FROM THE PRESIDENT—

Anne Bogat, 
Michigan State University

At the Executive Committee’s (EC) Midwinter Meeting, we devoted substantial time discussing the APA torture interrogation issue and determining what actions SCRA could take to move APA in a direction consonant with the values of community psychology. There was no one on the EC who was in favor of leaving APA. We all seem to be “work-within-the-system” types. And we recognize that although APA has its faults, it is the most recognized organization of psychologists in the United States. Thus, we affirmed our commitment to stay within the organization but to increase our dialogue with APA on the issue of interrogation/torture.

As you all probably know by now, in February, 2008, Council passed a substitute wording of the 2007 APA Resolution on torture. The first resolution was passed on August 9, 2006. Concerns over wording and loopholes in that resolution led to a revision passed on August 19, 2007. Many remained concerned about a particular paragraph that seemed to include “qualifiers” regarding psychologists’ presence and participation in situations of torture. And many believed the paragraph in the 2007 Resolution provided “loopholes” allowing psychologists to engage in unethical behavior. The paragraph in question read:

BE IT RESOLVED that this unequivocal condemnation includes all techniques defined as torture or cruel, inhuman, or degrading treatment under the 2006 Resolution Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, the United Nations Convention Against Torture, and the Geneva Convention. This unequivocal condemnation includes, but is by no means limited to, an absolute prohibition for psychologists against direct or indirect participation in interrogations or in any other detainee-related operations in mock executions, water-boarding or any other form of simulated drowning or suffocation, sexual humiliation, rape, cultural or religious humiliation, exploitation of phobias or psychopathology, induced hypothermia, the use of psychotropic drugs or mind-altering substances.

SPECIAL SECTION
EDITED BY SUSANA HELM AND PAUL FLASPOHLER

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58 Taking Mental Health to School: Systemic Integration of the School-Based Clinician, by Christopher J. Reiger & Rachel A. Hamilton
used for the purpose of eliciting information; as well as the following used for the purposes of eliciting information in an interrogation process: hooding, forced nakedness, stress positions, the use of dogs to threaten or intimidate, physical assault including slapping or shaking, exposure to extreme heat or cold, threats of harm or death; and isolation, sensory deprivation and over-stimulation and/or sleep deprivation used in a manner that represents significant pain or suffering or in a manner that a reasonable person would judge to cause lasting harm; or the threatened use of any of the above techniques to the individual or to members of the individual’s family.

It was replaced with this paragraph:

BE IT RESOLVED that this unequivocal condemnation includes all techniques considered torture or cruel, inhuman or degrading treatment or punishment under the United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; the Geneva Conventions; the Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; the Basic Principles for the Treatment of Prisoners; or the World Medical Association Declaration of Tokyo. An absolute prohibition against the following techniques therefore arises from and is understood in the context of these texts: mock executions; water-boarding or any other form of simulated drowning or suffocation; sexual humiliation; rape; cultural or religious humiliation; exploitation of fears, phobias or psychopathology; induced hypothermia; the use of psychotropic drugs or mind-altering substances; hooding; forced nakedness; stress positions; the use of dogs to threaten or intimidate; physical assault including slapping or shaking; exposure to extreme heat or cold; threats of harm or death; isolation; sensory deprivation; over-stimulation; sleep deprivation; or the threatened use of any of the above techniques to an individual or to members of an individual’s family. Psychologists are absolutely prohibited from knowingly participating, planning, designing or assisting in the use of all condemned techniques at any time and may not enlist others to employ these techniques in order to circumvent this resolution’s prohibition.

This is a huge step forward—the last line in the latest Resolution closes the loopholes. However, there are still problems. At the Midwinter Meeting, the EC identified 3 specific concerns:

1. Psychologists still work as part of coercive interrogations in settings (including detention centers like Guantanamo and CIA black sites) that violate basic human rights. There is a referendum sponsored by Withholddues.com which states: Be it resolved that psychologists may not work in settings where persons are held outside of, or in violation of, either the U.S. Constitution or International Law (e.g., the UN Convention Against Torture and the Geneva Conventions), unless they are working directly for the persons being detained or for an independent third party working to protect human
rights. This referendum needs to be adopted by APA.

2. To our knowledge, APA has not followed-up on reports of ethical violations by psychologists who participated in interrogations in the military detention centers and CIA black sites. If the current APA Ethics Code is meaningful, then charges against APA-member psychologists in detention centers and CIA black sites regarding their activities should be investigated.

3. In the current Ethics Code, there is a contradiction between Principle A: Beneficence and Nonmaleficence and Standard 1.02.

**Principle A: Beneficence and Nonmaleficence** Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work (page 3, APA Ethics Code, http://www.apa.org/ethics/code2002.pdf).

**1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority** If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority (page 4, APA Ethics Code, http://www.apa.org/ethics/code2002.pdf).

The contradiction between these two sections of the document presents several problems. First, how can psychologists "do good and avoid harm" when they are asked to engage in activities that do not affirm, and in some cases harm, the mental health and well-being of foreign detainees and prisoners of war? Second, this inherent contradiction in our ethics code needs to be fixed because we cannot predict the future—what might other organizations in which psychologists are employed ask those psychologists to do? We need an ethics code that supersedes what happens in particular settings and does not qualify the responsibility to "do good and avoid harm."

These 3 points are elaborated in a letter drafted and signed by the EC which will be sent to Norman Anderson, PhD, the CEO of the APA, Alan Kazdin, PhD, the President of the APA, and Stephen Behnke, PhD, the Chair of the Ethics Board of the APA. Brad Olson and I will work to get other Divisions with similar values to send in their own letters. We will post the SCRA letter on our web site for members and others to view.

Also on our web site will be a power point presentation on the APA torture-interrogation issue, first developed by Jean Hill and revised by Jean and Brad Olson. We ask our members to speak out about the torture-interrogation issue, and this power point presentation can be used as a starting point.

Finally, I want to make you aware of a bill passed by the California House of Representatives and currently before the Senate. The gist of the bill (sometimes known as the Ridley–Thomas bill) is as follows:

**DIGEST:** This resolution states that the United States Department of Defense guidelines authorize participation of psychologists and other military health personnel in the interrogation of detainees in Guantanamo Bay and other foreign military prisons operated by the United States in violation of professional ethics. This resolution urges all relevant California licensing boards to notify health professionals licensed in California of their professional obligations under national and international law relating to torture and notify those professionals that those who participate in torture may be subject to prosecution. Additionally, the resolution requests the United States Department of Defense and the Central Intelligence Agency to remove all California-licensed health professionals from participating in prisoner and detainee interrogations. [http://info.sen.ca.gov/pub/07-08/bill/sen/sb_0001-0050/sjr_19_cfa_20080128_150612_sen_floor.html](http://info.sen.ca.gov/pub/07-08/bill/sen/sb_0001-0050/sjr_19_cfa_20080128_150612_sen_floor.html)

Note the last sentence of the bill—that licensed health professionals cannot participate in interrogations. Unfortunately, the APA is asking that bill be amended so that psychologists licensed in California will be able to participate in interrogations of detainees in settings like Guantanamo and CIA black sites, except those interrogations that involve torture or are coercive.

In testimony before the California State Senate, Stephen Behnke, PhD, the Chair of the Ethics Board of the APA has asked the Senate to modify the bill as follows.

Mr. Chairman, I would now like to offer some specific comments on Senate Joint Resolution 19 that you recently introduced related to health professionals and torture. APA strongly supports the resolution's principal objective, namely, to ensure that California-licensed health professionals are aware that their participation in any form of torture is unethical and illegal. Toward this goal, APA has widely disseminated our resolutions related to torture through our publications, convention programs, and website to educate our members, including the 13,000 APA members in California, about this critical matter.

In keeping with your resolution's focus on torture, we recommend that its other key provision be modified to request that the U.S. Department of Defense and the CIA remove all California-licensed health professionals from participating in prisoner and detainee interrogations that involve torture. The current language of the resolution is extremely broad, and would preclude a California-licensed psychologist from advising on any Department of Defense interrogation of

continued on p. 6 ▸
FROM THE EDITOR—

Elizabeth Thomas,
University of Washington Bothell

am pleased to share this Spring 2008 issue of The Community Psychologist with you. Thanks to all of the column editors and contributors for their fine work on this issue. Welcome to two new column editors: Rhonda K. Lewis- Moss, “Cultural and Racial Affairs,” and Michele Schlehofer, “Women’s Issues.” And many thanks to Pamela Martin, Nicole Allen, and Christina Ayala-Alcantar, who just completed their terms as column editors.

In addition to the regularly featured columns, I want to draw your attention to a special section titled “Systems Change through School-Community Partnerships” that is edited by Susana Helm and Paul Flaspohler, co-chairs of the School Intervention Interest Group. They have brought together community research and action in a set of papers that “explore efforts to promote systems change in integrating supports for health, mental health, and education in schools.”

In “Children, Youth, and Families,” Richard Roberts invites SCRA members to participate in the National Children’s Study, funded in part through the National Institutes of Child Health and Human Development. The 21 year cohort study will examine a range of child health issues including the impact of physical environments (e.g., environmental toxins, substandard housing, quality of places to play) on child development, health, and mental health. He makes a great case that community psychologists have much to contribute to these efforts and should be a part of this important work.

In “Community Health,” David Lounsbury and Shannon Gwin Mitchell invite SCRA members to contribute to both a special issue of the American Journal of Community Psychology and presentations for the 2009 Biennial SCRA Conference on “Social Ecological Approaches to Community Health Research and Action.” Submissions are due July 1, 2008. In “Regional,” Bernadette Sánchez highlights some of the ways that SCRA members are partnering with others for social change and invites others to share their stories. She is also recruiting Regional Coordinators and Student Regional Coordinators!

As always, it is exciting to see great student work in TCP. Thanks to Editors of “The Community Student,” “Cultural and Racial Affairs,” “Disabilities Action,” and “Social Policy” for bringing student work to us from Victoria Frehe at the University of Kansas; Edume García-Iriarte, Jessica Kramer, and Join Kramer at the University of Illinois Chicago; Ticolia Caldwell and Avril Smart at North Carolina State University; Familia Sly at Wichita State University; and Ryan O’Mara at the University of Florida.

Readers will appreciate the opportunity to become acquainted with community psychologists in “Living Community Psychology.” This issue meet two Italian community psychologists, Drs. Terri Mannarini and Angela Fedi, who traveled to Washington, DC. for an international sabbatical. And, of course, there is much more I would like to highlight. So thanks again to the many contributors to this issue. Enjoy.
### THE SOCIETY FOR COMMUNITY RESEARCH & ACTION

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<td><strong>LATIN AMERICA</strong> Vacant</td>
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<td><strong>INTEREST GROUPS</strong> <strong>AGING</strong> The Aging interest group focuses on the productive role of aging in the community and the prevention of mental health problems in the elderly</td>
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<td>Chair: Margaret M. Hastings, 847-256-4844, <a href="mailto:margarethastings@earthlink.net">margarethastings@earthlink.net</a></td>
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<td><strong>CHILDREN, YOUTH AND FAMILIES</strong> 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</td>
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<td>Chair: Richard N. Roberts, 435-797-3346</td>
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<td><strong>COMMUNITY ACTION</strong> The Community Action interest group explores the roles and contributions of people working in applied community psychology settings</td>
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<td>Chair: Bradley Olson, 773-325-4771</td>
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<td><strong>COMMUNITY HEALTH</strong> The Community Health interest group focuses on health promotion, disease prevention, and health care service delivery issues as they relate to the community</td>
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<td>Co-chairs: David Lounsbury, 415-338-1440, <a href="mailto:lounsbud@mskcc.org">lounsbud@mskcc.org</a> Shannon Gwinn Mitchell, 202-719-7812, <a href="mailto:sgwinnmitchell@hotmail.com">sgwinnmitchell@hotmail.com</a></td>
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<td><strong>DISABILITIES</strong> 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</td>
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<td>Chair: Katherine E. McDonald, 503-725-3995, <a href="mailto:kmcdona@pdx.edu">kmcdona@pdx.edu</a></td>
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<td><strong>LESBIAN/GAY/BISEXUAL/TRANSGENDER (LGBT)</strong> 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</td>
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<td>Co-chairs: Richard Jenkins, <a href="mailto:richjen55@niddk.nih.gov">richjen55@niddk.nih.gov</a> Colleen Loomis, 519-884-1970 x 2858, <a href="mailto:cloomis@wlu.ca">cloomis@wlu.ca</a></td>
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<td><strong>PREVENTION AND PROMOTION</strong> 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</td>
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<td>Co-chairs: Monica Adams, <a href="mailto:madams8@depaul.edu">madams8@depaul.edu</a> Derek Grifith, <a href="mailto:derekmg@umich.edu">derekmg@umich.edu</a></td>
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<td><strong>RURAL</strong> The Rural interest group is devoted to highlighting issues of the rural environment that are important in psychological research, service, and teaching</td>
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<td>Chair: Cécile Lardon, 909-474-5781, <a href="mailto:c.lardon@uaf.edu">c.lardon@uaf.edu</a></td>
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<td><strong>SCHOOL INTERVENTION</strong> The School Intervention interest group addresses theories, methods, knowledge base, and setting factors pertaining to prevention and health promotion in school</td>
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<td>Co-chairs: Paul Flaspohler, <a href="mailto:flaspohler@muohio.edu">flaspohler@muohio.edu</a> Susana Helm, <a href="mailto:shelm@hawaii.edu">shelm@hawaii.edu</a></td>
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<td><strong>SELF-HELP/MUTUAL SUPPORT</strong> 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</td>
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<tr>
<td>Chair: Lynne Mueck, <a href="mailto:lmueck@thecouncil-online.org">lmueck@thecouncil-online.org</a></td>
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a prisoner or detainee anywhere in the world, including an interrogation of a United States citizen in a domestic Department of Defense facility.

Dr. Benke builds his argument as follows:

I would like to state at the outset that it is extremely important to keep separate “interrogation” from “torture.” A competent, ethical interrogation never involves torture. Torture is antithetical to the goals of respecting human dignity and of eliciting information that will help to prevent acts of violence and save lives.

He indicates that APA’s position is built upon three foundations:

First, torture is immoral and unethical. APA has been explicit and emphatic that psychologist participation in torture is always prohibited. There are no exceptions to this prohibition.

Second, competent and ethical interrogations, conducted for the purpose of preventing acts of violence, are based upon an understanding of an individual’s motivations and beliefs, that is, on an understanding of the individual’s personal psychology.

Third and finally, as experts in human behavior and motivation, psychologists have valuable and ethical contributions to make in assisting interrogation processes.

