they need to become community practitioners.

Our visibility. In addition to the community connections that individual faculty members have, we have attempted to become and remain visible in the local community in a number of ways. Years ago, we developed the Center for Community Action and Research. This serves as an outreach arm to the community. Through the Center, we have conducted a number of small-scale projects.

In terms of student recruitment and retention, we aim to serve the local community as well as “traditional” students. As such, we attract a large number of “returning” and “commuter” students who are already active in the community, working in areas ranging from directors of human service agencies and nonprofits, to business consultants and police officers. We offer night classes to accommodate most workers and full-time, part-time, and one-class-at-a-time plans to complete our program. We believe that the diversity of our students, in terms of age, ethnicity, and life experiences, adds richness and depth to our program.

To increase visibility, we are using a variety of tactics. Via the Internet, we are re-designing our web page to include a list of career paths that former students have taken. We hope that highlighting the variability of career opportunities that exist with our MA degree will act as a recruitment tool. We have also developed a colloquium series, where we invite community practitioners to speak with our graduate students once or twice a semester. And currently, we are developing a *Diversity Certificate* program as a way to provide continuing education to community practitioners.
Our Struggles

I would be remiss if I did not draw attention to some of the struggles we continue to face. For example, our Center for Community Action and Research is currently dormant due to lack of funding and the absence of university resources. And at a time when we would like to explore opportunities for international exchange programs (see Angelique, Lounsbury, & Sarkisian, 2006), we must struggle with our immediate commitment to practicum experiences as our university imposes more guidelines (e.g., health insurance, liability waivers, etc.) on fieldwork. Similarly, our Diversity Certificate has been in development for years because it has faced many institutional barriers and bureaucratic impediments. Fortunately, it is only one small step away from final approval as I write this paper. We hope to be able to offer the certificate within a year.

When working within the structure of a university setting, it is difficult to keep community practice at the forefront of both our academic program’s agenda and our own research agendas. I agree with Kelly Hazel (2007) that the skills required to be successful within the academy are often at odds with the skills required to conduct successful community work that is in accordance with community psychology values (e.g., conducting collaborative action research). Of course those of us who tend to teach at the graduate level are required to publish in peer-reviewed journals as a requirement of our professions. As Jim Kelly noted, gaining entry to sites and listening to people requires a certain level of commitment and skills that is more demanding than much university-based research. Moreover, what Jim Kelly did not mention was the commitment of time that is required to adequately perform community work. The time, commitment and skills required to “practice what we preach” is in direct conflict with university expectations and traditional models of “scientific rigor.” In order to be able to continue to train graduate students, we must remain competitive in the academic world. I admit that maintaining this balance seems nearly impossible at times.

Moreover, many of us struggle with the issue of political transparency in the work that we do (Angelique & Culley, 2005). While traditional, positivistic models of science value objectivity and neutrality as goals, community psychologists tend to study politically charged social issues. Nevertheless, our academic settings and publication outlets are still geared toward a politically neutral stance. A new director at our own university stated recently that he worries that some faculty members may have political agendas! “Is there a research project or discipline without a political agenda?” I ask. While community psychologists continue to debate the macro-level concepts of political transparency, I must struggle with this question in every research project I undertake, every outreach effort I make, and with every social issue that my graduate students explore. Our students are astute and question our practices. While other disciplines, such as adult education, have embraced the importance of the positionality of the researcher, I still must contend with questions such as, “Should I study community mobilization around environmental issues as a typical university researcher or should I make my anti-nuclear position clear? Will my academic career suffer if I am ‘too’ political? Or will my integrity suffer if I develop a pretense of objectivity?” While I am sure that my answers to these questions are fairly transparent, there is a constant struggle that we need to address if we are to place community practice at the core of graduate training. Presently, I believe that university educators are “trying to be all things to all people,” and this is a recipe for ineffectiveness and burnout.

That being said, I believe that we are moving in a positive direction by revisiting the training goals of the Swampscott and Austin Conventions, as Kelly Hazel has so eloquently done. As the dialogue continues to flourish, and we share our best practices and hopes, we will surely find the balance between academia and practice that we seek. Our graduate students will certainly benefit and our field will strengthen as a result of our efforts. Let us all move forward to infuse community practice into our graduate programs.

References

Commentary on Practice and Graduate Education

~James G. Kelly

The Puerto Rico Conference participants have started the infusing process. Raymond Scott’s (as cited in Hazel, 2007) report of core criterion based competences is reasonable and stimulating. The core competencies seem to have merit for those doing community-based research as well.

In some academic settings, having public discussions of the interconnections between research and practice might be problematic. The challenge is for the field to move beyond dichotomies (research vs. practice) and focus on how the various roles of the community psychologist are interdependent.

The researcher does best when such skills as compromise, redefining research issues, and listening to community members can impact the researcher and sharpen the assumptions and goals of the inquiry. These are definite practice skills that enhance the quality and salience of inquiry.

For me, the exciting hallmark of the community psychologist is that research derives from community contribu-
(Re)Connecting Community Psychology with our Communities

~James R. Cook,
The University of North Carolina at Charlotte

Kelly Hazel (2007) calls for a better integration of practice into graduate training in community psychology, to help community psychology gain a more robust presence in our communities. While I believe that there is general agreement among community psychologists about key components of community practice (e.g., program development, community organizing, consultation, program evaluation/evaluative research) and support for the broad goal of effecting community change, we have failed to clearly articulate a range of exemplars of community practice that enable students and the broader community to envision what practicing community psychologists do or why anyone might want to hire one. Since the bulk of the members of SCRA are academics, we must assume responsibility for taking the lead toward change. Toward that end, I suggest the following:

1. We need to recognize that many “academic” community psychologists engage in significant amounts of community practice.

Rather than suggest that graduate programs don’t train students in community practice or that academic community psychologists don’t value community practice, we should recognize the contributions to practice that many academics make on a regular basis. A major problem with identifying the community practice of academics, however, is that it blurs with our other roles. While “service” will never be valued by academic institutions as much as teaching or research, many faculty engage in community practice that is also applied research. Some of this involves publication and/or external funding, both of which are rewarded by universities. Similarly, we use our community connections to facilitate students’ applied community training, and we supervise them as they work to meet community needs, as part of our “teaching” role. This seems to be more the norm than the exception. Perhaps we should better document the ways that academics and their students engage in community practice.

2. We must articulate and celebrate multiple career paths to help students and potential students understand what “community psychologists do.”

After reading Kelly’s article, I searched the web (including the SCRA web site) for good examples of “what community psychologists do.” Unfortunately, our web site has virtually nothing that articulates examples of community research or action. Based solely on the site, a prospective student would have little understanding of what s/he might do with a degree in community psychology. A web search found Marc Goldstein’s “Community Psychology: The Career for Champions” piece at the Psi Chi web site. Marc provided three tangible examples of people who “do” community psychology (http://www.psych.org/pub/articles/article_138.asp). The Australian Psychological Society’s web site provides a listing of skills and roles of community psychologists that could help both students and potential employers (http://www.psychology.org.au/psych/special_ar-
Things Take Longer Than They Take: A Commentary on Infusing Practice into Community Psychology Graduate Education

~John Kalafat, Rutgers Graduate School of Applied and Professional Psychology

I have borrowed a quote from Emory Cowen for the title of this commentary because it seems to capture not only the theme of Kelly Hazel’s column in this issue but also my own experience of the persistent gap between the applied and academic sectors of community psychology and the ongoing effort to develop community psychologists. Hazel’s article provides a thorough overview of the most salient issues in the education of community psychologists, only a few of which can be addressed in a brief commentary.

My response will draw upon my own experience as a community psychologist as well as our efforts at the Graduate School of Applied and Professional Psychology (GSAPP) to sustain a Community Psychology Concentration. I come to the topic having worked full time in both the applied and academic sectors. When I was a full time practitioner, I experienced the divide with academia, particularly at the biennial conferences, which appeared to be dominated by many who were studying community psychology but had never made their living as a community psychologist. Suffice it to say that I felt a mutual sense of lack of credibility.

In regard to the invisibility and apparent lack of employment opportunities or career paths for community psychologists, I have previously described how I held several positions in which I practiced community psychology, not one of which was advertised as a community psychology position (Kalafat, 2000). Community psychology is a set of principles and practices that can be applied in many settings.

In this brief overview of community psychology training at GSAPP, I can highlight both positive features and areas of continuing concern with which other programs may identify. We have a Community Psychology Concentration, which now includes eleven faculty who have community consultation, training, and evaluation practices; ten community-oriented courses; and utilize the following definition of community psychology:

By integrating research with action, community psychology seeks to understand and enhance the quality of life of individuals, communities, and societies. Community psychology approaches are characterized by collaboration with stakeholders, interventions that focus on problem prevention and/or wellness promotion, ecological and systems levels of analysis and action, an outreach versus waiting orientation, and a commitment to the empowerment of underserved communities.

However, this concentration has gone through varying phases of organization and visibility to students, and we may move to a revolving coordinator role.

Reference
In regard to training in community psychology, Hazel (2007) has called for an emphasis on research methods such as qualitative evaluation and collaborative evaluation. At GSAPP in addition to community psychology, we provide courses in Program Planning and Evaluation, Qualitative Research Methods, and Innovation Implementation and School Change. We also offer courses that emphasize systemic or ecological approaches such as Consultation Methods, Adult Learning and Training, and Crisis Intervention. Faculty who teach these courses are all practicing in these areas. However, as faculty at a research university, we must make a case for our productivity to traditional promotion and tenure committees.

We provide applied training opportunities through faculty practices such as development, evaluation, and dissemination of evidence based youth suicide prevention, substance abuse prevention, and social/emotional problem solving programs. Students also assume substantial practice opportunities through our Center for Applied Psychology, which obtains contracts and grants for such programs as the School-Based Youth Services Project, the New Jersey Center for Character Education, and the Organizational Psychology Consulting Group. Students also have opportunities through the Natural Setting Therapeutic Management Program, through which students provide consultation and training to families and school systems in behavior management approaches and teaching methodology. We do collaborate with community practitioners to provide training opportunities, but I feel it is important for faculty to also be community practitioners or else we may preserve the split between academia and practice. We also encounter what Seymour Sarason termed “professional preciousness,” mainly from APA accreditation, which attenuates our ability to employ non-psychologists as adjunct faculty.

In regard to recruiting students, two of the five criteria on which applicants are rated are applied experience and written personal statement, both of which must evidence commitment to working with underserved populations. However, we still struggle at times with an infatuation with GRE scores and other traditional academic criteria, which can often yield traditional students who are basically good note and test takers. We have found that we can emphasize both academic and experiential criteria.

Finally, as an applied PsyD program ensconced in a research university, we are fortunate to attract both students and faculty who are participant-conceptualizers. The vast majority of our graduates, often after initially holding more traditional school or clinical positions, eventually assume positions in community settings that involve community practices such as program development and dissemination, prevention, and administration. Through the continued sharing of ideas and approaches as exemplified by The Community Psychologist columns, we can forge a solid applied community psychologist identity for ourselves and for our students.

Reference

Finding Value in a Community Practice and Research Dialectic

~Bret Kloos, University of South Carolina

As community psychology turned 40, there have been renewed examinations of its mission, methods, and vision for the future. This has included thinking about the boundaries of community psychology, its relationship to the discipline of psychology, and the value in being more explicitly interdisciplinary in focus (e.g., Maton, Perkins, Altman, Gutierrez, Kelly, Rappaport, & Saegert, 2006). Another ongoing dialogue focuses on community psychology’s place in scientific inquiry and relevance for addressing contemporary social issues (cf. Wandersman, Kloos, Linney, & Shinn, 2005). I think it’s healthy for the field to renew discussion about the place of community practice in community psychology and how to promote training of community intervention skills. As Kelly Hazel (2007) points out, community practice has been foundational to the articulation of what constitutes community psychology from its earliest US conferences in Swamspcott, MA and Austin, TX. Donald Klein, Gloria Levin, Carolyn Swift, Tom Wolff, Bill Berkowitz, David Chavis, Andrea Solarz, and others have long been committed to emphasizing the importance of community practice and demonstrating how it can be done. Kelly Hazel, Raymond Scott, and David Julian continue this tradition by renewing the dialogue about the place of community psychology practice in the field. I hope that their articles nurture thoughtful examination and action supporting the “action” goals of our field.

In writing a response to Kelly Hazel’s call for increased focus on practice in community psychology graduate education, I take a slightly different view on the state of the field. While I agree that a gap exists between those SCRA members who primarily promote research or action, I don’t see this as necessarily problematic. I see value in having members who specialize in practice or research and develop innovations on the “cutting edge” while maintaining the best practices in each focus. The differences in perspective and practices can be viewed as a creative tension that leads to novel solutions, helping keep the field relevant in new contexts. Such a creative tension is most likely to exist if there is respect for the value of good practice and research in promoting the goals of SCRA. In this sense, I view the gap as more of a dialectic than a dichotomy, where seemingly contradictory positions can be resolved by a new synthesis that leads to new understanding of phenomena. Ideally, the tension between these potentially contradictory positions helps create new syntheses that may be better suited to addressing the demands of being a change agent in new contexts. This suggests that, if taken seriously, how community practice and research are balanced will look differently in different kinds of graduate programs—free-standing community, clinical-community, community-organizational, interdisciplinary community action, etc. I suggest that an emphasis on promoting practice within our field will be most productive when we can articulate a framework that allows for a diversity of approaches that might be applied to different settings.
To think about the recommendations included in this article, I wanted to reflect on the program where I work. At the University of South Carolina, our community practice training is embedded in a Psychology Department’s Clinical-Community Program. This situation offers potential advantages and challenges. Because of requirements of the curriculum, all of our students are exposed to community psychology theories, intervention, and research. In this way, we reach students who would not have had any exposure to community psychology practice. We require that all students take a foundations of community psychology course and a course that emphasizes community practice skills (e.g., consultation in “mental health consultation,” program development in “organizational behavior,” health promotion in applied “health psychology,” empowerment evaluation in our “program evaluation” course). Each of these courses includes an applied experience with community agencies to begin practicing these skills. Our goal for clinically-oriented students is that they understand the potential contributions of community research and intervention and be prepared to collaborate with community-oriented professionals.

Students who emphasize a community psychology specialty take several of these courses, community practicum, and a community practice comprehensive exam project where they demonstrate competence in at least two skills areas by working with a local agency or other community-based organization. We are challenged by how often we can offer these courses; often a specialized practice course can’t be offered more than every other year and in some cases, once in three years.

Although our program has a strong research orientation that encourages (and rewards) the development of research skills (i.e., an example of the power of the setting to shape contingencies), a number of our graduates have built careers in community practice. This is a credit to their interest, persistence, and the flexibility of our program. We balance the dialectic between research and action by allowing students to tailor their programs of study to reach their professional goals. While this can allow for a focus on developing community intervention skills, the onus is on the student to propose a course of study and the community-oriented faculty mentor to arrange for resources and opportunities that can foster this development.

In a free-standing community program, the resources and opportunities for providing community practice training would likely be different, perhaps more abundant. The balance of the dialectic in this program has resulted in very exciting activities that faculty could not have envisioned or proposed. For example, students in community practicum have developed opportunities to work with local refugee resettlement efforts; a campus social change project engaging men to decrease domestic violence; and addressing hunger, nutrition, and child development through a partnership with a local food bank and community agencies. Currently, one of our students has designed a community internship rather than a clinical one that emphasizes community organization, consultation, program development, and organizational development to address homelessness in Columbia. Faculty relationships with community practice professionals and those that the student fostered through community practice projects helped create opportunities to design an internship. In this way, we were able to support her career development goals and her interest in community practice.

The suggestions for promoting community practice in graduate education were helpful in thinking how this dialectic can be balanced in our program. I think that we can do a better job of building partnerships with community practice professionals in conducting our training. I also realized that we rely on SCRA contacts to augment the community practice training experiences that our students use for their training. The regular mentoring sessions at biennial conferences and the willingness of SCRA members to mentor students who have an interest in community practice outside of conferences have been very much appreciated. I wonder whether we can develop more structured opportunities through SCRA to promote community practice. For example, we might form a community practice institute in conjunction with biennial conferences where interested students, professors, and professionals can receive focused training and exchange ideas about best practices. It could also be good outreach to the city that is hosting the conference. An example of this has been organized by Marek Wosinski at Arizona State University who developed a Summer Institute on Community (http://www.asu.edu/ssc/summerinstitutecomunity/). With support of university administrators, the ASU initiative brings together practitioners and students from the Phoenix area to hear from community practice professionals and professors about community-based intervention. There are institutes for teaching particular statistical skills or individually-oriented therapy. Why not develop a regular institute on community practice?

I hope that we can continue to have regular dialogue about how we might balance community action and community research in SCRA, in our graduation programs, and in our careers. I think this is one of the ways community psychology distinguishes itself from other disciplines. I don’t think that we can fully resolve the tension in the dialectic between practice and research by ourselves. However, through our working relationships and the society, I think we can take up Kelly Hazel’s call to have community practice be central in our graduate training and SCRA.

References

Examples of Graduate and Undergraduate Programs: Strategies to Infuse Practice into Education

~Susan D. McMahon, DePaul University

Kelly Hazel (2007) has identified several directions for our field to grow and move forward in the 21st century. Hazel highlights several change strategies for our graduate programs,
including the need for educational processes that provide skills and practice in working with communities, more effective recruitment strategies, catering to more non-traditional students, and modifying our curricula to incorporate more flexibility and opportunities to exchange knowledge with practitioners. We need a multi-pronged approach to become more visible to communities and to further develop and grow our field. I would like to highlight two examples of strategies that we are using at DePaul University, one that illustrates several ideas that Hazel describes, and one that goes beyond Hazel’s recommendations by focusing on undergraduate education.

We have developed a sequence of courses that includes consultation, program evaluation, and fieldwork. Community and clinical-community students enroll in this two-year sequence during their first or second year of the program. For the first quarter, students listen to the fieldwork experiences of their peers, prepare their vitae, and investigate five community organizations of interest to them. They do this while they are taking a course on consultation, to gain an overview of the theory, strategies, and skills that are needed to consult with community organizations. The second quarter, they develop a community portfolio of the organization they select, dialogue with them to assess their needs, and negotiate a contract with the agency. They take program evaluation during this process and generate hypothetical formative and summative evaluation plans, based on what they have learned about the organization. Then students implement their fieldwork plan the following year, which may include activities such as program development (e.g., development of training manuals, curricula, workshops), needs assessment, or program evaluation (e.g., teaching the organization about evaluation, development of evaluation tools, process evaluation). The fieldwork experience enables our students to develop relationships with people in the community, and it informs various communities about community psychology, DePaul, and our graduate education programs.