You can find the full text of Dr. Benke’s statement at <http://www.cppsy.org/>, under the link: CPA/APA Statement to CA State Senate Business, Professions and Economic Development Committee Regarding Interrogations and Torture.

As we state in the EC’s letter to the APA:

We are deeply troubled that psychologists assist in planning methods of interrogation that involve escalating fear and anxiety in the prisoner (e.g., “fear up harsh” in the Army Field Manual, the guide for military interrogations) or to further increase depression (e.g., the technique of “ego down” also in the Army Field Manual). That the battery of interrogation techniques used by the CIA is sufficiently harsher than the Army Field Manual only adds to the problematic nature of the involvement of psychologists.

By the time this column reaches you, the California bill may have been passed into law, amended, or tabled. For those of you who are licensed psychologists and who believe that participation in interrogations is also problematic, when those interrogations involve people who are illegally detained and involve violations of human rights (regardless of whether the techniques are labeled “torture” or not by the present administration), please work with your own State Licensing Board to draft and pass similar legislation.

The APA interrogation/torture issue is complicated, and I am unable, in the space allotted for this column, to do justice to its complexities. There are many excellent websites with resources for further reading, but Ken Pope has been maintaining a comprehensive website with many readings. For those of you interested in more information, I encourage you to visit the website: <http://kspope.com/interrogation/index.php>.

I want to end this column with some divisional business that doesn’t involve APA. Although it is typical for the president of the division to write four newsletter columns, sadly, this will be my third and last. We are experiencing some financial shortfalls in our budget this year, and we voted at the EC MWM to cut back our publication of TCP from 4 to 3 issues. This was not a decision that any of us made lightly—it saddened all of us to do this. However, the cost of mailing and printing TCP has increased substantially over the years. It is, in fact, the largest single expense that we incur as an organization. TCP is a valued resource for our members and an important outlet for significant work in our field. However, the EC will have to decide in the coming year(s), especially when we choose the new TCP editor, whether we can afford to publish hard copies of the newsletter. Perhaps this is the time to move to an on-line version of our newsletter, a step taken by so many other organizations as of late.

Regarding finances, there is one other point I want to note. Several years ago the members voted for a two-phase dues increase. The first phase was implemented, and, now, the second phase of that dues increase will begin on May 1, 2008. Many of you may have received emails/letters from our Business Manager, Susan Kistler, indicating the amount of the increase and the chance to renew at the old rate before that date. We hope all of you understand the importance of having our dues keep pace with our expenses.

I am writing this column in March, 2008, about 7 months into my presidency. One of the real joys during this time has been getting to know so many new faces in the division. It’s especially heartening to meet graduate students and young professionals who are involved with SCRA. They are enthusiastic, passionate, and committed to the research, practice, and values of our field. We are in good hands if these individuals stay in the field and eventually become leaders of our organization. It’s also been a pleasure connecting more deeply with old friends and acquaintances in the division. I was a lucky undergraduate to train at the University of Maryland, College Park, and work closely with faculty like Forrest Tyler and Oscar Barbarin as well as graduate students like Ken Pargament and Roger Mitchell. Of course, I was also fortunate to receive my graduate training at DePaul University under the generous and wise mentorship of Lenny Jason and Ed Zolik. To all of these individuals, who ignited my passion for community psychology, my most heartfelt thanks and gratitude.

The people within the division with whom I have worked most closely over the last 7 months and will work with in the months to come, are those on the EC. I want to publicly thank the current EC—Carolyn Swift, Mo Elias, Fabrizio Balcazar, Jean Hill, Brian Wilcox, Bernadette Sánchez, Susan Torres Harding, Anita Davis, Colleen Loomis, Marco Hildago, and Chris Zambakari—as well as the ex officio members—Brad Olson, Kelly Hazel, Elizabeth Thomas, and Bill Davidson. All of these individuals are wonderful colleagues—thoughtful, hard-working, and competent. I am impressed every day with how difficult it is to run an organization mainly on volunteer labor and how well we ultimately do it. It is my honor to serve with such wonderful individuals. For all of us, the work we do on the EC is truly a labor of love.
Children, Youth, & Families—

Edited by Richard N. Roberts

Why the National Children’s Study is Important for Community Psychology and Why We Should Be Involved

~ Richard N. Roberts,
Early Intervention Research Institute, Utah State University
Sean D. Firth, University of Utah School of Medicine
& Edward B. Clark, University of Utah School of Medicine

Community psychology by its very nature is the study of human behavior and development in the context of different environments. We ask questions, explore options, and create the science and practice in which communities are the context for change. We want to better understand how, and in what manner, the ecology surrounding us affects what we as humans do and how we do it. This includes both psychological/sociological constructs as well as the physical environments that may or may not be obvious but affect our ability to respond to stimuli in very profound ways. As the physical world around us becomes more and more toxic, what does community psychology have to say about its effect on us and our children? Everyday examples of this exposure have to do with living near a freeway, a chemical plant, or working in manufacturing, where not enough is known in the public sector about the effects of the materials used in production on health and well being. While working in such plants, these materials enter a person’s body over time—yet the symptoms of any illness or disease are subtle as the degree of exposure slowly has its effect.

Imagine an example of an otherwise healthy couple who decide to have a child and live near a steel mill, copper mine, or in a community such as the one in which one of us lives. Cache Valley has inversions every winter and the air quality has been registered as one of the worst in the country in the winter months—a dramatic shift from the pristine mountain air of just 15 years ago when we moved here. Fast forward 6 years and the parents begin to notice that their 3-year-old son is not picking up language very quickly and has relatively minor but significant difficulty in learning fine motor tasks like stacking blocks or holding a spoon in such a way that he can easily feed himself. He also has significant allergies. They are concerned and visit their local pediatrician. They receive a diagnosis and begin a treatment regimen involving behavioral and psychopharmacological medications. Since neither parent has a history of allergies or behavioral disorders they are at a loss to explain the problems they are having.

To what degree can we attribute this child’s disorder to the very physical environment in which he was conceived, born, and grew up? Is it just happenstance that he has received the diagnosis? The parents want to know what caused it.

Though the data are not conclusive, how much of the current increase in childhood disorders is at least, in part, stimulated by rapid changes in our physical environment? We do not know. However a national prospective cohort study is getting under way even as this piece is being written that may, over its 30-year course, provide some of the answers to this question as well as others. In the National Children’s Study, funded through the National Institute of Child Health and Human Development among others, researchers are preparing to examine this question with a national sample of 100,000 not-yet-born children across the country. Though President Bush redlined its initial funding in last year’s budget, and may do so again this year, it has been restored in the budget by Congress.

How should the Society for Community Research & Action (SCRA) become involved in such an endeavor, and how does a study such as this fit into our concerns over the environment/human interactions and social justice? Before we go into the study itself, we would like to whet your appetite with some examples of how community psychology can be involved. The study is set up with “vanguard centers” around the country with a combination of additional stand-alone study centers and secondary locations connected to the initial vanguard centers. Seven vanguard and a number of additional study centers are becoming operational across the country. Two of the proposed 100 sites have already been funded in Utah. Each site will enroll 1,000 children (approximately 25% preconception and others during early pregnancy) with the projection of following the families until the enrolled children reach the age of 21. Aggregated data will be released in stages so that findings can be moved to action without waiting for the final results. Community psychologists may become, or are already, involved in the core teams as the sites come on line. The research teams are responsible for the collection of the core data sets but are also being encouraged to apply for available funding for a number of adjunct or companion studies using the data from the core sample as well as additional data specific to the questions posed in the additional studies.

Who better than community psychologists can begin to consider studies and policy mandates that will address issues in these primary and secondary data sets? Issues such as polluted air, water, toys, foods, household products, strip mining, and open-air waste sites are all grist for the mill for community psychologists. Here is a genuine opportunity to be part of data-based solutions. Several federal funding agencies will be inviting companion secondary studies to increase the knowledge gained to better serve the public good. The proposals will be vetted through the NCS leadership first and then, once approved, submitted by the investigators to other agencies or organizations to be reviewed for possible funding.

We have listed the web sites for more information and would be happy to start a work group of community psychology researchers who are interested in moving forward with this. We have work groups started at Utah State University and at the Vanguard Center at the University Of Utah School Of Medicine’s Department of Pediatrics that are engaging the faculty. The Vanguard Center is well underway with a series of seven pilot studies that hopefully will become funded research programs over the course of the next decade.

The National Children’s Study was proposed as part of the Children’s Health Act of 2000. As documented in Growing up Healthy—An overview of the national children’s study—published

1 Work reported in this manuscript was supported in part with funds from the National Children’s Study.
by the U.S. Department of Health and Human Services, the last major long-term study of children’s health, The Collaborative Perinatal Project, took place in the 1960s. The changes in our society and our degraded environment since then are significant. This study joins a number of scientific projects in the last 40 years that will help parse out some of the cause-and-effect relationships we need to understand. The Human Genome project, for example, has increased both our knowledge and the technology we are now capable of using in a study of this nature. Even as we race to understand the effects of today’s rapid world change on every facet of the families and communities, our ability to track and understand changes in family life and health in the U.S. continues to rapidly expand.

The increase in childhood disorders (both physical and psychological) is not just a function of better public health monitoring. The increased prevalence is real and disturbing. Childhood diabetes, ADHD, autism, asthma, and childhood obesity are just some examples of conditions that will be tracked as part of this data set. On the positive side, we now use child restraints in cars (though not necessarily in school buses). Lead is also being removed from supplies we use in building homes, apartments, and schools. At the same time we continue to see increases in child abuse, drug and alcohol abuse, pregnancy earlier in life, and toxic air days where children may not go out to play in schools and communities.

Childhood disorders are not simply disasters for the families whose children are affected by them. They have a huge impact on community well being. Some of the estimates of the cost of disease burden are measured in the billions ($787.7 billion per year for injury, obesity, diabetes, asthma, neuro-developmental disorders, and low birthweight in the U.S. alone (Growing Up Healthy, An overview of the National Children’s Study U.S. Dept. of Health and Human Services/National Institute of Child Health and Human Development). As environments continue to be degraded, these numbers will only escalate.

The NCS will be addressing a range of issues including:

1. Pregnancy outcomes: Birth defects, low birthweight, preterm birth, miscarriages, still births, and neonatal problems. Examples of the issues being explored include maternal glucose metabolism impairment (a precursor to diabetes) and the effects of intrauterine infection on preterm births.
2. Injuries: Shaken baby syndrome, intentional and unintentional injury through abuse and/or neglect continue to be poorly understood and ever increasing in frequency. A number of national campaigns are bringing these issues to the forefront of public knowledge and action.
3. Asthma: Being a child with asthma restricts life in significant ways. The documented increase in childhood asthma for children ages 5-14 has almost doubled in the last two decades.
4. Obesity, diabetes and physical development: Many of the issues surrounding these childhood disorders are a function of behavior and environment amenable to change. What do we know about sedentary life styles for children either because of the physical and social dangers in their communities or issues in daycare/after school care that encourages sedentary behavior? Are there sidewalks and opportunities provided by community design and action that encourage more active lifestyles for the whole family?
5. Child development and mental health: Both prenatal and postnatal exposure to a wide variety of pesticides, neurotoxicants (lead/alcohol) is grist for community research and action.
6. Genetic/environment interactions: We have the human genome project completed. What does it have to do with community psychology? We have yet to examine in any detail how the genome mapping project and the National Children’s Studies may inform our work as community psychologists and how we should be approaching these data.
7. Physical environment: Substandard housing and physical places for children to play are community psychology issues. Data emerging from the Katrina disaster in New Orleans document the hugely degraded physical environment of the children and family members living in mold and other contaminants created as a function of the flooding. One of us having spent time ripping houses apart in the Ninth Ward several months after the hurricane, we can tell you from personal experience, protective clothing and facemasks do not begin to reduce the health hazards of these conditions. Just from the relatively short period of exposure experienced by my group of volunteers as we tore down rotten plaster and wood in homes, the health effects were dramatic. Reports from the Louisiana Health Department on the effects of these conditions on the population are sobering.

What knowledge base do we have out there now that suggests community psychology can take on issues such as this? What can we offer to the science of understanding healthy and contaminated environments and their effect on development of young children? Well it turns out there is quite a bit. Even a cursory review of articles in the last several years in The American Journal of Community Psychology suggests a plethora of knowledge in community psychology on how to effectively address these physical/environmental/psychological threats to children yet unborn.

Without going into a full literature review of this issue (that is still in the works), what can we glean from publications in our own community psychology journals that can inform our contribution to the National Children’s Study?

1. We know how to measure neighborhoods both within the context of social and physical settings and how to relate these variables to child and family interactions. Tracking economic, socioeconomic status, income, family size, ethnicity, and so forth, changes in neighborhoods over time both documents and provide insights into the immediate/long-term consequences of context for child and family physical and emotional development (e.g., Aaronson, 1997; Bass & Lamberti 2004; Berg & Medrich, 1980; Brookes-Gunn, Duncan, Klebanov, & Saland, 1993; Coulton, Korbin, & Su, 1996; Ellen & Turner, 1997; Korbin, 2001; Nicotera, 2007).

2. We know that community psychology has a unique understanding of prevention science. Communities and families are both the context and unit of measurement with respect to how well we are doing as a society to create liv-
able humane and nurturing learning nests for children (Olds, Hill, O'Brien, Racine, & Moritz, 2003; Sandler et al., 2005; Sandler, 2007; Yoshikawa, 2006).

3. We know that community psychology has the ability to understand environmental organizational processes and their effect on conservation, innovation and transformation of institutions (Dean & Bush, 2007).

4. We know that community psychology is uniquely positioned to affect and support change in systems that provide health and developmental services to families (Emshoff et al., 2007; Kreger, Brindis, Manuel, & Sassoubre, 2007).

Community psychology is so relevant to the National Children’s Study—yet it is missing at the table so far. These are but a few examples of our knowledge base that continue to inform the science and action. Go to the websites below to find out more and to position your research team to partner with both the vanguard and study centers around the country as they come on line and initiate companion studies designed to further stretch the science being developed through this national effort. Community psychology is in a position to help other disciplines understand and affect how our continually degrading physical environment has an inextricable connection with community, family health, and child development.

Things you can do to become a part of this important work:

1. Find the study centers near you. They are on the web.
2. Get to know the P.I.s of the funded centers at your university or medical school if you have not already.
3. Assist in creating Participatory Action Research (PAR) teams to infuse community psychology principles and evidence based practice into the adjunct studies to enhance their relevance and the implications for the findings.

Support the NCS teams in your area. If the national will exists to maintain this work, over time there will be 100+ locations across the country—each with a sample of 1,000 families to be followed for 21 years. As community psychologists whose focus is on children, youth, and families in the context of communities, we owe it to ourselves, the scientific community, and the communities in which we raise our own children to inform the science with what we can add to the equation.