As Hazel (2007) suggests, opportunities for students to follow their own interests, early in a program, can enhance students’ educational experiences. This fieldwork experience enables students to experience all the steps from gaining entry, developing collaborative relationships, and working on a project from start to finish, as well as craft an experience that is of interest to them. It also provides a venue for them to apply theory and knowledge and practice the skills they learn with group and individual supervision.

Hazel suggests that we need to develop more effective recruitment strategies, and her focus is on attracting working professionals in the community. This approach has several advantages, as these potential students have extensive knowledge and experience with communities that can be enhanced through education in community psychology. Another way to grow the field is to do a better job of educating our undergraduate students about community psychology and the career opportunities that it presents. As Hazel suggests, other fields have grown tremendously over the past several decades, including our sister field of clinical psychology. Our educational settings do a much better job of preparing undergraduate students for careers in other fields. If we grow our undergraduate curricula to better inform students and provide them with skill sets and opportunities in communities, we will increase our visibility among students, grow our graduate programs, and increase networking and knowledge of the field among people working in communities.

DePaul has recently developed an undergraduate concentration in community psychology, in which students take a sequence of courses that emphasize diversity, methods, and an applied internship focusing on research or practice. This concentration began with a student writing a letter to our program, asking why we had concentrations in human development, human services, and industrial/organization, but not community. He had accidentally discovered community psychology, as many of us have done, through our introductory course, and he finally felt like he had found a home—this is what he wanted to do. We have over 1,000 undergraduate majors in psychology, and if a portion of these students become more invested in community psychology, we can work to develop connections with community and answer students’ questions, such as “What is community psychology?” and “What can I do with a degree in community psychology?” Other fields have done this, and we can too.

Competencies and Toolboxes or Lessons Learned Along the Journey? The Nature of Graduate Education in Community Psychology

~Catherine H. Stein, Bowling Green State University

The article by Kelly Hazel (2007) does a fine job of articulating directions that our discipline can take to better infuse community practice into graduate education. Kelly provides us with her vision of what graduate education could be if and when the discipline values community practice as much as it values community research. In the piece, Kelly describes substantial changes that graduate programs should consider that involve the selection of students, the knowledge base and credentials of instructors, and what constitutes valued activities in academia. Training in community practice is discussed in a language familiar to our sisters and brothers in clinical psychology. It is assumed that like clinical, our discipline has an identifiable set of practice skills or “competencies,” that practice skills are distinct from research skills, and that practice and research can and should be thought about separately. Clearly, one way to help increase the visibility of community practice inside and outside of our discipline is to stress the independent role of community practice in graduate education.

I have been teaching community psychology in a clinical program for sometime now and think about the discipline and the talents of graduate students somewhat differently than what Kelly describes. For me, the tension is not between community research and practice. And despite my best efforts, I have difficulty thinking about students in terms of their competencies or the discipline in terms of the tools it has to offer. I worry that the language of competencies, practice skills and toolboxes takes us away from a community psychology of settings, niches, ecology, and relationships. I see my job as teaching the values, principles, strategies and tactics of community research and action in the most practical way that I can. I see my job as creating settings or opportunities for students to learn, to think, and to act with the heart of a community psychologist.
I understand that it takes exposure and experience for students to develop a more critical or analytical understanding of the political and social environment. It takes exposure and experience for students to identify individual and collective resources for action, and to find the self-confidence to believe that even a “small win” has the potential to make a positive difference. Is creating opportunities for exposure and experience with the goal of student expertise the same thing as teaching practice skills? Is the process of student development as a community psychologist different for research and for action?

In our program, sometimes student exposure and experience comes from community, feminist or social systems seminar courses that are structured with an eye towards application. Sometimes that exposure and experience comes from conceptualizing and implementing research projects designed to have direct benefits for participants as well as for researchers. Sometimes student practice comes in the form of community practica, where students are responsible for creating and executing a project in the community. The stated goal of community practica is the integration of research and practice. The implicit challenge is to do something that is meaningful, collaborative, and time delimited. At times, community experience comes from students’ reactions to traditional clinical placements, with my encouraging and guiding student efforts to make changes in local social service systems. In research and action, I find that teaching community psychology always requires a deep appreciation of students’ strengths and energy, along with considerable openness and self-reflection.

Of course, our program’s efforts in teaching community research and action are filled with the tensions and shortcomings inherent in our field. For me, the importance of Kelly’s piece lies in its ability to stimulate conversation about the teaching of community psychology. Perhaps it is time to examine the values and vision of our discipline as reflected in the eyes of those whose job it is to keep the torch burning and to pass it on.

“Why am I here?”—Assuring Graduate Learning Opportunities to Prepare Us for Work with Communities

~Stephen Fawcett, Jerry Schultz,
Jomella Watson–Thompson, Vicki Collie–Akers,
& Daniel Schober, University of Kansas

Kelly Hazel’s paper makes a compelling case for reforming graduate education in community psychology. She pinpoints some of the key challenges: a disconnect between what we teach/learn and what is required in community practice, insufficient development of skills and tools for community intervention and evaluation, and limited access to settings that enable co-learning with those in communities. This critique invites each of us—and the graduate training programs we belong to—to consider a way forward.

The authors of this commentary are members of the faculty (Fawcett and Schultz) and doctoral students (Watson–Thompson, Collie–Akers, and Schober) in the Department of Applied Behavioral Science and the Work Group for Community Health and Development at the University of Kansas. We offer our personal experience in teaching/learning in a community psychology program. As we reflect on graduate training, we address three questions: (1) Why am I here?, (2) What do I need to know/teach to fulfill my purpose?, and (3) How can we learn what we need to know?

Why am I here?

Discernment about our purpose—being clear about why we are here—is essential to making choices about what we learn and do. The mission of our KU Work Group is to promote community health and development through collaborative research, teaching, and public service. Each student and faculty/staff member in the KU Work Group makes a statement about why we are here, including these from student co-authors:

My mission is to enhance understanding and improvement of socially important problems, particularly in marginalized communities. I hope to enable individuals and groups to make real improvements in their lives through collaborative research, teaching, and service. (Jomella Watson–Thompson)

I am here to develop knowledge about how to better work in collaboration with communities to promote health. I hope to expand my knowledge and skills in research methods, particularly participatory models and principles of behavior change. (Vicki Collie–Akers)

I came to the University of Kansas to pursue my passion for community-level research and action. As a graduate student in the Joint PhD/MPH program, I am developing competencies in both the science of human behavior as well as the systems-level approach of public health, which presents a rich, multi-disciplinary approach to training in community psychology. (Daniel Schober)

These statements of purpose from graduate student co-authors—and the overall Work Group—help inform a discussion of goals for graduate teaching and learning.

What do I need to know/teach to fulfill my purpose?

We train new generations of scientist-practitioners within an applied behavioral science program informed by community service and research. We focus our teaching on analyzing problems/goals and the environmental conditions that affect them, measurement, experimental design, and program development and evaluation. Our community courses and practica focus on core competencies including: building community partnerships, assessing community needs and resources, analyzing community problems and goals, strategic planning, designing interventions, advocating for change, and evaluating community initiatives. The option for the PhD-MPH joint degree adds more focused research skills in public health (e.g., epidemiology).
How can we learn what we need to know?

Together, we have tried to create a learning environment that serves the common purpose (the KU Work Group’s mission) as well as the individual learning goals of each student member. A brief description of key components of that learning environment follows:

- **Gaining knowledge and skills:** This includes formal coursework in behavioral science (e.g., principles of behavioral science), methods of research and intervention (e.g., community-based participatory research), and community health and development. It also includes practicum opportunities in research (e.g., participatory evaluation of community initiatives), grant writing (e.g., as a product for the PhD orals), and community consultation (e.g., in community assessment, planning, intervention, advocacy).

- **Assuring opportunities for learning and serving:** This includes access to community settings and partnerships working in topic areas of interest including: health promotion and injury prevention (e.g., promoting physical activity and healthy nutrition, preventing violence), youth health and development (e.g., preventing substance abuse, preventing adolescent pregnancy), and community development (e.g., in urban neighborhoods).

- **Support within and between groups:** This includes assuring access to emotional support and tangible assistance through colleagues within the research team; and opportunities to extend learning through links with colleagues nationally and globally (e.g., in other WHO collaborating centers such as at the American University of Beirut).

- **Natural consequences for the work:** This includes becoming connected with those served so that we share in the consequences of community initiatives (e.g., mutual benefits of grant renewal; community members serving as co-authors on manuscripts). It also includes aligning PhD program requirements to fit professional goals (e.g., Department policy that first-author, peer-reviewed publications can serve as passed written comprehensives).

**Conclusion**

Our shared vision is for widespread competence in understanding and improving community efforts to create change and improvement. Perhaps these reflections can aid our efforts to create graduate training environments worthy of those we prepare to serve.