References

Websites
www.nationalchildrensstudy.gov
NCS@mail.nih.gov

You can obtain a copy of the publication, Growing up Healthy: An overview of the National Children’s Study, by contacting the NICHD Information Resources Center at 1-800-370-2943 (TTY 1-888-320-6942).

Join the listserv by contacting the program office via email at <NCS@mail.nih.gov> or online at <www.nationalchildrensstudy.gov>.
COMMUNITY ACTION—

Edited by Bradley Olson

Asylum and its Discontents

~Christopher Eves

Article 14 of the Universal Declaration of Human Rights (UDHR) states, “Everyone has the right to seek and to enjoy in other countries asylum from persecution” (UDHR, 1948, p. 8). There are a wide, related set of difficulties that arise for asylum seekers in the United States. For instance, just upon arrival at a port of entry, many fleeing persecution in their home countries assume they should mention the reasons for their flight to our immigration officials. Unfortunately, if asylum seekers arrive without proper documentation or without prior permission to enter the country, they are often placed in prolonged forms of detention, which in most cases means they are jailed. After having been subjected to cruel and dehumanizing treatment by their own home government, these same people, prior to boarding a plane, or boat, are expected to stop by their local embassy and apply for a visa. When the government of the United States detains torture survivors, when it asks for unreasonable steps to be taken, it contributes, in every way, to the re-traumatization of these survivors. These are just some of the many difficult features of the complex asylum process.

The general tenor throughout the U.S. today, the mood that attempts to justify building a $3 billion wall to stave off illegal immigrants, is based on a presumption of guilt on the part of newly arrived refugees. The power-holding bodies in this country can often promote a culture of xenophobia and fear that adversely affects anyone attempting to enter and stay in this country. The United States does grant some people asylum, and when the system is at its best, it works. Nevertheless, the effective functioning of many of these processes remains dependent on the willingness and beneficence of individuals who work within the system. A must see documentary film, entitled Well Founded Fear, gives a very revealing look into the entire asylum seeking process and shows us how the whims of individuals within the bureaucracy can dictate the fate of whole families, time and time again.

There are far too many examples of how tenuous the situation really is for those seeking asylum in this country. Those filing asylum applications need to do so within one year of their date of arrival. Within that year of entry, they are not eligible to apply for work authorization, and are not eligible for medical care, food stamps, or cash assistance. Thus, they need to rely on loosely informal networks of family, friends, community members (people from their home country), or churches. Needless to say, there are many who do not have these strong networks. They are, as Jimmy Cliff would say, “living in limbo.” In extreme cases, individuals have returned to their home country out of fear that if they were to get sick, they would die before receiving proper medical care in the United States.

In such violations of international well-being, we can ask what would the Universal Declaration of Human Rights have to say. Article 25 states:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (UDHR, 1948, p. 11)

For most who are fleeing persecution from their country of origin, the current circumstances they find themselves in are the very last course they envisioned for their lives. Many asylum seekers had enjoyed the utmost respect in their community: doctors, lawyers, professors, nurses, businesspeople, diplomats or spouses of diplomats. Many were politically active. Some had family members or friends critical of the government, making them a target of suspicion. Others were simply in the wrong place at the wrong time.

Unfortunately, the structure of applying for political asylum is set up so that one is constantly fighting an uphill battle against the forces of oppression. In this case, one of the most oppressive forces involves the government attorneys who do whatever they can to prove that conditions in the source country have changed. In essence, a common legal argument is to show that conditions in the home country have improved (for example, showing evidence that the country just had “democratic elections”) even if what the asylum seeker says happened was true. In this context, the expert witness (e.g. a psychologist) has a moral obligation to stand up for the side of the oppressed. Unfortunately, a too-often encountered norm is for psychology to be co-opted by the centers of power. Here, Martín–Baró (1994) explains this dynamic, “Generally psychologists have tried to enter into the social process by way of the powers that be. The attempt at scientific purity has meant in practice taking the perspective of those in power and acting from a position of dominance” (p. 29).

There is a deeply ingrained characteristic in mainstream psychology: it strives to be a hard science and epitomize the extreme of objectivity, but often to its own detriment. There is a
pride in stepping aside and dissociating oneself with one’s own values. The supporters of the status quo would like us to believe that if things were left up to human reason, we would automatically veer towards failure and human fallibility. Recently, Morgan (2007), a Yale researcher and psychiatrist associated with the CIA, espoused an argument in favor of hard science with regard to the asylum process. In the article, he explains that imbedded throughout the true cases of torture and ill-treatment presented before the immigration court there is a “large number” of those that are fabricated for positive gain (winning an asylum case). He then argues that clinicians providing expert testimony on behalf of these cases damage the credibility of the profession as a whole. Morgan (2007) states, “the clinician who accepts the story provided at exposure to a traumatic event is engaged in a dubious process” (p. 30). Ultimately, Morgan’s stance exemplifies the upholding of the power structures that often dominate the asylum process.

There will always be people who try to minimize the voices of the oppressed, in this case asylum seekers. But what is the motive? This agenda runs concurrent with the mounting piles of human rights reports, the images and news headlines from the front lines of these conflicts, and those bearing witness to the burdens these people had to bear. Clinicians who do not give asylum seekers a chance to tell their story, giving them the full benefit of the doubt, are engaged in a process that is not only dubious but borders on moral reprehensibility. Martín-Baró (1994) was critical of a psychology that remained impotent in the face of the carnage that was ravaging his country and which ultimately took his life. He states:

There is an assumption that taking a stand represents an abdication of scientific objectivity, but this assumption confuses bias with objectivity. The fact that something is biased does not necessarily mean it is subjective; bias can be the consequence of interests, more or less conscious, but it can also be the result of an ethical choice (Martín-Baró, 1994, 29).

Yes, not only being neutral, even striving for neutrality is not the place of psychologists when it comes to torture. It is universal, if you will. Article 5 states “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment” (UDHR, 1948). This right belongs to all of us. By assuming that a psychologist is a neutral body, it assumes that he or she has no relation to the other. Fortunately, there are psychologists who are aware of the power found within their sense of human agency, and they will not sacrifice it on the altar of moral impotence. Their courage in the face of the power holders is inspiring. It may very well have a touch of advocacy but it remains true to the values of the profession. Perhaps in the role of case manager, social worker, or community psychologist it is clearer. There is this refreshing notion that you need not ascribe falsely calcified roles. Such approaches will not hurt the practice or profession, it will only move it forward.

Finally, at this last leg of the journey, we have to pause and put some things in perspective. Those who have diligently proven their worthiness and are eventually granted asylum, are often constantly keeping abreast of politics in their native land. They follow the most recent elections to see if they can return to their home, safely and without fear. Sadly, the results are more often a series of disappointments: a rigged election here, an armed coup there, and a wounded and homesick citizen of the world in our own backyard. However, there is still hope; as an employee of a program that works to support these individuals, I witness it on a daily basis. Interestingly, those that have experienced the worst aspects of humanity are also the most capable of seeing the potential in the other. We should be their students, and learn to awaken our sometimes-internal slumber of apathy. We should turn the asylum process on its head. Yes, we should yell it from the rooftops. Send us your frightened and your sick! Send us your tortured or traumatized! Then, upon arrival, we should welcome them into our homes and treat them like royalty. Again, embedded in the UDHR (1948), Article 29 states, “Everyone has duties to the community in which alone the free and full development of his personality is possible” (p. 13). Honestly, to me, this is community psychology. Personally, I would argue that since the free and full development of my personality is in the community of survivors of torture, my duty is to serve them. I have the obligation to at least attempt to give to them what I know I cannot repay. I will vow to do my best and be their student for now. Where does your duty lie? □

References
COMMUNITY HEALTH—

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Plans for Biennial and Special Issue of AJCP

The Community Health Interest Group has been quite active in the past few months, with members participating in a variety of conference calls, including discussions with Milton Fuentes, the Planning Chair for the next SCRA Biennial, Bill Davidson, Editor of the American Journal of Community Psychology, and Richard Jenkins, Health Science Administrator with the National Institute on Drug Abuse. Based upon these conversations we have decided to work as an interest group to assemble a community health-related tract of presentations for the 2009 SCRA Biennial to be held at Montclair State University, New Jersey.

We are currently completing the proposal process and drafting a call for papers requesting full paper submissions on the topic of Social Ecological Approaches to Community Health Research and Action. If approved, selected papers will be included in a special issue of AJCP and the authors will be invited to present their work during the biennial conference.

We will distribute the call through various listservs and professional websites in an attempt to attract a broad range of community health researchers with the hope of attracting those who may not have previously associated their work with the field of community psychology. Our goals are multi-faceted:

1. To facilitate the multidisciplinary, interdisciplinary, and transdisciplinary work in the field of community health in order to promote the adoption of a social ecological perspective
2. To increase the visibility of SCRA and the biennial conference to those who may have never attended
3. To broaden the audience of AJCP
4. To attract new members to the Community Health Interest Group
5. To create a model for other interest groups who wish to achieve similar goals

We welcome you to join in our planning process and serve as a reviewer for submissions. Please forward the call for papers to other researchers and practitioners in your professional network if they are interested or engaged in community health work.

CULTURAL & RACIAL AFFAIRS—

Edited by Rhonda K. Lewis-Moss

11th Biennial Society for Community Research and Action Conference: Symposium “From Ivory to Inclusive: Transforming the Tower through Effective Mentorship”

At the 11th Biennial Society for Community Research and Action Conference, the Cultural and Racial Affairs committee held a symposium featuring the Ethnic Minority Award winners from the past few years. The purpose of the symposium was to give past award recipients the opportunity to share lessons learned and effective strategies to mentoring students of color. Panelists included Drs. Ed Seidman, Gary Harper, Shelly Harrell, Robert Sellers and William Davison. The panelists offered great advice about mentoring students of color. The panelists also gave insight into the mentor/mentee relationship and how important it is for students to search for the right mentor. Once the mentor/mentee relationship is established the mentee also has a responsibility to cultivate their own academic and career goals. As outlined by the panelists the mentor is to provide guidance and support and in some cases, as Dr. Davison suggested, “get out of students’ way and let them do their job.” During the session a series of questions were posed by Dr. Pamela Martin, past chair of the Cultural and Racial Affairs Committee. Each panelist was given an opportunity to respond. The symposium was well received and well attended as students, practitioners and academics listened to the panel. What follows are reflections from students who attended the symposium.

These graduate students range from being in their first year of graduate school to being in graduate school for four years.

Reflections

~Ticola Caldwell, North Carolina State University

As a first generation student and a first year graduate student at North Carolina State University having a great mentor as an undergraduate student made all the difference in my decision to attend graduate school. Without the proper guidance, exposure to opportunities, and advice from a concerned advisor, graduate school would have been a missed opportunity. Therefore, attending the session on mentoring at the 11th Biennial Conference of the Society for Community Research and Action was an eye opening experience. Learning lifelong lessons about the benefits of mentoring, the continued importance of mentoring ethnic minority students, and how I can become a great mentor were valued points that I took away from this session.

I think that the most influential part of the session was how authentic the panelists were about their own mentee and mentoring experiences. I recall Shelly Harrell, PhD stating that her first
mentor was a mismatch and discussing the process of having to find a new mentor that could meet her personal requirements and help her achieve her academic goals as well. Another panelist, Robert Sellers, PhD acknowledged the fact that being a good mentor took hard work and commitment. He further explained that one has to be comfortable with who they are and their current academic position in order to be a good mentor and have the students best interest at hand. The most beneficial thing mentioned by the panelist about mentoring is the bidirectional relationship between the mentor and the mentee. There is always an exchange of continuous learning within the relationship. Dr. Sellers later highlighted that a mentoring relationship is more like a bonding experience for growth versus the simple teacher-student relationship although mentoring does include aspects from the latter. The session emphasized the importance of mentoring ethnic minority students. The panelists mentioned the significance of being able to understand the unique needs of students of color. In addition, panelists offered advice, such as if a mentor cannot personally help the student, it is important for them to connect their students of color with someone who is able to help. I think the bottom line was that as a veteran mentor they have the influence to open doors for many students of color. Lastly, I think the panel was valuable because it consisted of a diverse group of academic professors from different ethnic backgrounds. This indicated to me that the first important lesson of mentoring students of color is that you do not have to be of the same ethnic origin to be a good mentor; it is about the commitment in being a guiding light to the next generation of budding scholars.

When reflecting on the session and as I prepare to become a future mentor, I will be sure to apply the values discussed in this session. The most salient suggestion that I took away from the session referred to having the necessary skills in place to be resourceful to students. This would entail helping them find appropriate opportunities to gain experience in their selected discipline and continually adding to their networking base by introducing my mentees to scholars and experts in the field. This can be achieved by sponsoring them to attend conferences such as SCRA and other notable conferences while recommending that they participate in research projects related to their interested field. Other skills that need to be developed and strengthened over time are the ability to listen to my students’ special needs and be supportive and committed to their success. In addition, it would also be helpful to make sure that I am readily available to my students, because, yes, my own personal research is important but it will not be worth too much if I am not consistently contributing to developing scholars to lead the way after me. Lastly, the most important thing that I was able to take away from the empowering mentoring session was that my job as a mentor starts now. As a first year graduate student, it is now my job to inspire, guide, and introduce undergraduate students to the life of research. It is never too early to begin a journey as mentor whether young or old.

~Avril Smart, North Carolina State University

As a second year graduate student at North Carolina State University, my experience at the 11th Biennial Society for Community Research and Action Conference (SCRA) was filled with invaluable learning experiences. Still at the onset of my career, I continuously develop questions about the process and the practice of graduate school. Therefore, going into this conference I focused on taking advantage of the people and opportunities that could potentially help me answer some of my questions. The overall theme of the conference, Community and Culture: Implications of Policy; Social Justice and Practice assured me that this experience would give me opportunities to not only learn more about the field of community psychology but equip me with some of the tools needed to navigate my way through the graduate school process successfully. Several sessions and roundtables offered information to facilitate my interest; however, of the sessions and roundtables that I participated in, “From ivory to inclusive: Transforming the tower through effective mentorship” was most helpful.

The symposium provided the rare opportunity to hear a mentor’s perspective on the mentoring process. Each panelist provided diverse insight; however, there were several important points that resonated throughout their testimonies. The first and perhaps one of the more important points made involved establishing a good working relationship in the mentor/mentee relationship. While each of the mentors had their own unique style of building relationships with their mentees, they each supported the idea of establishing the boundaries of the relationship in addition to assessing the match between mentor and mentee. The mentors stressed how important it is to know the student and understand what motivates their success, in addition to providing the student with information on the mentor’s expectations of the mentee. Another point that the panelists touched on was the importance of providing support to students academically and otherwise. Specifically, Gary Harper, PhD, Bill Davidson, PhD, and Shelly Harrell, PhD gave examples of interacting with their students outside of the academic setting and building trusting supportive relationships that they felt supplemented the working relationship that they had with their students. They described this kind of interaction as one of the “joys of being a mentor” and the part of mentorship that makes the hard work needed to maintain these relationships worth it. A final point that I felt was stressed by the panelists is establishing a routine with students to set goals and develop strategies for attaining those goals. The idea behind this particular strategy is to constantly remind ourselves of the purpose of graduate school, “To get out.” The panelists felt that making goal setting an active part of the mentor process would facilitate student development toward their unique goals and needs in addition to completing the graduate school process. The audience at this particular session, including myself, gained a wealth of knowledge from the wisdom and experience of the panelists. What was most appreciated was the overall message of nurturing students through the mentorship process and being supportive. As a student, some of the suggestions that were made definitely provided me with ways to improve my mentor/mentee relationship and ways to engage in mentorship now as a graduate student through sharing information that has helped me with others. This session was an excellent addition to the other sessions on mentorship because of the unique perspective on the mentoring process and the focus on ways to cultivate healthy relationships that facilitate growth in a bi-directional fashion.
The Community Psychologist

The Community Psychologist is a professional who works to improve the mental health and well-being of communities through the application of psychological principles and research. The field encompasses a wide range of interventions, from public health campaigns to therapeutic programs for individuals and families. Community psychologists work in a variety of settings, including schools, hospitals, clinics, and community centers.

In this role, community psychologists collaborate with other professionals, such as educators, social workers, and healthcare providers, to develop and implement programs that address specific community needs. They may conduct research to identify effective strategies for promoting mental health and well-being, and they often work to increase public awareness of mental health issues.

The role of the community psychologist is crucial in addressing the social determinants of health and promoting equitable access to mental health services. By working at the intersection of psychology and community health, community psychologists play a vital role in creating lasting positive changes in people's lives and in the communities they serve.
Disabilities Action Group—

Edited by Katherine E. McDonald

Colleagues,

It is my pleasure to share with you this work done by three graduate students in Disability Studies (an interdisciplinary field focused on analyzing the meanings of cognitive, corporal and sensory difference) at the University of Illinois at Chicago in partnership with adults with intellectual disabilities active in an advocacy group. Their account describes how they worked together to promote the community participation of members of this group, a group who has had little control over their personal and public lives and faced significant marginalization from their communities. In this account, you will find a description of how the two groups were able to work together toward shared goals of increasing the community involvement of individuals with intellectual disabilities. In reading about their work, I hope you will discover new ways for thinking about promoting the participation of individuals with intellectual disabilities in a variety of spheres of community life.

Happy reading, Katie

Community Participation with Self-Advocates: People First Newsletter

~Edurne Garcia-Iriarte, Jessica C. Kramer, & John K. Kramer, Department of Disability and Human Development, University of Illinois at Chicago

There are numerous benefits of active participation of people with intellectual disabilities (ID) in their communities including more opportunities for social justice and collective well-being (Prilleltensky, 2001). Yet, social exchange between people with ID and their communities has been limited (Cummins & Lau, 2003). Traditional figures of authority such as professionals and caregivers have taken responsibility away from people with ID, often imposing their own worldview regardless of differences in perspectives (Mahon, Mactavish, & Lufiyaa, 2000; Mahon, Mactavish, Bockstael, O’Dell, & Siegenthaler, 2000; Martin, 2005). Indeed, people with ID have traditionally neither made decisions about nor reflected on their experiences within the community. Even in rare cases when people with ID have been invited to make decisions, the process has generally been inaccessible, thereby reducing their ability to meaningfully participate (Chapman & McNulty, 2004; Dearden-Phillips & Fountain, 2003; Schoeters, Schellhout, Roets, Van Hove, Townson, Chapman, et al., 2005; Wyre Forest Self Advocacy & Tarleton, 2005; Townson, Macaulay, Harkness, Chapman, Docherty, Dias, et al., 2004; Ward & Townsley, 2005; Walmley, 2004). Lack of community participation, however, does not only affect people with ID but also communities that do not have the opportunity to share and benefit from intellectually disabled members’ diverse experiences.

Nevertheless, people with ID are willing and able to speak for themselves and desire participation in different aspects of the communities where they live (People First of London, 2005). “Speaking up” is a key element of the mission statement of the international self-advocacy organization People First (People First of London, 2005). People First is run by people with ID who work with their advisors to advocate for their rights. Advisors support People First members to be in charge of their organization and of the reciprocal dialogue that the organization has with the outside world, starting with their immediate surrounding community.

Here we present work that we—three graduate students—did collaboratively with a U.S.-based chapter of People First. Using a participatory action research approach, our collaboration was intended to further People First’s mission through the publication of their own newsletter. Below we provide information on the historical context of our collaboration, the model of provision of supports used to ensure active participation and control of People First members, and illustrate how the publication of the newsletter started a dialogue of People First members with their community. These results portray the critical role people engaged in doing participatory action research can play in supporting individuals in achieving their goals and thus furthering social justice (Prilleltensky, 2001).

Collaboration of People First with Graduate Students

We first became involved with this People First chapter in the fall of 2005 via a course project on Disability and Community Participation offered through our graduate program in Disability Studies. We met with People First members at one of their monthly meetings and discussed what People First is, what its goals are, and how we could work together. At the first meeting, People First members indicated that they wanted to publish their own newsletter, make more trips to the downtown area of the city, and make new friends. To help achieve these goals, we offered to support the group in publishing their own newsletter. Given that other goals of People First were to increase their outings in the city and make new friends, we supported them to integrate these goals into the publication of a newsletter through, for example, newsletter-related activities such as delivering the newsletter or establishing contacts with local newspapers that involved trips to the downtown area of the city and to the neighborhood in which the chapter meets regularly.

 Provision of Supports

Our collaboration with this People First chapter focused on the provision of support along four phases of carrying out an action (i.e., brainstorming, planning, doing and reflecting) to make these phases accessible. Specifically, we worked with People First towards their goals, emphasizing the provision of accessible materials, peer support, and advisor support to facilitate members’ active participation and control (Garcia-Iriarte, Kramer, Kramer, & Hamel, in press). Below we illustrate this process for each of the four phases.

1. Brainstorming

Two brainstorming sessions were held to make decisions about the newsletter. The first brainstorming session focused on
deciding the name of the newsletter. The group used the “round robin” technique to give each member the opportunity to offer a name for the newsletter. Members were sitting around a table. As each member provided suggestions, two People First members wrote the suggested names on a large piece of paper and read the name out loud for those members who did not know how to read. When all of the members had participated, they placed a “voting dot” next to the name that they liked the best. The name with the most voting dots next to it won:

La Más Caliente (The Hottest).

The second brainstorming session centered on involving People First members in making editorial decisions for their first newsletter. We supported the members by preparing accessible materials that outlined different tasks involved in creating a newsletter: (1) writing a story, (2) interviewing a person, (3) typing, (4) taking pictures, (5) doing artwork, (6) advertising, (7) designing the newsletter layout, (8) copying the newsletter, and (9) handing out the newsletter. The materials were presented with pictures and simple definitions of each of the tasks that were read out loud for those members who did not know how to read. For example, delivering the newsletter was defined as “handing out the newsletter to staff, family, friends, and people in the community like churches, restaurants, stores, and parks.” Members had already identified people and places to whom and where they could hand out their newsletter during the first meeting with us, when they had indicated that they wanted to publish their own newsletter. The newsletter layout was defined as “picking the colors and the arrangement of the newsletter on the computer so it looks nice and easy to understand.”

Members also brainstormed stories they wanted to write, persons they wanted to interview, pictures they wanted to take, places where they wanted to advertise, and the artwork they wanted to show in the newsletter. For example, one of the stories they decided to write was about the Special Olympics since most of the members of this People First chapter are also athletes. A second story was about a public demonstration they had participated in. Regarding advertising, another member said that his brother had a pizza restaurant and he could advertise the restaurant in the newsletter. Other members identified in the brainstorming session staff they wanted to interview such as the Special Olympics coach or one of the day program staff.

2. Planning

Once People First members understood the tasks and made the editorial decisions, they planned who was going to do each task and when. We supported the members plan the work by preparing a chart with the pictures of the tasks and the days of the week so each member could pick a task and a day of the week when s/he was going to work on the newsletter (see Figure 1). Members’ plan for advertising involved visiting different businesses in their neighborhood. An outline of the advertising conditions and the information they needed from each business was prepared in an easy-to-read format so members could negotiate themselves with local businesses people. People First members decided the advertising conditions and we provided support by including these in the script.

3. Doing

People First members used peer support, accessible materials and advisor support to work on the newsletter tasks. For example, to write stories a template was provided with the questions “what happened,” “when,” “where,” and “who was involved.” Members who had writing skills themselves wrote the stories while members who did not know how to write asked the questions. Advisors and staff at the agency where the chapter was hosted also supported members through all the tasks. To illustrate, members used their day program outings to go to different places and offer businesses advertising in their newsletter. They used computer or academic classes to write the stories and interview people. Members who were not participants at the day program also joined those classes and outings to contribute to the newsletter and use the equipment that the agency provided.

4. Reflecting

People First published the first issue of their newsletter in May of 2007 (see Figure 2). They made 500 copies and delivered these to their family members, friends, and to different local businesses and places in the community. They made two trips to present their newsletter: one to a public library in their neighborhood and another to the most important city newspaper office to talk about their newsletter with one of the editors. Following the successful execution of their first newsletter, members reflected on their work. Reflecting about the newsletter occurred at two levels. First, reflection occurred through members’ informal conversations with us and staff about what story they wanted to write or asking when the next issue should come out. Reflection also occurred when members delivered the newsletter. For example, when they met with the editor of the city newspaper, she suggested them using humor in their newsletter among other editorial ideas. Through that dialogue, People First members came up with new ideas for funny stories to incorporate in their newsletter. In short, reflection resulted in continuing the publication of their newsletter and incorporating new editorial ideas. One year later, People First members have published one more issue, and they are currently working on a third.
People First Increased Participation in their Community

Community participation of this People First group occurred at two levels. First, the group used supports that gave them the capacity to actively participate in their community and be in control of that participation. Second, the newsletter provided these self-advocates a means through which to engage their community with their stories, their interviews, and their chronicles of participation in events such as demonstrations and Special Olympics. The most important outcome of this collaboration, however, is not that the participation of People First members in their communities increased, but that they were able to think about the type of participation they wanted, plan for it, participate in it, and when they reflected on that participation, decided they wished to increase it.

Active participation in the community is a right of every individual that often times has only materialized as physical presence for people with ID (Cummins & Lau, 2003). However, individuals making their own decisions about social participation and reflecting on the results of their actions results in increased well being and social justice (Prilleltensky, 2001). Our collaboration with this People First chapter showed us that a participatory action research approach was an appropriate framework to support a group of self-advocates actively participate in their community respecting their needs and right to speak up. People First members started a dialogue with their community through their newsletter having their own voice, a voice that had been silent before.

References


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"Living Community Psychology" features community psychologists through in-depth interviews intended to depict both personal and professional aspects of the featured individuals. The column's purpose is to offer insights into community psychology as it is lived by its diverse practitioners. The current "Living Community Psychology" column is a departure, in that two persons are interviewed around a single theme—two Italian community psychologists (from different universities) who undertook an international sabbatical together September 2007 through January 2008 in Washington, D.C. I first met Drs. Terri Mannarini and Angela Fedi at a lecture they delivered at a local university. We became friends. The interviews for this column took place over a leisurely lunch at an Italian restaurant (with a helpful map of Italy on the placemats!) and during a long ride to the airport, on their return trip to Italy. Emails after their return to Italy provided follow-up information. This column concerns them, as people, both professionally and personally, but also discusses their international sabbatical experience.

Featuring: Mini Terri Mannarini
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Terri was born in Lecce, a small town in the south of Italy, where her parents have long owned a high-end housewares retail shop. Although her parents (neither able to obtain an education post-World War II) had aspirations for her brother's success, they exerted no pressure on her. She was free to choose. They wanted one of their children to take over the family business, but neither child expressed any interest. Her older brother lives in Lecce and is divorced, with one child.

Terri attended three different colleges in Italy. In her first year, she studied political science in Milan. The next year, she transferred to study philosophy in Florence. In the end, she obtained a bachelor’s degree in philosophy from the University of Lecce, in her hometown. She wanted an academic career because "What I do best is study and read and that isn't much effort for me." However, the competition for entering a PhD program and for an academic job in Italy is daunting, so she investigated other routes to an academic career. She studied bioethics for a year at Lecce, making ends meet by teaching an occasional adult education class, and she lived at home. But when she was not accepted into the doctoral program in bioethics, she knocked at the door of the university's Centre for Women. "I had no specific plan, I just wanted to stay around the academic environment." At the Centre, she met Dr. Bianca Gelli, a psychiatrist, who became her long-time mentor.

Dr. Gelli belonged to a network of professionals that was forming in the mid-1990s to develop the field of community psychology in Italy. Terri was not a psychologist and had never heard of community psychology before then, "but I decided to give it a try." She enrolled in a master's program in community psychology at a private academy, run by a nonprofit organization. The program emphasized the acquisition of practical skills, including work with small groups, organizational analysis, prevention and empowerment. She accomplished her assigned field work during weekdays and attended classes one weekend per month. Upon receiving a certificate (equivalent to a master's degree in Italy), she was accepted in 1998 into a newly-created PhD program at the University of Lecce. Dr. Gelli had helped to create the program, in which Terri (and her colleague, Angela Fedi, following) were the first—and, in the first year, only—students. In fact, they were awarded the first Community Psychology PhD's in all of Italy.

Lecce's doctoral program was 3 years in duration, and her studies were paid for by the Italian government. However, the program itself was disappointing to Terri; it was poorly organized and had no formal classes or curriculum. "Angela and I relied upon whatever mentoring we could get from the network of community psychologists, who suggested some readings and assignments but no real guidance. We had to depend on our own resources." Nevertheless, she obtained her PhD in 2001, whereupon she was hired as an assistant professor at the University of Lecce, obtaining lifetime tenure after only one year. Ironically, Terri now is the coordinator of the same program in which she was a student. She emphasizes that the program is much improved since her frustrating experience as a doctoral student there. In addition to coordinating the program, she also teaches courses in social and community and communications psychology, as well as group dynamics. Her research interests focus on the analysis of gender issues and on participatory processes, both in the political and social spheres.