**Reflections on Community Practice and Graduate Education**

~Donald Klein

My own experiences with groups, organizations, and communities suggests that: (1) the dynamics for each are unique and different and (2) that, although each level of complexity includes the one(s) below it, organizational dynamics cannot be explained in terms of the dynamics of multiple groups. Community dynamics are far more wondrously complex than they would be if they simply consisted of the organizational and group dynamics contained therein. In this regard, I’m reminded that one of the frustrations for me professionally has been the split in my own activities and investments between the network of colleagues involved in community psychology, on the one hand, and the network of those who have been a part of the National Training Laboratories (now the nonprofit NTL Institute for Applied Behavioral Science) on the other. The people at NTL have invested themselves both in developing the group dynamics movement and initiating process orientations in such areas as conflict resolution, power dynamics, organization development, and social change generally. They’re a valuable resource. NTL training laboratories (as their workshops are called) derive from the work of social psychologist Kurt Lewin, a pioneer in the study of group processes. Lewin was committed to social justice in race relations and other areas, and was deeply devoted to democratic participation. I think they’re invaluable personal and professional learning experiences for community psychology practitioners. Listings of NTL’s programs are available via the internet (www.ntl.org).

I very much support the emphasis on embedding community psychology education and training within a multidisciplinary context. For me, the experience of directing the Wellesley Human Relations Center from 1953 to 1963 provided a deep appreciation for and, to some extent, understanding of what is gained from an amalgam of disciplines working together in the community. At Wellesley, Erich Lindemann—a psychoanalyst/physician—had assembled public health specialists, anthropologists, sociologists, the mental health disciplines, and even a social geographer!

A footnote on the Swampscott Conference: I’m aware that a few of us who participated were clear that we did not favor the development of community psychology as a separate sub-discipline. At Boston University, for example, we’d already established an NIMH funded program in which psychology graduate students in any of the sub-disciplines (from clinical to experimental) were eligible to apply for one-year fellowships at the Human Relations Center, which was based in the president’s office. At the Center, which had been established by Kenneth Benne (a psychologist/philosopher/educator) and one of the three co-founders of the NTL, they were introduced to group process, social systems, and community dynamics and had opportunities to work on community-related projects. Apparently, however, our model was not replicable at other universities, perhaps because these universities lacked major interdisciplinary centers similar to BU’s Human Relations Center. As Hazel (2007) points out, it wasn’t long before graduate programs in community psychology within academic settings were doing their best to gain acceptance by emphasizing fundamental research. Indeed, the two journals in community psychology either were designed for or soon became outlets for reports of basic research conducted as PhD dissertations. That said, I’ve been impressed and pleased with the quality and scope of the material presented in *The Community Psychologist*, some of which has emphasized issues and accomplishments in the area of practice and application.
Hazel (2007) notes a concern over the lack of significant growth in the profession of community psychology. My take on this is that it's a reflection of major reductions that have occurred in our society’s commitment to and investment of funds in community building and, for that matter, supporting programs having to do with social change and social justice. There’s been a marked turning away from the enthusiasm for these areas that emerged in the 1960s. The Community Mental Health movement, with its major emphasis on prevention and on the development of consultation and education programs, reflected that investment. The demise of that movement was part of America’s disinvestment in areas of social concern. Given the urgent need for increased national investment in community building, our current emphasis on practice is rightly timed.

On Practice and Graduate Education

~Joseph R. Ferrari, DePaul University

The article by Kelly Hazel on putting the PRACTICE back into community psychology is well thought-out, informative, and right on. There has been a move away from the initial youthful vision of community psychology over the past 40 years, as we moved toward middle age. Kelly asks us to revisit the passion of community involvement we discussed when the field was beginning. We need to include more “community” in community psychology graduate education.

I don’t disagree with what Kelly proposes, but I would like to add a few comments. The only graduate program in community psychology that I was ever associated with is the one at DePaul University, Chicago, IL. Lenny Jason and I founded that program about six or seven years ago. Our task of creating a new program was relatively easy, because DePaul had a strong, longstanding clinical-community program on which we built the new, stand-alone doctoral program.

Practical, field-based experiences are present for graduate students in both doctoral programs at DePaul. Our community and clinical-community students enroll in a two-year Field Work Supervision course, with community students starting their first year and clinical-community students starting their second year. Therefore, Kelly’s request that we start students early in their education to be placed in the community is actualized at DePaul.

Kelly claims we need to have educational opportunities besides and maybe beyond the masters and doctoral levels in graduate school. At DePaul University, we just started (for masters and doctoral students, as well as any community professional) a graduate level Certificate in Community Development. This four-course program pulls together courses from psychology, sociology, and public services, along with a practicum capstone fieldwork project for students.

Within the community-based doctoral programs at DePaul, we are striving to offer students practical skills. That is why I am surprised to learn that this emphasis may not be present in many other graduate education programs. Perhaps, what are emerging are more practice within master’s programs and more research in doctoral programs. If this is the case, we may want to consider ways to strengthen both levels of graduate education with the other’s strengths.

Finally, I would like to promote two other resources to be added to Kelly’s list of information. In 1997, Cliff O’Donnell and I published an edited volume on varied graduate education programs, including masters level, free standing community doctoral, clinical-community programs, interdisciplinary programs, and international programs. We even had a chapter on undergraduate education in community psychology. I suggest readers option copies of this book to learn more about education in community psychology.

In 2000, Cliff and I published a follow-up, companion edited volume where we asked over 20 community practitioners (only one academic) to discuss their education, experiences, and skills as they worked in community-based settings. We wanted to give readers (especially students) a place to answer the question “What can I do with a degree in community psychology?” I suggest interested readers consider reading this text as well.

So, thanks Kelly for reminding us to return to our roots and our vision for a new discipline. Reminder calls are good for any person, and any discipline.

References


In Support of Practice

~Tom Wolff, Tom Wolff & Associates, Amherst, MA

Kelly Hazel (2007) has done an outstanding job of articulating the issues and setting direction for the future of community psychology practice training. I would summarize and elaborate on her recommendations with the following list of expectations:

1. Any graduate program in community psychology that graduates any percentage of community psychology practitioners must define “community practice.” It is hoped that programs will adopt the definition developed by the Community Practice group and spelled out by David Julian in The Community Psychologist.

2. Once having defined community practice, the graduate programs will define the core competencies required in order for their practice graduates to function as a community practitioner at the expected level. We are hoping that programs will draw from Raymond Scott’s article on competencies in TCP.

3. Each community psychology graduate program will then clarify which of those specific core competencies their community practice students can expect to acquire while in the program.

4. Each graduate program will then clarify how their practice graduate students will gain these skills, including:
a. appropriate course work in the community psychology program,
b. appropriate course work in other departments or institutions,
c. appropriate alternative learning environments and strategies (workshops, retreats, group process and cultural competence experiences, etc),
d. access to community psychology practice role models (practitioners in residence, etc.),
e. appropriate community practice mentors (community psychologists or other professionals to supervise work),
f. appropriate supervised internship and practicum experiences, and
g. assistance in job searches.

So now the question is: how do our community psychology practice programs train our students in these community skills? Although community psychology was created as an alternative to clinical psychology, maybe it is time to turn back to clinical psychology to learn something about training practitioners.

When we went through the clinical psychology program at the University of Rochester under Emory Cowen from 1964–1969 (yes, Emory ran a clinical program before becoming one of the fathers of community psychology), we emerged with a set of usable and marketable skills. Once graduated, I could provide such services as psychological testing and individual and group therapy. The graduate program involved one year of straight academic work. After that, the next three years had two days of classes and the rest of the week in full-time immersion in clinical settings. On Monday and Friday in our psychology testing course, I would read the literature on the failure of the Rorschach as a valid and reliable instrument and on Tuesday, Wednesday and Thursday I would watch Dr. Howard Friedman do magic with the Rorschach at the Syracuse VA. My job was to integrate those experiences. Over the three years of clinical internships, I worked clinically with seriously disturbed inpatients, children and college students. I had careful supervision from practice mentors (playing tapes of sessions for supervisors) in testing and individual and group therapy. The program was designed to produce graduates with a certain set of practice skills, and it did that very well.

Now community psychology can rightly reject those skill sets as inappropriate for our present work, but we might reflect on the rigor of this model of practice training to reflect on our own work training community psychology practitioners. What would be the equivalent model for training students to do what I presently do in my community psychology consulting business: provide organizational consultation to non-profits and government; design, implement, and evaluate systems of community wide interventions such as community coalitions, or healthy community initiatives; facilitate large and small group processes; design social change strategies; and train adult professionals in new skills and approaches. Those of us in practice look forward to working with our academic colleagues in figuring this out. We are sure that some of the answers will be found in our existing community training programs.

Connecting Graduate Students and Practitioners

~Maurice Elias, Rutgers University & Jim Dalton, Bloomsburg University

Kelly Hazel’s article contains a compelling analysis of why community psychology and related areas of community research and action need to progress by adding practitioners in community contexts. However, there is a further aspect of the problem that needs to be explicated.

One problem goes beyond matters of graduate course curricula, pedagogy and core competencies, it concerns the contexts in which graduate students will apply those core competencies. The application of these skills in real-life community and/or agency contexts often is very different from the academic perspective of most graduate course instructors. For instance, when Maurice assigns graduate students to apply their community psychology skills to problems in their practicum settings or workplaces, they are typically the most knowledgeable community psychologists in those contexts. These students need more contact with community psychology practitioners who work outside academia. The lack of community psychology practitioners as supervisors and role models for graduate students is itself an obstacle to increasing our ranks of community psychology practitioners.