As a result of her participation in community psychology conferences and meetings, she became active in the Italian Society of Community Psychology (SIPCO). Later, when European community psychologists formalized their approximately 30-person network, as the European Association of Community Psychology (EPCO), she served as its Treasurer. EPCO began as an informal network, a spin off of the larger, Italian, SIPCO that, itself, was later formalized.

Terri met Carlo, who runs a textbook distribution company in Lecce, 12 years ago. They've been partners for seven years.
mired, Angela decided to pursue a PhD in the field of community psychology, enrolling in the first such program in Italy, at the University of Lucca. "I would not have gone elsewhere to study for a doctorate in a different field, because of my passion for community psychology," she states.

She received her doctorate in January 2001; the following year, she became an assistant professor of social psychology, again at the University of Turin, where she now teaches group psychology. Her research interests include group and participation processes and community development. She also works as an adult trainer, combining scholarship and practice. She likes teaching adults in small groups, convinced that this experience makes her a better professor. Angela is a member of the European Association of Community Psychology (EPCO) and is involved with the Italian Society of Community Psychology (SIPCO). Her mentor, Prof. Amerio, is the current president of SIPCO, estimated by Angela as having a membership of 100, including students.

**Terri and Angela’s Grand Sabbatical Experience**

Terri and Angela collaborated on several projects since completing their doctorates. After five years, both Terri and Angela began to find themselves in an academic rut. Terri had been working very hard, shouldering considerable responsibility at the University of Lecce. "I needed to find space to get away. I needed new inputs and was concerned about the danger that my life was becoming overly routinized." Similarly, Angela began questioning her career and life paths. For a long time, she seriously considered the idea of taking a sabbatical away from Italy but did not take any action because "things chained me to Italy." She proposed the idea to Terri in February 2007.

Since obtaining her doctoral degree, Terri had been thinking along similar lines, so viewed Angela’s suggestion as “the opportunity I was waiting for.” At first, their goal was to spend their sabbaticals in another European country, and they approached a professor in the Netherlands. When that inquiry and others did not pan out, they heeded their friends’ advice: “You must go to the United States.” However, they did not know anyone in the U.S. well enough to ask. Ever resourceful, they compiled a list of American academics whose research paralleled their own and emailed them with a request to be hosted and/or for suggestions of other community psychologists who could sponsor them. (Since Italy pays up to a year’s full salary during sabbaticals, they were not seeking financial support.) Nevertheless, they were unable to find a good match. “Our research topic isn’t in the mainstream of American community psychology, not like ‘sense of community,’” they stated.

Having longstanding relationships with Italian community psychologists, David Chavis came to the rescue, suggesting that they spend their sabbatical near him, in the Washington, DC area. But David is a “pure practitioner,” owner of the Association for the Study and Development of Community in suburban Maryland, not an academic. They needed a university sponsor, so David introduced them to Ken Maton, a leading community psychology professor at the University of Maryland at Baltimore County (UMBC), located between the cities of Washington, DC and Baltimore, Maryland. This was a fortuitous choice, considering Ken’s well known generosity (Ken’s family “adopted”
the two women, including them in Thanksgiving festivities, etc.). He negotiated an invitation from UMBC to host the two scholars. His theoretical area, empowerment, promised a relevant framework for their own work, which concerns the gap between community facilitators and common citizens.

Arriving in late Summer of 2007, they rented a room in a large house in Chevy Chase, Maryland (a short walk from a Washington, DC public library), living with an elderly woman and two Egyptian men who also rented temporarily. On days when they worked at the UMBC’s library, Ken drove them back and forth from the UMBC campus. They attended two of the bi-monthly dinners of the DC area community psychology network, connecting with other American community psychologists. David introduced them to a citizen activist who offered extensive background information on citizen involvement in Washington, DC, and he, in turn, introduced them to others. “However, while many people were willing to help us, we ran out of time to follow through on contacts,” they explain.

Terri and Angela intended to accomplish a case study but ran into several obstacles. First, they now realize they had not identified a problem clearly enough, so that they spent too much time trying to identify a specific community-based problem that could constitute a case study. Second, finding the right contacts was an obstacle, despite peoples’ efforts to be helpful to them. “We found the right area, but we needed more personal connections,” they said. Third, privacy concerns intruded. The organization from whom they hoped to obtain subjects was unable, because of its privacy rules, to provide them the addresses of its members from whom Terri and Angela hoped to collect their data.

Right before their return to Italy at the end of the sabbatical period, both were excited about reconnecting with their families, friends and colleagues. However, they also felt their departure was premature in that they were just at the point where they were ready to start. Reflecting back on their experience, Terri and Angela offered the following tips for community psychologists who are considering international sabbaticals:

- **Do it as soon as possible; don’t wait until you get stuck in a career rut. You need energy to invest in the preparations for the sabbatical.**
- **Review your university’s rules for sabbaticals. For example, in Italy, eligibility for a sabbatical requires that the faculty member applicant holds a tenured position, and the applicant must obtain a formal invitation from the host institution, translated into Italian. The application must specify an expected outcome upon return. However, while international scholarly collaborations and interchange are verbally encouraged in Italy, in reality, they aren’t well supported.**
- **Do as much prior preparation as possible, having a precise plan upon arrival. They bemoaned that the time goes quickly, and you can use it up by exploring, without any tangible product. “Once we were here, we couldn’t negotiate a partnership in time,” they said. Using an American idiom, it can be said you should be prepared to “hit the ground running.”**
- **Make every effort to obtain a grant to cover your expenses. They both had to dip into their savings to subsidize their faculty salaries in order to accomplish their goals.**

- **Broaden your disciplinary focus beyond community psychology. In retrospect, they realize that their intended research topic was closer to American sociology or urban planning than to community psychology.**
- **Foreign language ability is essential. Both were disappointed in their English skills, particularly Angela who did not believe her English had improved very much. Terri agreed: “I felt this was a warm-up period; my English would be better had I stayed in the U.S. longer.” Angela encourages her students to speak in English, but notes that not many do so.**
- **Their two-person sabbatical had mixed outcomes. On the one hand, Terri and Angela motivated each other, collaborated throughout, offered each other social support and got comfort from conversing in their native language. On the other hand, a single-person sabbatical forces the person to be independent.**
- **Schedule regular sabbaticals into your life. In Italy, one can take a sabbatical every two years. Terri found the experience very beneficial. Both hope to return to the U.S., feeling that they’d just begun to know their way around. Angela also would like to take a sabbatical in South America to learn more about the practice of community development within the South American context.**

The bottom line, however, is that one can’t be fully prepared for a cross-cultural sabbatical experience, despite hours searching the Internet or by speaking to predecessors. “You have to experience it for yourself.” An unintended outcome of their sabbatical experience is their resolve to encourage their younger colleagues to take an international sabbatical.

They found many positive aspects in the culture of American academia, to the limited extent that they experienced it. More time seemed available for American professors to think, and collaboration among colleagues seemed much more common than in Italy. Collegiality among American academics seemed to include a more free exchange of constructive critiques of each others’ work. In contrast, the academic culture in Italy is more likely to view a request for feedback on a co-worker’s academic work to be a burden on one’s time or to result in harsh criticism rather
than constructive feedback. Before their return to Italy, they predicted that their colleagues would dismiss their international sabbatical as "not real work," and that they'd had fun while leaving their colleagues to work harder in their absence. They've also gained confidence in themselves, more likely to approach prominent experts at conferences and meetings. On the other hand, their impression is that Italian scholars delve into subjects more deeply and with more complexity than do Americans who have a "just do it!" attitude that sometimes results in superficiality (Ken Maton being a notable exception).

One month after arrival home, Terri reports: "The majority of my colleagues seem really interested in my experience," contrary to her prior predictions. They want to know about life in U.S. universities, how classes and programs are structured, and what resources are available to faculty. Since Italian universities do not have campuses, they also want to know about campus life. However, "nobody asked me about my research!"

Angela reports that her colleagues asked her about her research. However, overwhelmed by ordinary duties (and the flu), she has not found the time yet to meet collectively with her colleagues and students to recount to them her sabbatical experiences.

The research they left behind in the U.S. is stalled. Few people they are emailing have returned the questionnaire or volunteered to be interviewed by telephone. However, Terri and Angela have initiated a similar study in Italy. Terri identified planned programs in her town which fit their case study criteria. "I'm optimistic about the possibility of collecting interesting data," she says.

As to their readjustment to Italy, Terri writes: "In a couple of days after my return to Italy, I felt as if I had never been on a sabbatical, especially one so far away. But I often think of my American life. I miss the freedom of being far away from my home, with those ties and roles." Angela reports that she was very moved by the warm welcome home from her family and friends. However, she had not anticipated the fatigue of starting to teach again a few days after her return, compounded by catching the flu. "I often think of my Washington, DC experience. I'm showing my pictures to many people, and a piece of my heart is still there," she writes.

Terri is advising "everyone," especially her students, to arrange an international sabbatical. She is interested in establishing an agreement with an American university "to foster the mobility of Italian community psychology students (at both undergraduate and PhD levels). I just have to find the time to think about it!" Angela also is encouraging her students to study abroad.

Before their arrival in the U.S., their Italian colleagues warned them about the reluctance of Americans to discuss politics! This misconception was resoundingly negated by their experience, especially since their sabbatical came during the heated U.S. Presidential election campaign of 2007-08 when Americans barely spoke about anything BUT politics. A few days before their departure, they witnessed a possibly historic moment when Senator Ted Kennedy and Caroline Kennedy (daughter of President John F. Kennedy) endorsed Barack Obama in front of enthusiastic crowds at American University, in Washington, DC. So much for national stereotypes!! ☺

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**REGIONAL—**

*Edited by Bernadette Sánchez*

The winter in Chicago has been making me feel miserable lately. But as I hear from my colleagues around the world and learn what they are doing, I am energized and reinvigorated! Social change is happening as we speak! Katie Thomas from the Australia Region reports below on the *Sorry Day* events and the apology delivered by the Prime Minister to the Aboriginal people. SCRA Australia will continue to work to further advancing the rights of indigenous people. The West Region of the U.S. discusses an exciting group of young people who advocate for undocumented students in the U.S. Please continue to inform me of ways that community psychologists are involved in social change activities.

A number of interesting events have taken place. For example, a wonderful community psychology conference took place in Korea where Japanese and Korean community psychologists gathered. Finally, a number of meetings and conferences relevant to community psychology will take place in the spring, such as in the Northeast, Southeast, and West Regions of the U.S. I would like to thank all the regional coordinators and student regional coordinators around the world who have worked hard to organize and update us on events related to community psychology.

We still need individuals around the globe to serve as regional coordinators. The following regions are in need of coordinator: Latin America, Asia, Europe/Middle East/Africa, Australia/New Zealand/South Pacific, Southeastern U.S., and Rocky Mountain/Southwestern U.S. We also need undergraduate and/or graduate student regional coordinators in those areas as well as in the Northeastern, U.S. Please consider getting more involved in SCRA by becoming a regional coordinator! It won't take too much of your time. The main responsibilities of regional coordinators are to assist with membership development, activities, and communication. If you are interested or would like to nominate someone, please contact me at <bsanchez@depaul.edu>.

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**Asia**

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Community psychology in Asia is alive and well! The 4th Japan-Korea Seminar in Community Psychology was held on January 26, 2008 at Yonsei University, Seoul, Korea under the theme of *Developing Collaborative Agenda across Cultures*. A total of 42 faculty members, professionals, and graduate students gathered in the crisp-cold afternoon (but in a nice, toasty room in the building for Yonsei Women's Student Affairs). It started with an opening theme presentation by Toshi Saso, PhD, Seminar Organizer, affiliated at the Institute for Research on Race and Public Policy at the University of Illinois at Chicago and University of Tokyo, on the history and the theme of the seminar. The plenary presentation by Kikuyo Aoki, PhD, Associate Professor of Developmental and Clinical Psychology, Ochanomizu University, Tokyo, Japan targeted several critical issues on school-related mental health interventions in Japan (*Integrating Mental Health Prevention Services for*
Students in Japan), which was followed by a series of questions and answers with a summative commentary by Kyung Ja Oh, Ph.D, Yonsei University Professor and President-Elect of Korean Psychological Association. Later in the day, several roundtable discussion groups were organized for the graduate students and postdoctoral students from Yonsei University, Ochanomizu University, and International Christian University, where they shared their current research agenda and discussed the possibility of collaborating for joint research projects. The seminar concluded with a delicious Korean buffet dinner on campus. Prior to the seminar, a research meeting was held among several Japanese and Korean researchers in which we discussed a specific plan of joint research initiatives and activities including but not limited to: implementing a mental health survey in middle schools for cross-cultural comparison, designing and evaluating a series of evidence-based preventive intervention programs in Japan and Korea in the next three years, scheduling more frequent future meetings, publishing a special monograph on intervention and evaluation issues, organizing a symposium on school mental health at the Lisbon conference, reaching out to other parts of Asia (e.g., Hong Kong, India) for future seminars, and strengthening community psychology training in Asia. Questions regarding the seminar should be directed to Toshi Sasa at <tsasa@sf6.so-net.ne.jp>.

Today we honour the Indigenous peoples of this land, the oldest continuing cultures in human history.
We reflect on their past mistreatment.
We reflect in particular on the mistreatment of those who were stolen generations—this blemished chapter in our nation’s history.
The time has now come for the nation to turn a new page in Australia’s history by righting the wrongs of the past and so moving forward with confidence to the future.
We apologise for the laws and policies of successive Parliaments and governments that have inflicted profound grief, suffering and loss on these our fellow Australians.
We apologise especially for the removal of Aboriginal and Torres Strait Islander children from their families, their communities and their country.
For the pain, suffering and hurt of these stolen generations, their descendants and for their families left behind, we say sorry.
To the mothers and the fathers, the brothers and the sisters, for the breaking up of families and communities, we say sorry.
And for the indignity and degradation thus inflicted on a proud people and a proud culture, we say sorry.
We the Parliament of Australia respectfully request that this apology be received in the spirit in which it is offered as part of the healing of the nation.
For the future we take heart; resolving that this new page in the history of our great continent can now be written.
We today take this first step by acknowledging the past and laying claim to a future that embraces all Australians.
A future where this Parliament resolves that the injustices of the past must never, never happen again.
A future where we harness the determination of all Australians, Indigenous and non-Indigenous, to close the gap that lies between us in life expectancy, educational achievement and economic opportunity.
A future where we embrace the possibility of new solutions to enduring problems where old approaches have failed.
A future based on mutual respect, mutual resolve and mutual responsibility.
A future where all Australians, whatever their origins, are truly equal partners, with equal opportunities and with an equal stake in shaping the next chapter in the history of this great country, Australia.

Many Australians travelled to the nation’s capital to watch the historic moment on giant screens. As soon as Mr. Rudd used the word “sorry” the crowd began cheering wildly and waving flags and they applauded loudly when he promised that the wrongs of the past would never be repeated. It was a historic moment that was rendered even more salient by the tears streaming down the faces of many of the Aboriginal and non-Aboriginal observers. When the speech was finished there was cheering and clapping for more than a minute. SCRA members participated in Sorry Day activities throughout the day—attending official events and being involved in a range of community events from writing “Sorry” in chalk on the sidewalk to spreading communication and providing transport for Sorry Day events. The apology was developed using excellent grass roots principles, with the Prime Minister and other consultants talking with Aboriginal peo-

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SCRA Australia is particularly committed to the achievement of social change that will support the full human rights of Aboriginal people—to the reduction of racism, discrimination and oppression in Australian cultural life and to improving Australia’s human rights record. Therefore, SCRA members were delighted by the decision of Kevin Rudd, the new Australian Prime Minister, to apologize for the forced removal of Aboriginal and Torres Strait Islander children from their families. This was a significant and extremely important step in the right direction for Indigenous rights. Prime Minister Rudd declared a national Sorry Day and read the following formal apology in parliament.
people rather than consultants when wording the apology. When the Prime Minister asked one 80-year-old woman what of her story she wanted told, she answered: “All mothers are important. Families, keeping them together is very important, it’s a good thing that you are surrounded by love and that love is passed down the generations—that’s what gives you happiness.”

In our next SCRA meeting we will be focusing on next steps to further support the apology and advance indigenous rights. The general title for the meeting will be Universal motives for Exploitation: How can they be blocked? The meeting will be held during the week of March 17-20 and all SCRA members and interested members of the public are welcome to attend. For details please contact Katie Thomas at <katie.thomas@curtin.edu.au> or (08) 9330 5077. The Australian SCRA group continues to be active—both in academic achievements and output and in social activism. During this past semester two of our local SCRA members, Dianne Costello and Alison Browne, have been awarded their doctoral degrees. Both have spent a number of years researching community-based projects and both submitted their doctoral theses in social action domains related to community psychology. In addition, another local member, Dr. Elizabeth Finn, just won the 2007 Robyn Winkler Award. This award was designed to memorialize the pioneering work done by the late Robyn Winkler to recognize excellence in community psychological research and interventions. The award was given for Dr. Finn’s doctoral dissertation and research on mutual help interventions for mental health. Her supervisor, Associate Professor Brian Bishop, was also acknowledged.

An inventory of the employment of SCRA members found that, while there is a solid group of academics and those working in education, SCRA members are working across the range of social action domains from electoral lobbying to domestic violence and crime prevention. In addition, it was found that a substantial cohort of Australian SCRA members work in the area of environmental sustainability. SCRA members have a solid reputation of working well with scientists in establishing community consultation and collaboration processes that can lead to successful outcomes. SCRA Australia is particularly committed to the achievement of social change that will support the full human rights of Aboriginal people; the reduction of racism, discrimination and oppression in Australian cultural life; and improving Australia’s human rights record. In late November we will be holding a meeting to review our progress and activism in each of these domains over 2007 and to plan for strategic effectiveness in the year ahead.

Midwest Region, U.S.
Regional Coordinators:
Debra M. Hernández-Josefowicz-Simbeni, debj@s.wayne.edu
JoAnn Sobeck, ab1350@wayne.edu
Nicole Porter, npporter@depaul.edu

Student Coordinators:
Todd Shagott, tspshagott@wichita.edu
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Liz Shelleby, e什elleby@depaul.edu

Come join your colleagues from the Midwest in Chicago this May!

The 2008 Annual Meeting of The Midwestern Psychological Association Division 27: Society for Community Research and Action will be held in Chicago, IL May 1-3. Over 20 posters, 10 symposia and 9 roundtables representing a diverse range of community research and action will be presented Friday, May 1st.

The 2008 Midwest ECO Conference will be held in Battle Creek, MI October 10-11. Look for the call for posters, symposia and round table submissions this summer. You may contact the MSU planning committee at: <MidwestECO2008@gmail.com>.

Please remember that the Society for Community Research and Action is not only the premiere organization for community psychologists, but also includes professionals from other areas of psychology and allied disciplines. Dr. Josefowicz-Simbeni and Dr. Sobeck are faculty members in the School of Social Work at Wayne State University in Detroit, MI and are working to increase awareness of SCRA and encourage membership among students and colleagues in Schools of Social Work in the Midwest beyond. Are you a member of SCRA from an allied discipline? Do you collaborate with colleagues from other areas of psychology or disciplines? If so, please let members of SCRA and the Executive Committee know your ideas for inter-disciplinary expansion of such an important organization.

Northeast Region, U.S.
Regional Coordinators:
Chiara Sabina, c.sabina@unh.edu
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Northeast Region Coordinators. Chiara Sabina, PhD, Seema Shah, PhD, Sudha Wadhwani, PsyD, and LaKeasha Garner, PhD, have been working together to prepare this year’s SCRA Northeast Regional Conference, which will be held on Friday, March 14th at the Boston Park Plaza Hotel in Boson, Massachusetts.

The 2008 regional SCRA program will offer an exciting array of symposia, paper presentations, and posters related to applied research in school settings, learning and service in community settings, activist scholarship and social justice, and self-reflection toward community action. The invited keynote speaker will be M. Brinton Lykes, PhD, an Associate Professor at Boston College whose research areas include exploration of the interstices of indigenous cultural beliefs and practices and those of Western psychology and creating community-based responses to the effects of war and state-sponsored violence. Dr. Lykes is an activist scholar and member of the editorial board of Peace and Conflict: Journal of Peace Psychology and the American Journal of Community Psychology.

We hope the conference provides a stimulating forum for community psychologists, professionals, researchers, and students within the Northeast Region to connect and share their commitment to impacting social change. For more information regarding the program or registration, please visit the SCRA website at <www.scran27.org> or the EPA website at <www.easterneconomicological.org>.

The Community Psychologist Volume 41 No. 2
A Circle Group: Activist HR Network

Following on a well-attended conference on Ecopsychology at Lewis and Clark College in June 2007, a group of activists and community counselors organized a project to support environmental and social justice activists and their organizations. We have held monthly open discussions and weekly planning meetings to pool knowledge about the vicissitudes of activism and are poised to do our first free consultations with organizations in the Portland, Oregon area.

Here's how the webpage <www.earthleaders.org/psf/activist> describes our work: A Circle Group hosts a monthly open discussion on topics related to activist group process and offers confidential consultations to activist organizations.

The group consists of Portland-area activists, organizers, counselors, social workers, and other folks with experience and skills in supporting social and organizational wellness. One aim is to engage people who have relevant experience and skills in catalyzing socially-sustaining practices and cultural wisdom in movement work.

We are dedicated to a long-term exploration of several dimensions of consensus-based, non-hierarchical, deeply democratic group processes that aim toward social transformation, including: (1) individual well-being, motivation, direction, and meaning, (2) interpersonal relations and conflict-resolution, (3) meeting process, decision-making, and follow-through, and (4) inter-group collaboration. Please contact Tod Sloan at <sloan@lelark.edu> for information on how to start a Circle Group in your area.

The network of Bay Area community psychologists and colleagues from other fields with interests in community-based research and intervention continue to meet once a semester for an informal colloquium. For spring 2008, April 11th has been tentatively selected. We will contact those on our email list with the specific time/location/titles of presentation. For interest in attending and/or presenting, or to be added to our mailing list, please contact Mariët Schotland <mss286@nyu.edu> or Emily Ozer <eozer@berkeley.edu>. The goal of our network is to provide a forum to informally discuss work in progress, network with other community practitioners, and provide an exchange of ideas related to community intervention work. The larger group meets twice a year while encouraging smaller groups to form around particular interests.

In other news, Gina Langhout at UC–Santa Cruz shares:

There is a great project in participatory action research happening in California. The people involved are UCSC undergraduates (one in psychology and others in other disciplines) who have started a group called SIN (Students Informing Now) that advocates for AB 540 (undocumented) students, on campus and in the community. They have co-authored a paper "Students Informing Now (S.I.N.) Challenge the Racial State in California without Shame . . . Sin Verguenza!" published in Educational Foundation, Winter-Spring 2007. The group has been invited to present this paper in New York at the American Education Research Association (AERA) in March. They are also making several presentations around the NY area at places like NYU and the New School of Social Research. They are a really inspiring group and their work is completely aligned with CP.
The Quentin Burdick Rural Health Interdisciplinary Health Practicum is a program that offers students an opportunity to learn first hand what it takes to live and work in a rural community. The program began in 1999 with the purpose of partnering with rural underserved communities, health, and educational institutions to find ways to enhance health services through comprehensive, cost-effective, coordinated, and culturally appropriate means. For five weeks during the summer of 2007, a team of two women and I worked in Hanalei, Kauai. We each came from different academic backgrounds and brought different perspectives and solutions to addressing the health concerns of this community.

To prepare for the practicum, we met during the spring semester for three Saturday training sessions and one on-site visit. During these meetings we learned about team building, collaboration, and began to outline a plan of action with our faculty liaison and on site coordinator. The program we came up with consisted of three parts. The first was a set of community based initiatives: updating the health brochure library, first aid kit for the community center, recycling program, and news release on recycling. These were chosen after speaking to community members, attending community meetings, and learning more about current community initiatives. The second part was to create a health curriculum for the community children's summer program. The curriculum was based on the ecological model and titled, "me, ohana, the community, and the environment." Each week the lessons were based around one of these themes, for example week one was about the individual, or "me," with a lesson on staying hydrated. The third part consisted of shadowing community leaders, where we learned about working in a rural community by those who are leaders in organizations, both grassroots and nation-wide.

The QB practicum has six sites on four of the Hawaiian Islands: Hawaii, Kauai, Lanai, and Molokai. Our site in Hanalei on Kauai, is a majority part-native-Hawaiian. This ethnic group has been documented as having particular health care concerns so this site combined the challenges of rural health care with the combined impact of cultural and ethnic health care needs as well. In today's changing world, it is important to keep in mind the cultural and ethnic needs of a population, as research is showing culturally relevant services are often better received and have longer lasting positive results than those that are not.

Hanalei faces many of the same challenges as other rural communities, such as the low-income of many of their residents, high rates of alcohol and drug abuse, poor access to health care, and a lack of job opportunities. These rural challenges are combined with some unique challenges as well. The first is the owner occupancy rate with little less than half of the homes being owner-occupied and the high median home price, which makes it almost impossible for residents to afford to purchase a home. This has contributed to the community feeling disjointed, where one can live their entire life in the same home and never know who their neighbor is. Then there are the environmental concerns, which like other rural communities touch upon agricultural preservation, but also include the preservation of the natural resources of the area like Hanalei Bay and river. Another unique challenge is the town's dependency on tourism, which has lead to an ambivalent relationship between tourists and residents. A majority of the town is tourist occupied and most of the business comes from tourists passing through, but this dependency competes with the community's desire for the community feeling of "ohana."

These challenges of rural living were important for our team to keep in mind when coming up with our community initiative projects. After outlining a few projects we went into the community to ask people for feedback on the proposed projects. The projects that we carried out were ones that the community and our team decided were the best choices considering the time constraints and community concerns. The health brochure library, located in the community center, addressed the issue of accessible health care, with brochures addressing various topics from alcohol and drug abuse, teen pregnancy, healthy eating, to mental health concerns. The idea behind the library was to make health information more accessible to the community in a way that was non-intrusive. The recycling project addressed the community's desire to be environmentally conscious. It was also a way to raise funds for the community center, as Hawaii has a redemption program for recyclable drink containers. A news release was submitted to the local newspaper to raise awareness on the recycling donation program for the center. Signs were also made to better direct people to the recycling donation center as well educating community members on the importance of recycling.

When going into a rural community one of the challenges that a researcher faces is the challenge of being accepted into a small tight knit community. In our case we are part of a group that comes each summer to work at the community center and as such have a niche into the community: when we first arrived we were often greeted as the "QBs." This continuity helped make our transition into the community smoother as people already had an idea of what we were there to do and why. In the case where a researcher may not have this advantage it is important that the reasons for their presence be transparent to the community. Or the researcher may risk not being able to gather accurate information or give out appropriate services or worse be seen as an intruder in the community. A piece of advice I received from an alumni of the program was to go out into the community and talk to people: let them get to know me, and establish a base of open communication. This was an invaluable piece of information as it not only helped me to meet different community members and hear about community concerns, but also to hear the stories and history of the community.

This brings to mind one of the first lessons I learned as a community psychologist in training, the importance of context. Context includes the individual, community, culture, politics, economics, and social influences bounded by time and place. By understanding what has lead to the present context one gains valuable insight into what factors have lead to this behavior or
situation. For Hanalei, an understanding of the community's history and demographic allowed us to better understand their desire for "community spirit" and at the same time their wariness of its longevity. To understand the context of Kauai better we attended community meetings and learned about the concerns of both Hanalei and the larger Kauai community. We also shadowed non-profit organization coordinators to learn what their organization's role was in the community and how they were addressing a community concern.

An example of context for Hanalei, is the story behind the creation of the Hanalei community center, Hāʻel Halawai Ohana O Hanalei, built in 1993 and the only privately funded community center in the islands. In the aftermath of Hurricane Iniki the Hanalei community came together to support one another as supplies and help were long in coming. Because of this experience the idea for the community center was born. Today the center includes a meeting hall, certified kitchen, computer lab, Teen Center, kiln room, caretaker’s cottage, the offices of a tenant (Hanalei Watershed Hui), and newly built halau. By understanding the support and team work it took to built and maintain the community center we gained a deeper understanding of the community’s concern in the loss of what they termed, "community spirit or ohana," or the feeling that had nurtured and created the center.

Looking back on my experience this summer I learned three valuable lessons. The first came during our shadowing and was the lesson of assessment. This lesson is often overlooked in our zeal to help those in need or what we perceive as need. Sometimes the programs instituted in rural areas are not culturally relevant or implemented in a way that the community does not understand or support, or are implemented with no input from community members or stakeholders. By taking the time to stop back and listen to what a community perceives as its needs and understanding the background of those needs, a more comprehensive initiative can be created. In the setting of rural communities this extra step is the opportunity to gain the support of the community and participation by the community, as you can’t have a project without participants.