To enable the second-order change that Kelly Hazel calls for, we need to build more connections between our graduate students and community psychologists engaged in community practice. Ideally and practically, graduate community psychology practice courses would be taught collaboratively with community psychologists who work in community practice contexts. This goes beyond guest lecturing, and ideally would include a supervised practicum. Perhaps the increasingly easy access to distance learning technologies may help bring community psychology practice collaborators to graduate programs who do not have suitable role models in their communities. Encouraging students to participate on community psychology practice networks of the kind that seem likely to emerge from the 2007 Biennial Conference’s Practice Summit, will also encourage experiential learning and forge career paths leading to community psychology practice.

We commend Kelly Hazel for assertively bringing to the field’s attention the question of how practice is situated within our graduate programs.
CANDIDATE STATEMENTS
FOR SCRA OFFICES—

Candidate for SCRA
President
Mark S. Aber

Current position
Associate Professor, Department of
Psychology, University of Illinois at
Urbana–Champaign; Director, Community Psychology Program

Education
Ph.D. Psychology.
University of Virginia

B.A. Philosophy and Psychology,
Yale University

SCRA Involvement
Member, Council of Education Programs, 2006
Member, Council of Community Psychology Program Directors,
1991–2006
Member, Visioning Task Force, 2005–2007
Co-chair, National Planning Committee, 10th Biennial
Conference, held at University of Illinois, 2003–2005
(Chair, local planning committee)
Member, National Planning Committee, 11th & 12th Biennial
Conferences, 2005–
Chair, Children and Youth Interest Group, 1993–1997
Editorial Board, AJCP, 1990–1995

Personal Statement/Goals for SCRA
I am honored to be nominated to run for election as
president-elect of SCRA. SCRA has been my professional
home for better than 25 years. In innumerable ways, through
various committee assignments, through participation in the
intellectual life of the society, but especially through the deep
and lasting relationships I have made with others committed
to community psychology, SCRA has fueled my professional
and personal growth. To serve SCRA as president would be a
privilege.

Sitting in my father’s AA meetings as a boy gave me
an abiding belief in the capacity of human beings, given the
opportunity, to collectively confront their common challenges.
While protesting and leafleting in support of César Chávez and
migrant farm workers I began to see the connection between
individual suffering and social oppression. I thought my call-
ing would be anti-poverty and community mental health work
until, as an undergraduate at Yale, Seymour Sarason introduced
me to community psychology. I knew immediately I had found
my place in the world. I consider myself extremely fortunate
to have been able to pursue my passions first as a graduate stu-
dent at the University of Virginia and then on the faculty at the
University of Illinois.

Over the years our community of scholar/activists has
grown more diverse, more confident and clear in purpose. The
work of the members of our society has helped to shape the in-
tellectual and practical trajectories of psychology. Our activities
have improved the quality of life for countless individuals and
communities. I believe that we are well positioned to continue
to shape psychology and better situated to contribute to the broader
good. Still, there is much we can and should do to strengthen
our organization and to enrich our contributions to communities
around the world.

Today, we are fortunate to have a clear vision of where
we want the society to go. As chair of the 2005 biennial con-
ference planning committee I was gratified to support the work of
a relatively small group of members who saw the time was right
for the society to engage in a broad-based participatory visioning
process. Through a series of well attended and highly energized
meetings at the biennial which continued through the work of
the SCRA Visioning Task Force, we developed a statement of
“Guiding Concepts, Mission, Vision, Principles and Goals.” This
statement—adopted by the Executive Committee in August 2006,
and approved by an overwhelming membership vote in January
2007—provides an excellent platform for SCRA’s work in the
coming years.

I am committed to the goals and vision articulated in
that statement. The statement reads in part: “The community
psychology of the future will be guided by four key guiding
concepts: global in nature; use of multi-sectoral, interdisciplinary
partnerships and approaches; a focus on creating policies in-
formed by community psychology and social justice values; and
research and action that promote social justice.” Our vision builds
on our past accomplishments, and on the strengths and creativity
of recent work in SCRA.

For several years, SCRA has sought to embrace the
global nature of our interests and concerns. There is much we
must learn about, from and with our international neighbors. The
global context of our theorizing and practice poses great chal-
lenges and opportunities to our work. The first two International
Conferences on Community Psychology—held in San Juan,
Puerto Rico in 2006 and Lisbon, Portugal in 2008—are excit-
ing and valuable steps toward fostering richer exchange be-
tween the vibrant community psychologies that exist around the
world. I would like to see SCRA continue to increase its support
of international research and action collaborations—perhaps
through student travel for such projects and through increased
use of untapped opportunities for communication. Developing
“Global Networking Platform for Social Action Research” re-
resents one promising example of the potential for international
collaboration.

Likewise, SCRA’s Interdisciplinary Linkages Committee
and its Social Policy Committee continue to strengthen our con-
nections to allied disciplines and our participation and impact in
the social policy arena. I would like SCRA to expand the mecha-
nisms through which members and the organization support so-
cial policy that is consistent with our values and understandings
of the world. Along these lines I would like SCRA, working with
other APA divisions and/or other disciplines, to support the de-
velopment of policy-focused white papers. Of course, APA and other
public and private organizations already do a lot of excellent
work of this type. Still, we must augment our efforts to infuse community psychology values, principles, findings and frameworks into policy development, implementation and evaluation.

To facilitate theory, research and action that promotes social justice, I would like SCRA to explore the possibilities of developing a community psychology monograph series. The sharing of our work is constrained by the limited publication mechanisms currently available to us. A monograph series would permit a fuller presentation of the multiple dimensions and details of our work on social problems in communities. While such a series should showcase the broad spectrum of work in our field, it might be particularly useful for generating a knowledge base concerning the processes of engaging in community research and action, and of how it is that we represent ourselves and others in participatory work. This base is sorely lacking. Recent initiatives from the National Institutes calling for participatory community-based research underscore the urgent need for such theorizing, research and action.

I yearn, like many in SCRA do, for accelerated progress on multiple fronts. Not least among them from my perspective are understanding and leveraging the actionable features of social settings and social systems, expanding our critical understanding of the exercise of power, describing the conditions under which democratic community practices flourish, strengthening the integration of research and action, and making good on our commitment to diversity. I struggle with all these issues in my own work on community-based efforts to address racial inequities in public education. But, like many of you, I am buoyed up and privileged to work and learn with committed members of my community. Together with you, I look forward to sustaining and growing a strong and vibrant community psychology and Society for Community Research and Action.

Awards
Faculty Fellow, Center on Democracy in a Multiracial Society, University of Illinois
Graduate Student Organization, Excellence in Graduate Teaching/Advising Award, Department of Psychology, University of Illinois

Selected Publications
Aber, M. S., Seidman, E., & Maton, K. (Eds.). (In preparation). Empowering settings and voices for social change. (This volume grows out of the Festschrift in honor of Julian Rappaport; prospectus under review).


Candidate for SCRA President
Maurice J. (“Mo”) Elias

Current Employment
I am Professor of Psychology and Coordinator of Internships in Applied, School, and Community Psychology at Rutgers University. There, I have responsibilities for both graduate and undergraduate teaching of CP, and supervise PhD and PsyD students in both dissertations and field practica on our school-based CP projects. I also involve many undergraduates in our work and send them off to graduate school and careers in community, school, and clinical psychology and related fields. I founded and direct the Rutgers Social-Emotional Learning Lab as a centralizing structure for my projects. Our most significant new work is Developing Safe and Civil Schools: A Social-Emotional Initiative, funded by the NJ State Department of Education, with the goal of scaling up coordinated K–12 social-emotional and character development activities in schools throughout the state. You can see more about my current work at www.rci.rutgers.edu/~mela/s/.

My Background with Division 27/SCRA
For the past 30 years, starting as a graduate student, I have been an advocate for the community psychology perspective. I have served Div. 27/SCRA as Member-at-Large (and thereby have been on the Executive Committee); Division 27’s APA Program Chair; Co-Editor (with Jim Dalton) of the Community Psychology Education Connection Column in TCP for many, many years; a member of the Editorial Board of AJCP and of the founding editorial team of The Community Practitioner; and I have been honored by SCRA with the Distinguished Contribution to Practice and Ethnic Minority Mentoring awards.

Steve Godin, Jim Dalton, and I did one of the first surveys of Graduate Study in Community Psychology, something that has evolved in others’ capable hands into an exemplary guide for prospective students. I have served on the Undergraduate Awareness and School Intervention Interest Groups. Along with Jim and Abe Wandersman, I have co-authored a community text that was designed to be a successor to a textbook that many of us “old timers” admired a great deal,
by Ken Heller, Rick Price, Shula Reinharz, Stephanie Riger, and Abe Wandersman, “Psychology and Community Change.” We feel we have kept faith with the Heller et al. tradition while adapting to changes in the CP field.

Outside of SCRA, I was involved with many CP colleagues in founding and co-leading (with Roger Weissberg) the William T. Grant Consortium on the School-Based Promotion of Social Competence. Subsequently, with many of these same colleagues and a growing number of others outside psychology, I have been deeply involved in the leadership of the Collaborative for Academic, Social, and Emotional Learning, an interdisciplinary organization that has achieved focused collaboration around issues related to education, prevention, and wellness. I am a Fellow of APA in Divisions 27, 12, 9, 16, and 53 and in related organizations. I have also served for many years on the Boards of the Association for Children of New Jersey and the HOPE Foundation. In all of my work, I have focused on a strengths-based, prevention-oriented agenda.

My work in school-based prevention/social-emotional competence promotion over the past three decades has taken me to many locations in the US, as well as countries including Korea, Mexico, Sweden, Denmark, Canada, Israel, and Greece. These travels have convinced me of the importance of issues of implementation, sustainability, and networking for ongoing support of collaborative efforts worldwide. In the past decade, I have been actively involved in working with minority students in low-performing, urban schools and with issues of scaling up efforts on a statewide basis. I have approached these efforts in the spirit of community psychology and I feel the way in which CP has informed my efforts has been invaluable and appreciated.

I am an energetic collaborator, organizer, and task-oriented finisher. I continue to be in awe of all that happens under the big tent of community psychology but still perturbed that our tent is seen by too few. I intend to build upon and deepen the accomplishments of my predecessors to strengthen our voice and influence within psychology and beyond, in the many contexts in which CP can provide additional value. As SCRA president, I will appreciate the powerful impact that SCRA can have and I will join with our EC, networks, and our membership to serve as a champion for the values, practices, theories, and methods that SCRA stands for.

**Personal Statement**

I became a community psychologist as a graduate student in the mid-70s when I took my first CP course (from Jack Chinsky), read my first CP text (by Julian Rappaport), met my first radical psychologist (Steve Larcen), worked with my first preventive intervention (Myrna Shure and George Spivack’s ICPS), met my first CP luminary (Emory Cowen), and attended my first Northeast Regional CP Conference and Vermont Conference for the Primary Prevention of Psychopathology (and heard Eli Bower, George Albee, and Irma Serrano-Garcia, among others). I couldn’t understand why EVERYONE wasn’t a community psychologist—what a fantastic field, with articulated, high-minded but grounded values, and terrific people!

As a graduate student, I began to study the spread of CP and its influence within psychology and was surprised and disappointed by the limited impact of our field. This puzzle continued even as I became involved in Division 27, in the days before SCRA. Lonnie Snowden’s remarkable article about the “peculiar success of community psychology” (Snowden, L. (1987). The peculiar successes of community psychology: Service delivery to minorities and the poor. *American Journal of Community Psychology, 15, 575-586*) has profoundly influenced my thinking about our situation. Lonnie showed how our focus on context and participant conceptualization led many of us to become entrenched in fields we sought to better understand and change. In the process, our identification with CP, and particularly its formal structure, became diminished. I have experienced Lonnie’s phenomenon as I have worked on school-based preventive interventions and I realize that there are good reasons for the pattern he identified.

Drawing upon the “peculiar success” perspective, I have been particularly impressed in recent years with two developments in SCRA: the growing involvement of individuals internationally and the increased emphasis on practice. These makes great sense to me because as community psychologists, we need to keep a focus on the commonalities we share as human beings in search of lives of dignity and meaning, and because we are ALL engaged in practice, whether it is the practice of research, community-based participant conceptualization or action, or other CP-related activity.

As a professional extensively involved with CP for 30 years, I have thought about ways in which I would like build upon these recent developments and strengthen our field. Some areas in which I would like to lead/support renewed efforts are:

- Revisiting projects that have been established to increase the visibility of CP in undergraduate education and create a more vigorous international “farm system” to build our future.
- Better outlining current and future career paths in CP and community research and action.
- Improving networking among those who have enjoyed “peculiar success” in CP so that our field gains more than we lose by such occurrences: the internet offers us new and underutilized opportunities for rethinking this process.
- Developing “The Community Practitioner” as a publication separate from *TCP*, whether on-line, print, or both.
- Sponsoring forums for position/policy briefs that are not SCRA position papers but CP-informed positions, building on CP values and principles and reflecting diverse viewpoints even on the same topics. There are serious issues and threats to social justice and wellness facing communities around the world. CP’s voice and perspective can be of much value in addressing them. One colleague refers to this as “sophisticating the public dialogue.”
- Continuing the evolution of our revised vision and mission statement by encouraging more international dialogue (including the US and Canada!).
Selected CP and “Peculiar Success”–Related Publications


Candidate for SCRA Secretary

Jean L. Hill

Current Position & Education

My name is Jean Hill and I am running for the position of Secretary of SCRA. I am a professor of psychology at New Mexico Highlands University. I received my doctorate in community/clinical psychology from DePaul University, and have been a member of SCRA since I joined as a graduate student in 1983.
SCRA Involvement

As part of my involvement in SCRA, I have served as a regional coordinator for SCRA and as chair of the Women’s Committee. As part of my involvement with the Women’s Committee, I served as co-editor of the special issues of the American Journal of Community Psychology on the intersection between feminist theory and research and community psychology. In June of 2003, I hosted the 9th Biennial Conference on Community Research and Action here at New Mexico Highlands University, in Las Vegas, New Mexico. In 2004 I was appointed a Fellow of SCRA.

Personal Statement

As a mid-career community psychologist, I find myself increasingly frustrated with the results of efforts to effect positive community change. I know so many people who are working hard to improve their communities and their countries. And, from my middle-aged, possibly jaded perspective, I see little long-term positive effects. In my musings about how to deal constructively with my frustration, I find myself focusing on two major issues: mechanisms of change and points of effective intervention.

In every course that I teach, the most salient issue is one of mechanisms. It is not enough to know that something has an effect; the emphasis is on understanding exactly how that effect takes place. This emphasis can be seen in behavioral genetics, developmental and cognitive processes, and clinical interventions. In order to translate effective interventions into effective public policies, we need to have detailed theories of the mechanisms of individual, institutional, and community change.

The other major issue that preoccupies my thoughts is the question of effective points of intervention. I have spent a great deal of time working in my community, and I am sure many of you have shared some of my experiences. The community works very hard to institute policies and programs that are evidence-supported, and that have been selected to address specific needs of the community. Then, there is a policy change at the state or federal level and the programs at the community level disappear.

We teach that the best way to promote healthy, happy individuals is to provide structures in their communities that promote healthy development. I have come increasingly to believe that we cannot sustain those structures in the community unless we initiate structural change at the state and federal level.

The APA is reasonably effective at influencing public policy. Unfortunately, I know that some of their biggest policy initiatives, certainly the ones they have spent the most money on in my state, are issues that I personally oppose, and that I believe are in fundamental opposition to community psychology values. SCRA certainly has the potential to increase our effectiveness at instituting public policies. Policies that are based upon sound theories of the mechanisms of individual and community change.

I would very much like to see SCRA focus on these two issues: explicating the mechanisms of change and identifying effective points of intervention, most essentially at the level of state, provincial, and federal governments. I believe that by having the membership of SCRA focus our collective efforts on these issues we could more fully realize the goals of our organization.

Candidate for SCRA Secretary
Elaine Shpungin

Current Position

I am currently the Director of the Psychological Services Center, the training, research and outreach facility of the Clinical-Community doctoral program at the University of Illinois, Urbana-Champaign. I am also the current co-chair of the Women’s Committee, which is planning an exciting awareness presentation on “Silencing” within SCRA, to be presented at the plenary session of the 2007 SCRA Biennial (you can read more about this initiative in the Women’s Column of the Spring TCP issue).

Personal Statement

I am honored to be nominated for the position of Secretary for the Society. I believe I can serve the Society well in this capacity, for the following three reasons: (a) I strongly resonate with the mission and work of SCRA; (b) my personal strengths and skills are a good fit for the position of Society Secretary; and (c) I actually enjoy meetings!

Human Dignity First

Since my earliest days as a doctoral student at Michigan State University, the underlying themes of community psychology have guided me in my work with domestic violence survivors, people with disabilities, Hmong refugees, homeless families, and the agencies that strive to serve them. Now, as the Director of a Center which strives to train doctoral students and produce cutting edge research while serving the surrounding community, I find my connection to SCRA and its principles even stronger. What has resonated most with me throughout this journey is the Society’s goal of promoting social justice through partnerships with, not only researchers and policymakers, but those people who are affected by research and policy. One of the beliefs that undergirds my own professional work and research is that all individuals deserve recognition of their inherent human dignity, or their inner human worth.

The “Silencing” project which I am helping to organize as co-chair of the Women’s Committee is an example of this belief in action, both in the issues it hopes to raise in our collective conscience and in the way our committee hopes to carry it out (helping each other come closer to living our Society’s values rather than pointing out ways in which we are lack20have many different voices, but feel that, fundamentally, this basic principle of human dignity is one of the themes that connects us and guides the way we approach the world, the way we try to create knowledge and even the way we wrestle with our mission, goals, and vision every 40 years or so.

Building Bridges

Given my long and steadfast commitment to SCRA (I have not missed a Biennial conference yet!), it would be an honor to serve the Society in the position of Secretary as it works to accomplish its goals. I believe that much of the work I do in
my current position as Director of the Psychological Services Center will serve me well if I am elected as Secretary. Because the Center has a three-fold mission of training undergraduates, serving the community, and producing research, much of my job involves building and maintaining bridges between graduate students, faculty, local community organizations, community leaders, and community residents. Communicating efficiently and effectively, considering disparate needs, listening to diverse voices, and helping to connect people with different agendas is a challenge I enjoy. I believe these skills will help me succeed in the position of SCRA Secretary, which also involves the building and maintaining of communication bridges among different SCRA members and organizations. I also think that being used to juggling many roles (instructor, mentor, administrator, supervisor, committee chair, community liaison) will help me work with—and understand—the many different faces of our Society, which span the gamut from students and faculty to community organizers and lobbyists.