The second lesson was about empowerment and this came during our health lessons with the children. Through our lessons we taught the children ways to be healthier individuals, empowering them to take charge of their health and that of their community. The third lesson was on sustainability, and this was important to our team from the start. One of the challenges we faced this summer was the short duration of time we spent in the community. As such any program we put into place would only be getting on the ground and would need the buy in of community members to continue. These lessons of assessment, empowerment, and sustainability encompass the idea of context. In the case of rural communities it is crucial to understand the people, community, and culture, as each community has its own unique concerns on top of the documented challenges of rural living. Through an understanding of each community’s unique context, a more comprehensive health initiative can be created that educates for empowerment and prevention in a way that is sustainable by the community and works with the system already in place. In the often fragile settings of rural communities these extra steps can make the difference towards the implementation and longevity of a successful program.

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Social Policy—

Edited by Steven B. Pokorny

In the spirit of the new tradition to have students contribute to this column, the following article was written by Ryan O’Mara, a PhD candidate in the Department of Health Education & Behavior at the University of Florida. Ryan presents a compelling argument for social policy efforts directed at reducing the impact of smoking to our society. Unfortunately, smoking has been deeply enmeshed in the fabric of our culture for a long time—glamorized by the media and even subsidized by our government, so much so that recent efforts to restrict this dangerous behavior through policy are frequently met with rhetoric about "smoker's rights." In his article, Ryan presents a convincing argument that the consequences of smoking are many and extend beyond the individuals who choose to smoke. I believe that the issue is relevant to community psychologists and that we, as advocates for social justice, have much to offer by helping to empower nonsmokers in the struggle against the tobacco industry.

A Case For Comprehensive Smoking Bans: Empowering Nonsmokers To Reclaim More Than Clean Air

~Ryan O'Mara, University of Florida
romara@hilp.ufl.edu

In 1982, former U.S. Surgeon General, Dr. C. Everett Koop, described smoking as "the chief, single, avoidable cause of death in our society and the most important public health issue of our time" (U.S. Department of Health and Human Services [USDHHS], 1982, p. xi). Twenty-six years later, smoking is still the leading cause of death in the United States, killing more than 400,000 people every year (Centers for Disease Control and Prevention [CDC], 2005). Smoking is a dangerous behavior that results in serious consequences not only for the minority of smokers but also for the broader non-smoking society. To illustrate how the harmful impact of smoking transcends the individual smoker, consider the economic principal of "externalities." An externality occurs when a behavior (e.g., purchase of a consumed good) impacts anyone not part of a given economic transaction (Jacobs, 1987). In other words, those who directly participate in the transaction (e.g., consumer and retailer) do not necessarily bear all of the costs or reap all of the benefits of the transaction. Many externalities impact the societal costs of smoking.

A well-documented externality of smoking is the direct healthcare costs and lost productivity attributed to smoking-related illnesses—estimated at over $3,000 per smoker per year in the United States (CDC, 2002). This translates to over $7.00 for every pack of cigarettes sold in the U.S. (CDC, 2002)—a cost borne by all members of our society. Another externality of smoking is the irrefutable health effects of environmental tobacco smoke (ETS) on non-smokers—prompting the latest Surgeon General’s report to conclude that “there is no risk-free level of
exposure to secondhand smoke” (USDHHS, 2006). A common environmental externality of smoking includes unintentional fires, of which the vast majority are caused by cigarettes being abandoned or carelessly disposed (Hall, 2006). Other environmental externalities of tobacco consumption include deforestation as a result of tobacco production, pesticide use in tobacco agriculture, and most notably, waste production due to individual consumption (Novotny & Zhao, 1999). It is estimated that 5.5 trillion cigarettes are consumed annually by the world’s 1.3 billion smokers (Chapman, 2006). The waste products of cigarette consumption (e.g., cigarette butts, packages and wrappers) are clearly visible in many public places such as sidewalks and beaches. For many smokers, the world is their ashtray. Cigarette butts are the single most common form of litter, constituting up to 40% by weight of all litter (Chapman, 2006).

Although the paper and tobacco components of cigarettes are biodegradable, the filters are composed of a form of plastic called cellulose acetate, which can persist in the environment as long as other forms of plastic (Ach, 1993). These filters, which are specifically designed to accumulate toxic chemicals during smoking, release these harmful chemicals into the environment and water supply (Novotny & Zhao, 1999).

The harmful externalities of smoking are clear, convincing, and overwhelming. In the preface of the landmark Surgeon General’s report, The Health Consequences of Involuntary Smoking (USDHHS 1986, p. xxi), Dr. C. Everett Koop commented that “the right of smokers to smoke ends where their behavior affects the health and well-being of others; furthermore, it is the smoker’s responsibility to ensure that they do not expose nonsmokers to the potential [sic] harmful effects of tobacco.” More so, nonsmokers should be empowered to avoid the harmful effects (i.e., externalities) of smoking by proactively supporting comprehensive anti-tobacco programs, most notable smoking bans. The war against tobacco has gained momentum in the U.S. where tobacco use is decreasing among some populations, and more and more people enjoy legal protection from secondhand smoke. This smoke-free movement may likely be near the “tipping point” as the U.S. begins to reclaim clean air as a social norm. Thirty years ago, it was considered “cutting edge” health policy research translation when U.S. cities and towns began enacting ordinances that restricted, but did not eliminate, smoking in school, workplaces, restaurants, and other public places. As we continue to develop new information and confront issues related to smoking, such as a better understanding of the health effects of secondhand smoke, social policy has embraced ordinances that prohibit smoking and expand the public locations covered by the law.

Mounting evidence shows that smoke-free policies have real health benefits. A recent but growing body of population-based studies have documented that heart attack hospital admission rates decline significantly in municipalities after public smoking bans are implemented (Juster et al., 2007; Seo & Torabi, 2007; Khuder et al., 2007; Bartecci et al., 2006; Barone-Adesi, Vizzini, Merletti, & Richardi, 2006; Sargent, Shepard, & Glantz, 2004). Moreover, these declines appear to be most pronounced among nonsmokers (Seo & Torabi, 2007). These findings corroborate research documenting immediate physiological effects from brief exposure to secondhand smoke, which could trigger a heart attack, asthma attack, teratogenic effects, and other critical events in susceptible individuals (USDHHS, 2006). Besides protecting nonsmokers from exposure to secondhand smoke, these policies reduce tobacco use by smokers and affect public attitudes about smoking to be less socially acceptable (Albers, Siegel, Cheng, Biener, & Rigotti, 2007; Baur, Siegel, Cheng, Biener, & Rigotti, 2005; Albers, Siegel, Cheng, Biener, & Rigotti, 2004; Fichtenberg & Glantz, 2002; Moskowitz, Lin, & Hudes 2000; Farkas, Gilpin, Distefan, & Pierce, 1999; Chapman et al., 1999; Stephens, Pederson, Koval, & Kim, 1997; Glantz, 1995).

Recently, there has been a widespread movement for municipalities to extend clean indoor policies to outdoor public environments (Schmidt, 2007), where the pollutants in secondhand smoke can be just as concentrated as they are indoors (Klepeis, Ott, & Switzer, 2007). These policies range from bans on smoking near building entrances, way to permitting smoking only in designated areas, to complete outdoor public smoking bans. Although researchers have only begun to assess the impact of these outdoor smoking policies, it is necessary that this outdoor smoke-free movement continue to gain momentum. Expanding smoke-free zones around hospitals, schools, workplaces, and other municipalities promotes conditions of involuntary tobacco abstinence for smokers, which directly reduces (1) smokers’ tobacco consumption, (2) nonsmokers’ involuntary exposure to secondhand smoke, and (3) the amount of cigarette consumption waste and its harmful effects on the environment. This creates optimal conditions for protecting nonsmokers from the economic, health, and environmental externalities of smoking.

Nonsmokers, who are victims of these overwhelming externalities, should be empowered to assert their rights not to be subjected to the consequences of smokers’ behavior. Nonsmokers can reduce these externalities by proactively supporting comprehensive smoking bans, which are proving to be the most effective and economic approach for reducing tobacco use and its effects on others when compared with tobacco taxation, mass media messages, smoking cessation services, enforcement of youth access laws, and other tobacco control interventions (USDHHS, 2006). Specifically, non-smokers must first advocate for clean indoor air laws, i.e., the elimination—not reduction—of smoking in workplaces, restaurants, bars, and other public places. When such policies are in place, then attempts should be made to advocate for expanding these policies to outdoor public environments including within vehicles when children are present. When optimal smoke-free policies exist, then non-smokers must assure compliance with these policies by requesting that the proper authorities actively enforce them. And finally, nonsmokers must assert their rights and confront smokers who unintentionally expose them (or children) to secondhand smoke and who improperly discard their non-biodegradable toxic cigarettes butts. The combined effort of the majority nonsmokers can create an equally toxic anti-tobacco environment for those smokers who do not make attempts to respect others and moderate the externalities of their behavior. By furthering the goals of a smoke-free society, nonsmokers are reclaiming more than clean air.

references next page

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References


Call for Proposals!—2008 SCRA Graduate Student Research Grant

Please consider applying for the Graduate Student Research Grant. This prestigious and competitive grant is specifically devoted to supporting pre-dissertation or thesis research in under-funded areas of community psychology. The call will be put out over the student listerv, and on the website (see below for instructions on both of these options). Applications for the award will be due by July 1st, 2008. If you have any questions while developing your grant proposal, please contact Marco Hidalgo at <mhidalgo@depaul.edu>.

Summary of Deadlines for Student Opportunities

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<th>Grant/Oportunity</th>
<th>2008 Deadline</th>
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<td>Travel Award Application for 2nd ICCP</td>
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<tr>
<td>SCRA Student Rep. Nominations</td>
<td>April 15th</td>
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<td>The Community Student, Summer '08</td>
<td>May 15th</td>
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<td>SCRA Student Research Grant</td>
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Second International Conference on Community Psychology
June 4th - 6th, 2008—Lisbon, Portugal

The Sociedade Portuguesa de Psicologia Comunitária will be hosting the Second International Conference on Community Psychology at Fundação Calouste Gulbenkian, Lisbon, Portugal from June 4-6, 2008 <http://www.2iccp.com/index.html>.

According to the website, the main conference theme, Building Participative, Empowering & Diverse Communities—Visioning Community Psychology in a worldwide perspective, will be delivered through key thematic areas including:

- Community Organizing
- Systems Change
- Policy Change
- Creating New Settings
- Training
- Evaluation
- Prevention
- Advocacy
- Collaboration
- Networking
- Strengthening Relationships
- Globalization and North/South Dialogue

SCRA Executive Committee Mid-Winter Meeting

Every 6 months, the SCRA Executive Committee meets to discuss and decide on pivotal issues for our organization. Both National Student Representatives have full voting rights and are able to bring to the table important ideas that concern student members. At the end of February in 2008, the Executive Committee will be meeting in the Washington, DC area. Unfortunately, this will be following the submission deadline for this column, so the updates and highlights from the meeting will be published in the fall 2008 issue of TCP and via the listerv. In the meantime, if you have any ideas, concerns, or suggestions that you would like the Executive Committee to hear, or if you would simply like to know more about the proceedings of this body, please email either Marco or Christopher at any time of the year. The Executive Committee highly values improvement-oriented input from students.
Seeking More Student Regional Coordinators!

If you are interested in becoming more active in organizing student activities related to community research and action within your region, perhaps you should consider service as a Student Regional Coordinator (SRC), or Student International Regional Coordinator (SIRC). For each region there are up to two graduate student coordinators, and 1 undergraduate coordinator. Graduate student coordinators serve 2 years, while undergraduates serve at least 1 year.

We are currently seeking students to complete a 2 year, appointed term as SRCs within the Northeast, Midwest (seeking undergraduate SRC), Rocky Mountain/Southwest and Western (seeking undergraduate SRC) regions of the U.S. We are also seeking to fill SIRC positions in our various international regions including Canada (seeking undergraduate SIRC), Latin American (SIRC), Australia/New Zealand/South Pacific, Europe/Middle East/Africa, and Asia.

SRC and SIRC positions are appointed by the Regional Network Coordinator (Dr. Bernadette Sánchez—DePaul University), an Executive Committee member who is responsible for several tasks related to engaging Division 27 members across the many national and international regions of SCRA. If you are an innovative collaborator, and interested in hearing more about these wonderful leadership (and CV-building) opportunities contact Bernadette <bsanchez@depaul.edu> or Marco <mhidalgo@depaul.edu>.

In the meantime, we present our current team of U.S. and International Regional Coordinators. If you are interested in getting connected with other students within any of these regions, a good place to start is by contacting your regional coordinators.

Our Current Team of U.S. and International Student Regional Coordinators

<table>
<thead>
<tr>
<th>Region</th>
<th>Regional Coordinator</th>
<th>Institutional Affiliation</th>
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<tbody>
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</tr>
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Sign on to the SCRA Student Listserv!

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>

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 the listserv manager, Omar, at <oguessous@comcast.net>.

Sign up for Other SCRA Listservs!

There is more to SCRA online activity than the student listserv. In fact, you can sign up for a variety of listservs hosted by Division 27 through the listserv page on located on the division website <http://scra27.org/elistervs.html>. Aside from the student listserv, this page features instructions on how to sign up for three additional listservs that include:

The General Listserv: Enables SCRA members to engage in stimulating discussions, and provides information on job postings, grant opportunities, and SCRA events.

The Women's Listserv: Enables SCRA members to access the best sources of information regarding women's issues in community research and action. It is also the main source of communication about issues relating to the SCRA Committee on Women.

The Disability Interest Group Listserv: This, the newest of the SCRA listservs, consists of a vibrant community of scholars active or interested in community research and action related to disability issues.

Women's Issues

Edited & written by Michele Schlehofer

Hello! I'd like to take this opportunity to introduce myself. My name is Michele Schlehofer, and I'm the incoming editor of TCP's Women's Column. Nicole Allen and Christina Ayala-Alcantar have served as co-editors of the column for a considerable length of time, and they are now ready to step down and pass the torch to a new editor.

This coming year, I'd like continue Nicole and Christina's efforts by using the Women's Column to highlight current research, action, and policy work pertaining to and/or conducted by women. Further, this column will continue to communicate news from the Women's Committee.

However, I cannot meet these goals without your help! Please consider contributing a manuscript to the column. Manuscript submissions can be short articles on any aspect of your work that pertain to or focus on women or women's issues. Manuscripts can take the form of short reports of empirical research to reflective pieces on any aspect of community change, action, research, policy development, or professional development processes.