**Bring on the Meetings**

Lastly, though I say this partly in jest, I want to mention that I really do enjoy administrative work—including meetings. I find meetings to be a great arena for learning about human dynamics, community principles, politics, and power structures. The prospect of sitting in on the Executive Committee meetings is actually appealing to me. In other words, if elected as Secretary, I promise to not only take faithful notes, but to actually enjoy every “minute” of the process. Thank you sincerely for the opportunity.

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**Candidate for SCRA Regional Network Coordinator Rhonda Lewis–Moss**

**Current Position**

Associate Professor of Psychology  
Wichita State University,  
Wichita, KS

**Education**

1996 Ph.D. Developmental and Child Psychology,  
University of Kansas  
1993 M.A. Human Development, University of Kansas  
1991 B.A. Psychology, Wichita State University

**SCRA Involvement**

Chair Elect, Cultural and Racial Affairs Committee  
Member, Racial and Cultural Affairs Committee  
SCRA Conference Reviewer  
Member of the National Conference Planning Committee,  

**Personal Statement**

I am honored to be nominated for the Regional Coordinator position. I served as the Midwest Regional Representative from 2000–2003. I greatly enjoyed the experience and was happy to serve my SCRA community.

I first got acquainted with community psychology when I enrolled in Dr. Greg Meissen’s Social Psychology class at Wichita State University. I found out that I could conduct research that could help a lot of people at one time. He gave an example of how community psychologists focused their efforts on prevention, social justice, and empowerment. I was delighted to know that such a field of study existed and I decided to go on to get my PhD that focused on community psychology. I went on to do my graduate work with another community psychologist Dr. Stephen Fawcett at the University of Kansas. I learned more community psychology principles including collaboration, individual wellness, empirical grounding, and social justice. These community psychology principles guide my work and my life. I love community psychology because not only do we focus on research but we work with communities instead of doing things to communities. I really see our role as facilitators as we work with communities and use our expertise and the community’s experiential knowledge to solve problems.

I joined SCRA as a graduate student and have attended all of the Biennials since 1993. I served on the National Planning committee for the 5th Biennial, I have reviewed conference abstracts, and I have been a member of the Cultural and Racial Affairs committee. I have enjoyed the interactions with colleagues at the conferences and I encourage my students to become members, attend the conferences, and get involved in the goals of SCRA. I see my role if selected as the Regional Coordinator to facilitate action of the Regional Representatives. The current Regional Coordinator has laid the ground work for all of the Regional Representatives to report on the good work each Region is doing. I would like to build on that foundation and make community psychology more visible to various constituencies particularly community practitioners, students, and other social scientists.

**My Goals**

- Encourage SCRA members to serve in the capacity of Regional Representative in their perspective regions
- Facilitate sharing of lessons learned and research work in communities from each region
- Represent SCRA to APA in a positive way
- Foster an environment that supports inclusive of diverse populations

**Selected Works**


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**Candidate for SCRA Regional Network Coordinator**

**Bernadette Sánchez**

**Current Position**
Assistant Professor, DePaul University, Chicago, Illinois

**Education**
2002 Ph.D., Community & Prevention Research, University of Illinois at Chicago

1997 M.A., Community & Prevention Research, University of Illinois at Chicago

1995 B.A., Psychology, Fairfield University

**SCRA & APA involvement**

SCRA Midwest Regional Coordinator (2003–2006)


Member, Planning Committee for the 1997 Annual Meeting of the Midwestern ECO Community Conference (1996–1997)

Member, Division 27, APA (1995–present)

**Personal Statement**

I am happy to be nominated by members of SCRA’s Executive Committee to serve as the SCRA Regional Network Coordinator (RNC). I view this as an opportunity to contribute to our field by giving back to an organization that has helped me in my development over the years.

I believe my upbringing and experiences provided me with a disposition and belief system that was naturally attracted to this field. I am a child of immigrants from the Dominican Republic who gave up their lives at home to come to the US in search of economic opportunities. My father, the oldest of 9 children, arrived to the US alone at the age of 14 in order to find a job and provide financial support to the rest of his family back home. Amazingly, with his hard work and dedication, he was able to get the rest of his family, and later my mother, to migrate to the US over time. My parents witnessed firsthand unfair disparities in education, work, politics and health in the US. They constantly discussed with me and my siblings the importance of being involved in the community and obtaining positions of power so that we can better help our community. Often times, when they referred to the community, they were talking about Dominicans in New York City. As a result of this upbringing, I became passionate about making a difference in the lives of urban, low-income youth of color in the areas of education and mentoring. Community psychology is a field that resonates with me because of the focus on context rather than blaming individuals for their plight and because of our field’s value for social justice. Although community psychologists are not the only ones doing this type of work, it is a field where I have found wonderful mentors who have guided me in my journey and helped me think more critically about the work that I do.

A focus of the RNC position is to increase membership in SCRA. I served as a Midwest Regional Coordinator in 2003 to 2006 which gave me a glimpse of what the RNC position involves. One of my roles as the Midwest Regional Coordinator was to organize the SCRA program at the Annual Meeting of the Midwest Psychological Association. A change I made that year was to include the SCRA posters in the main exhibition room with posters in other areas of psychology so that students and professionals outside of community psychology can learn about our field and to increase dialogue between community psychologists and other types of psychologists. Sometimes community psychology is viewed as a “closed” system, and I think it is important to foster interdisciplinary collaborations and dialogue with other social justice minded individuals within the disciplinary disciplines and outside psychology. Further, a faculty member from a social work department became a Midwest Regional Coordinator while I was serving my term which was a step in the right direction.

If I were elected as the RNC, I would be interested in continuing to develop interdisciplinary partnerships by recruiting individuals outside of community psychology to serve as regional coordinators, which is consistent with SCRA’s desire to use interdisciplinary approaches as stated in our vision statement. Further, I am interested in recruiting more community psychologists outside of the US to serve as regional coordinators. The current RNC, Gary Harper, has already recruited regional coordinators from Australia, New Zealand and Japan, for example. I would
like to continue this and recruit coordinators from regions that are not currently represented, such as Latin America. If SCRA wants to have international perspectives included then we need to ensure that we have regional coordinators from around the world. Further, I would like to see individuals from outside the US serve on SCRA’s executive committee in order to have international perspectives. I am also interested in ensuring that we have regional coordinators outside academia given that most are from academic settings.

Another focus of the RNC position is to ensure that the regional coordinators are diverse with respect to gender and race/ethnicity. I would ensure that future regional coordinators are diverse by encouraging individuals from various backgrounds (not only in gender and race/ethnicity) to consider the regional coordinator position. I have experience in diversity efforts as I have been chairing the Department of Psychology’s Diversity Committee at DePaul University. In this role, I have helped organize efforts in our department around recruitment and retention of diverse students and faculty. An additional responsibility of the RNC position is to support and encourage regional activities, such as SCRA programs at the regional psychology conferences.

I am interested in helping the regional coordinators communicate with one another and share ideas about increasing membership and about the activities they organize. I am also interested in seeing more activities where undergraduate and graduate students get involved. One way to do this is to recruit more students to serve as representatives in each region. We need to work toward developing and mentoring our students given their future leadership in our field. I will also work toward getting more early career professionals involved with SCRA.

I hope you seriously consider me for the RNC position, and I promise to do the best job possible if I were elected. Thank you for your consideration.

Honors & Awards
- McNair Mentor of the Year, McNair Scholars Program, DePaul University (2004)
- Research Fellowship, Center for Latino Research, DePaul University (2003–2004)

Selected Recent Publications


Candidate for SCRA
Member-at-Large
Colleen Loomis

Personal Statement
Being a member of the Society for Community Research and Action (SCRA) is critical to my being a community psychologist. SCRA involvement provides bi-directional opportunities for me to contribute to sustaining our organization and fostering my professional development. When nominated for his position, I reflected on my experiences, seeing that my membership roles have varied. Initially (in 1995 when I joined as a student), I was barely involved in SCRA. Each passing year I become more active. The changes in my forms of participation were incremental. For example, when I first joined I listened and observed from the sidelines. Over time, I gradually engaged in dialogue on the listserv. Then, I began working on projects for the Biennial (e.g., serving on a review committee, organizing symposia, hosting mentoring sessions). In the past four years, since I have been an assistant professor of psychology at Wilfrid Laurier University in Ontario Canada, I have been working as an active member of the LGBTQ Interest Group (incoming chair), the Women’s Committee (sub-committee chair), and the International Committee (Regional Coordinator for Canada). As you can see, my participation has taken various forms from passive to active in different positions of our organization from the periphery to near center. I do not assume to know your experiences as an SCRA member. If I am elected to represent you, I will solicit and welcome your input. Serving you and SCRA would be a privilege.
Candidate for SCRA Member-at-Large
Bradley Olsen

Personal Statement
I very much appreciate being nominated to run for SCRA’s member-at-large position. If elected I promise to work hard and push progressive approaches, try to raise all voices equally in the division, and give everything my closest organizational attention. At this point in my career, after my years at the Center for Community Research at DePaul, I am now an assistant research professor at Northwestern University in Evanston, Illinois (outside of Chicago). I work with the Foley Center for the Study of Lives, researching the science of narratives and applying it to the community work that our division 27 best represents. I am currently a member-at-large of Division 50 (Addictions) where I formed the Committee on Advocacy and Public Policy, although this position is ending in a year which would provide a good transition for me to focus exclusively on SCRA.

This is not to say that I have not been active in SCRA in the past years. In an ex-officio capacity, I have been a member of SCRA’s Executive Committee (EC), largely as membership co-chair but in other roles as well. Along with the other members of the EC and those who have not been a part of the EC, I believe I have contributed to a number of advances in the division, such as APA Program Chair, facilitating much of our reorganization, working with Scot Evans coordinating his brilliant design of our new website and helping to connect it with membership and other functions, helping Susan Kistler transition into her new position as managing agent, and generally trying to be as busy as I could be helping with the many new initiatives that are taking us in more advanced directions. Some of the other roles I have played are as our chair of the community action interest group, as an active member of the wonderful interdisciplinary linkages committee, and as co-chair of the SCRA’s Task Force on Disaster, Community Readiness, and Recovery, chaired by Fran Norris. You will hear and read much more about this latter group in the near future, and due to the work of Carolyn Swift, Fran, and myself, Division 27 recently received the CODAPAR grant for this task force through the APA.

My most recently intense role is as Division 27’s liaison to the Divisions for Social Justice (DSJ), which I took over from Ken Maton, one of the founding members of the group. DSJ, for those of you not aware, is a collection of 12 divisions of the APA working with all ECs and pushing—inside APA and through psychology in general—for a stronger emphasis on social justice issues. I am currently president/chair of DSJ. Our most significant effort over the last couple of years has been to advocate for greater detainee rights in places like Guantanamo and Abu Ghraib and to call for a moratorium on the role of psychologists within interrogations at these settings, which are against APA principles and our divisions’s emphasis on “increasing well-being.” Based on many discussions I have had with the APA and its ethics office and their initiative on this, we will have 18 hours of sessions at the APA Convention in San Francisco discussing the hardest questions related to this issue, all in an open participatory format.

Regardless of my past work or the results of this next election, my dedication to our principles are enduring. And I must say my “opponent” is wonderful and very dedicated to social justice issues herself. The key is for all of us to work together to make this community grow in the most socially just, strategic, and authentic ways. We need to become more international in a collaborative and non-dominating way. We need to become more interdisciplinary and yet simultaneously strengthen our own identity, internally and throughout psychology. We need to fight heterosexism everywhere, put more control of SCRA in the hands of our students and to become more conscious about the ways we communicate among ourselves. We need to strengthen all of our interest groups and make them more active by ensuring that the chairs of each committee get all the names and contact info for all of their interested members, and that the chairs get full support in building these sub-communities within the society. We have seen a resurgence of recognition as a discipline, and I am optimistic that these trends toward positive growth will continue, particularly if we build on our strengths such as reflection, approaching our collaborations in participatory ways, and collectively working in translating our science into the most ethical and effective actions. Thank you again for the nomination!

Selected Publications


II INTERNATIONAL CONFERENCE ON COMMUNITY PSYCHOLOGY

Building Participative, Empowering & Diverse Communities
Visioning Community Psychology in a world-wide perspective

4TH - 6TH JUNE 2008
LISBOA · PORTUGAL

Thematic areas: Community Organizing | Systems Change | Policy Change
Creating new settings | Training | Evaluation | Prevention | Advocacy
Collaboration | Networking | Strengthening relationships
Dialogue North-South and Globalization

2ND - 3RD JUNE
Training Institutes:
Community Collaborative Research
Community Coalitions
Political and Community Psychology
Preventing Violence Against Women
Promotion of Well-being and Recovery
Preventing Child Abuse and Neglect
Community Psychology and GLBT

Contact Person: José Ornelas, Associate Professor
Instituto Superior de Psicologia Aplicada Rua Jardim do Tabaco, 34 1149-041 Lisboa, Portugal
Tel: + 351 218 811 714 Fax: + 351 218 860 954 Email: jornelas@ispa.pt
Conference website: http://www.2iccp.com/index.html
You are invited to a special event: First Ever Summit on the Practice of Community Psychology

**SCRA Pre-Conference Summit on Community Practice**

**Wednesday June 6, 2007 1pm–6:30pm**  
Pasadena Hilton, Pasadena CA

Join your colleagues at this historic Summit to explore and determine what we need to do to create a vigorous, sustainable field of practice in community psychology! This will be a first-time precedent-setting event that will help transform the field.

Engage with your colleagues in a participatory process that will promote the future of community psychology practice. We will explore and debate key issues regarding training, professional development, recognition, and publications. Our mission is to make changes regarding community practice that will redefine the field!

Issues to be addressed include:

- Making community psychology practice a more recognized and valued profession
- Valuing and learning from the work of community psychology practitioners
- Articulating a definition of community psychology practice and the core competencies needed for skillful practice
- Guaranteeing that all graduates from programs in Community Psychology have the competencies to apply their knowledge in the community, not just the academy; and that students who wish to pursue community practice are supported in their effort to do so
- Ensuring that SCRA adequately and sufficiently supports and promotes community practice
- Ensuring that our publications are of value to those in practice, give a voice to those in practice, and provide a forum for presentation and debate on issues relevant to practice

Join the leaders of our field, your colleagues, students and decision-makers for a history making summit. We will leave the summit with outcomes and concrete actions. The Summit is open to everyone. If you are engaged in community practice, we hope that you will attend. There is no cost for the summit but pre-registration is required so that the organizers can plan for the size of the audience.

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Are your old TCPs looking for a home? We have just the thing you’re looking for!

~Carolyn F. Swift, SCRA President

SCRA now has a safe archive for storing past issues of The Community Psychologist.

APAs Arthur W. Melton Library in Washington, DC has reserved a space for our Division 27, Community Psychology/SCRA records.

The problem is we have no issues of TCP to store. Over the years they’ve been lost or misplaced. We’re asking you to contact me if you’d like to donate past issues. We’re particularly looking for someone who has an intact collection, or five or ten years of complete issues, so we won’t have to collect them one by one. Please don’t send them. Instead, please email or write me and tell me what years you have, and which issues in those years. And be sure to give me your email, the land mail addresses, and the phone number where you can be reached, and I’ll contact you. Your donation will be very much appreciated.

Contact information: Carolyn F. Swift, cfswift@sbcglobal.net, 1102 Hilltop Drive, Lawrence, KS 66044

Our goal is action, don’t be left behind!

Please register on line as part of the overall Biennial Application.

Summit Planning Committee: Greg Meissen, Kelly Hazel, Raymond Scott, Vince Francisco, Jessica Snells–John, David Julian, David Chavis, Carolyn Swift, Bill Berkowitz, Patricia Garza, Tom Wolff. For further information contact tom@tomwolff.com
Call for Nominations: Editor, American Journal of Community Psychology

Nominations are invited for Editor of the American Journal of Community Psychology (AJCP), the official journal of the Society for Community Research and Action. The goals of the journal are to foster scholarly dialogue and debate around issues of theory, empirical research, and intervention in the field of community psychology; to document the work of community psychology and to influence its evolution; to foster an understanding of the interdependence of research and practice; and to seek out ways to engage varied perspectives in scholarly debate.

The successful editor should have a broad understanding of community psychology, a substantial record of publication, and experience in manuscript review and editorial work. Consistent with the values of the discipline, the successful editor should have demonstrated commitment to and valuing of diversity, multiculturalism, and international perspectives.

The AJCP enjoys the reputation of a high impact, highly selective journal. The next editor should maintain that reputation and build on it to advance the field of community research and action.

The term of office for the Editor is five years, with an additional year as Editor-Elect. The Editor serves ex-officio on the Publications Committee of the SCRA. The Editor is expected to maintain ongoing communication with the Executive Committee of the SCRA and to provide bi-annual reports on the operation of the journal to the Executive Committee. Financial support is budgeted to cover editorial expenses.

The next Editor will assume her/his position in January 2009 as Editor-elect to allow smooth transition to the Editorship in January 2010.

The Editorial Search Committee, appointed by the SCRA Executive Committee is chaired by Jean Ann Linney with Beth Shinn, Roger Weissberg, and Rhona Weinstein.

Letters of nomination and self nominations should be sent to Jean Ann Linney at Linney.1@nd.edu by May 31, 2007. The committee will solicit additional information directly from candidates to supplement letters of nomination.
The Division of Community Psychology (27) of the American Psychological Association:

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

Four broad principles guide SCRA:

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

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

Who Should Join:

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

Interests of SCRA Members Include:

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

SCRA Goals:

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

SCRA Membership Benefits & Opportunities:

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

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

Committee on Women

Community Action Interest Group

Community Health Interest Group

Cultural & Racial Affairs Committee

Disabilities Interest Group

Interdisciplinary Linkages Committee

International Community Psychology Committee

Lesbian, Gay, Bisexual & Transgender Concerns Interest Group

Prevention and Promotion Interest Group

Rural Interest Group

School Intervention Interest Group

Self-Help/Mutual Support Interest Group

Social Policy Committee

Stress & Coping Interest Group

Students of Color Interest Group

Undergraduate Awareness

Women’s 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:  

Account #:  

Expiration date:  

Authorized signature:  

Signature of applicant:  

Date:  

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

SCRA
16 Sconticut Neck Rd. #290
Fairhaven, MA 02719
About The Community Psychologist:
The Community Psychologist is published four times a year to provide information to members of the
SOCIETY FOR COMMUNITY RESEARCH AND ACTION (SCRA). A fifth “Membership Directory” issue is published
approximately every three years. Opinions expressed in The Community Psychologist are those of individual authors and do
not necessarily reflect official positions taken by the Society. 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.

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. E-mail: 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.