Please, send me a manuscript! Or, if you do not have a manuscript to share, please send me your thoughts and ideas for what types of work you'd like to see in this column. You can submit your work by emailing me to me as a WORD attachment at: <mmschlehofer@salisbury.edu>. Thank you, and I look forward to working with you as editor of the column.
The Community Practitioner—

Edited by David A. Julian

In recent issues of the "Community Practitioner," there has been a lively discussion about the competencies necessary to practice community psychology. There seems to be general agreement that community practitioners should possess skills sufficient to support community members in their efforts to identify and address significant local issues. The following article provides a description of a formal training program designed to impart community problem solving skills to professionals charged with managing local family and youth serving collaborations in Ohio. Plans are in development to feature similar descriptions of graduate training programs in community psychology in future issues of the "Community Practitioner." It is hoped that such information will assist community psychology students, practitioners, and faculty members as they consider the most appropriate manner in which to assist local community members in their efforts to identify and address local issues.

Training Local Professionals to Engage in Community Practice Roles

—David A. Julian, Melissa Ross, Beth Crawford, Mindy Hutcherson, Tony Panzino & Kelly Spring, The Center for Learning Excellence, The Ohio State University

The following paragraphs provide a description of the training components of Ohio’s Partnerships for Success (PfS) initiative. The authors argue that the training components of the PfS process build community practice skills. According to formal training materials, PfS is "a community based process designed to build capacity to plan, implement and ultimately make decisions about investments in child and family serving interventions" (Center for Learning Excellence, 2008, p. 1). Julian (2006) defines community psychology practice in terms of strengthening community capacity to identify and address local issues. It appears that the goals of the PfS initiative are consistent with Julian’s definition of community practice.

Local professionals in 44 of Ohio’s 88 counties have been or are currently being trained to use the PfS process as an “operating system” to manage the activities of Family and Children First Councils. Family and Children First Councils are local structures charged with developing plans and an interagency process to evaluate and prioritize services to achieve beneficial results for Ohio’s children and families (Ohio Family and Children First, 1993). The State of Ohio awards PfS grants to five to ten counties each year to assist in enhancing local capacity to achieve the goals of Family and Children First Councils. The PfS Academy housed in the Center for Learning Excellence at The Ohio State University provides an array of trainings and technical assistance activities for new PfS counties and in response to local requests.

The remainder of this paper is divided into three sections. In the first section, the authors present additional context and background information that provide a foundation for PfS training and capacity building activities. In the second section, the authors describe characteristics of the local professionals who take on community practice roles and provide some additional information about Family and Children First Councils. In section three, the authors describe training materials and the curriculum used to enhance capacity at the local level. Finally, the authors close with some thoughts about the complement of skills acquired as a result of participating in PfS training.

Context and Background

Defining Strategic Local Issues

The PfS process provides tools and procedures to manage community processes to address specific local issues. Such processes are often placed in the hands of collaborative bodies charged with developing responses to local problems including child welfare, substance abuse, family violence and juvenile crime. The developers of PfS argue that not all problems or issues should be addressed through collaborative problem solving. In fact, PfS “needs” assessment activities are designed to support local communities in making decisions about issues that can be addressed through existing structures and those that require a collaborative response. It is also important to note that what may require a collaborative response in one community might be addressed through an existing structure in another community. Definition of specific local issues to be addressed at any particular point in time is based on availability of resources and existing capacity.

Partnerships for Success procedures require representatives of the community to prioritize local issues. In most cases, the number of issues that might be addressed exceeds available resources. Anecdotal evidence suggests that it is difficult to implement even the most rudimentary of problem solving activities if faced with more than one or two key issues. Since PfS is billed as a “strategic” process, considerable attention is focused on what might be accomplished in the short-term. The developers of PfS define a strategic time frame as 12 to 18 months. This definition requires implementers of PfS to decide what issues should and can be addressed in a meaningful way at a particular point in time.

Defining Community Practice

In the PfS process, community practice is defined as a management activity based on the premise that outcomes of individual programs achieved simultaneously add up to higher order community outcomes. Thus community practitioners are tasked with managing a portfolio of programs, each with individual outcomes, that in aggregate produce outcomes at the community level. Figure 1 (next page) provides a simplified illustration of community health and human service delivery systems in a typical county in Ohio. Each vertical “silo” represents a system designed to address specific issues such as child welfare, mental health care and juvenile delinquency. Each of these systems provides programming consistent with its mission and on occasion may choose to be part of collaborative community efforts to address issues that transcend service delivery system boundaries. Managing these inter-system efforts represents a significant community practice task that is addressed in PfS training activities.
Roles in Delivering Effective Services

Wandersman et al. (2008) suggest three key roles including research and development, direct service delivery and community support necessary to provide effective prevention programs. These roles in aggregate are referred to as the “Interactive Systems Framework” (Wandersman et al., 2008). The research and development role is focused on developing, evaluating and packaging effective programming. The direct service role is the mechanism through which program providers deliver therapeutic interventions. Finally, the community support role focuses on developing and/or enhancing infrastructure necessary to support effective service delivery.

Infrastructure includes structures and processes focused on tasks such as assessing needs, planning appropriate responses, and implementing and evaluating programming. Other community support activities might include securing grants or funding to support programming; enhancing local collaborative relationships; building capacity of local providers and system managers; encouraging citizen participation in problem solving efforts; and managing the interaction between programs across service delivery systems in order to produce community outcomes. The PIS process focuses on developing and/or enhancing community practice skills consistent with the community support role.

Supporting Structures and Community Practitioners

As noted above, a local structure that supports community practice in Ohio counties is referred to as the Family and Children First Council. Family and Children First Councils consist of several mandated members who meet on a regular basis. Mandated members include leadership of major youth and family serving systems. Among the systems represented at the Family and Children First table are child welfare, mental health, mental retardation and developmental disabilities, jobs, public assistance programs, health, juvenile justice and education. Each Family and Children First Council is also required to include family representatives and can invite representatives of other service delivery systems to participate. For example, many local communities invite United Way representatives to be formal members of Council.

Each Family and Children First Council is staffed by a Coordinator. Formal training activities focus on building the capacity of the “Partnerships for Success Coordinator” and a “core team” of three to five Council members. In a recent study focused on the competencies of local Family and Children First Councils, Julian, Ross, and Partridge (in press) conclude that local Councils are quite adept at identifying and implementing programming and in general appear to be quite capable of utilizing research and development products. In addition, each of the systems represented on Councils provide an array of mission driven and valued programs. However, Councils appear to be less effective in managing across systems to address significant community level issues and engaging in other community practice roles.

The Partnerships for Success Training Curriculum and Training Materials

The Training Curriculum

The PIS curriculum includes materials related to seven distinct phases of community practice. These phases include:

1. Ensuring community readiness and mobilizing the community
2. Establishing PIS workgroups
3. Assessing needs and profiling the community
4. Analyzing “contributing factors,” assessing community resources and prioritizing gaps
5. Creating a “statement of purpose” and investing in outcomes
6. Developing a formal plan and implementing solutions
7. Evaluating progress, managing investments and reporting to the community

These phases of activities are meant to represent a full cycle of the community problem solving process. The developers of PIS contend that these activities are enhanced through the application of specific community practice skills.

In phase one, efforts are undertaken to ensure that the community is “ready” (Plested, Jumper-Thurman, Edwards, & Oetting, 1998) and mobilized to address issues of concern. Readiness implies that community members recognize that problems exist and that they have the power to effectively intervene (Plested et al., 1998). In phase two, specific workgroups comprised of community members are convened to accomplish specific community practice tasks such as assessing community needs. The developers of PIS encourage communities to establish permanent workgroups focused on such tasks as assessing needs, developing and applying accountability standards and acquiring resources to address community issues. In phase three of the PIS process, an Assessment Workgroup develops a data informed profile of the community (2008). This usually consists of tracking key social indicators at the community level and when feasible for sub-jurisdictions of the community.

In phase four, key issues are considered in terms of contributing factors. Contributing factors represent component parts of an issue of concern. In phase five, practitioners create a statement of purpose or request for proposals. Phase six provides the opportunity to develop a formal plan specifying recommended action(s), implementation procedures and resource requirements.
Finally, in phase seven, evaluation data are collected, interpreted and reported to the community. In order to be prepared to manage the seven phases of the PFS process, local professionals supported by state grant funds are offered a series of specific trainings. These trainings are highlighted in Table 1 and include workshops and other classroom activities. The duration of workshops and other training activities vary from a few hours to one or two day institutes that provide six to twelve hours of instruction.

**Training**

- Overview of Model and Coordinator's Responsibilities 3 hrs.
- Community Planning Institute 16 hrs.
- Needs Assessment Institute 6 hrs.
- Implementation and Evaluation Institute 12 hrs.
- Logic Model Development Workshop 2 hrs.
- Outcome Evaluation Workshop 6 hrs.
- Total 45 hrs.

Table 1. Content focus and duration of formal partnerships for success training activities.

**Training Materials**

Four types of capacity building resources are available to local community members including coaching, formal trainings, simulations and the PFS toolbox. Three PFS coaches provide day to day technical assistance to local community practitioners. Coaches have a thorough understanding of PFS procedures and are able to address a variety of process questions. If specific content questions arise, coaches may access other Ohio State University resources through a process referred to as a “staffing.” If there is a specific issue of interest to many community representatives, there are usually funds available to enlist national speakers at an annual conference or other training activity.

Training content is included in a formal PFS training manual. In addition, several simulations have evolved over time that are incorporated in formal training activities. Simulations have been developed for needs assessment, using logic models to develop accountability and define program outcomes. Finally, the PFS toolbox includes 40 separate tools designed to support application of the PFS process. Some examples of tools include workshops that can be used to interpret needs assessment data, access web-sites that identify “evidence based” programs and find measures related to youth risk factors.

For example, there are four basic needs assessment tools designed to support community assessment activities. The first tool provides the opportunity for community practitioners to define several “domains of interest” such as substance abuse, juvenile delinquency, child welfare, safe housing and/or neighborhood safety. This tool also requires practitioners to identify social indicators associated with each domain of interest. The second tool is designed to facilitate discussion about how best to assess community conditions by sub-jurisdiction. The application of this tool is based on the premise that a county can be broken down into sub-jurisdictions such as municipalities or school districts for planning purposes. The third assessment tool requires practitioners to assemble social indicator data for the community and by sub-jurisdiction if feasible. The fourth tool provides a structured process for reviewing trends over time and determining priority issues by jurisdiction.

**Acquired Skills**

Scott (2007) identifies several skills associated with community practice. Skills identified by Scott are indicated in Table 2. According to Scott (2007), community practice professionals may have occasion to use eleven distinct types of skills. This list provides an opportunity to consider the extent to which PFS training activities address specific community practice skills. The authors conclude that a specific skill set is “strongly emphasized” if it is addressed on multiple occasions throughout PFS training activities. If addressed as a major component in one or two training activities, the skill set is “moderately emphasized.” If the skill set is acknowledged but not addressed in a systematic way, it is considered of “little emphasis.” It appears that the PFS curriculum may offer the opportunity for trainees to develop several competencies related to community practice.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Strong Emphasis</th>
<th>Moderate Emphasis</th>
<th>Little Emphasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy-Lobbying for change, political skills</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Assessment-Collecting data and providing feedback, community analysis</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Capacity Building-Organizational development, sustainability</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Collaboration/Consultation-Working with communities, leadership, management</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Communication-Public relations and presentations skills</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Computer Literacy/Report Writing-Computer literacy</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Cultural Diversity-Knowledge base related to diversity</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Group Process-Facilitating large and small groups</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Interventions-Applying scientific knowledge to practice, implementation</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Professional Development-Assisting others in their professional development</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Research-Designing, conducting and evaluating research</td>
<td></td>
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<td>X</td>
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</tbody>
</table>

Table 2. Community practice competencies and emphasis in partnerships for success training activities.
In summary, the developers of PFS have assembled a number of tools and training materials in a formal curriculum that appear to be directly relevant to key community practice skills. Partnerships for Success training experiences can be provided in a relatively short time period and appear to build important community capacities necessary to deliver effective programs. Anecdotal and some empirical evidence suggest that these tools and procedures have utility at the local level and may function to enhance the capacity of local communities to define problems and design appropriate local interventions. The PFS process or adaptations based on future evaluations may hold great promise in the effort to train a cadre of professionals with the capacity to manage efforts undertaken within and across local human service delivery systems. This level of management may result in more efficient and effective programs and coordination across service delivery systems which may ultimately produce highly valued outcomes for youth and families. □

References


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**The Community Student—**

**Edited by Marco A. Hidalgo & Christopher Zambakari**

Marco and I put out a call for submissions for our spring edition of TCS, and we were very pleased to receive such an excellent and diverse array of submissions from students across our U.S. and International regions. We find it unfortunate to only have the space to publish one of these stellar submissions in this issue, but we look forward to publishing more submissions concurrently in future issues of TCS.

We extend hearty congratulations to this issue’s featured author, Victoria E. Frehe, a counseling psychology doctoral student at the University of Kansas in Lawrence, Kansas. Her article highlights the effectiveness of using participatory action research (PAR) with Latinos in an effort to improve access to services within the community mental health care system. Especially notable about her work is its focus on accounting for and reflecting diversity within the Latino population and changing the language of a particular survey to adapt mental health services to become more comprehensible and satisfactory to a wider Latino population. We hope to continue reviewing high quality articles, like Victoria’s, that eloquently address mental health needs among ethnic minority populations through culturally-sensitive community research methods.

**Beyond Translation: Encontrando la Voz Latina**

~ Victoria E. Frehe, University of Kansas frehev@mail.ku.edu

Federal policy mandates that U.S. community mental health care centers provide services to all persons regardless of ethnicity, race, color, and nationality as a requirement to receive public funds. Limited resources challenge that system’s ability to serve such a broad constituency. Within our community, there is a growing number of Spanish speaking Latino families and consumers that might not be receiving culturally sensitive services. There are translated materials, but they might be poorly translated and directed to a specific Latino subgroup, instead of to the general group. While an obvious need is to be able to communicate, providing interpreters is merely the starting point when addressing barriers to care related to cultural differences. Beyond translation refers to a strategy which can help mental health care providers increase awareness and competency when working with someone from a culture other than their own. The purpose of this paper is to describe the application of a participatory action approach with Latinos in an effort to improve access to services within the community mental health care system.

**Mental Health and Latinos in the United States**

Even though Latinos and other ethnic and racial minority groups have resided in the United States for a long time, mental health services were developed for the majority group, failing to recognize important cultural factors among individuals from dif-
different backgrounds. For example, it was not until 1981 that the American Psychological Association (APA) first published ethical principles regarding ethnic minorities: "psychologists do not engage in and/or condone illegal or inhumane practices, including those based on considerations of race and national origin in hiring, promotion or training" (p. 304). This principle encourages psychologists to "do no harm" and to not discriminate. Nevertheless, "doing no harm" does not guarantee cultural competence or proactive efforts with respect to ethnic minority issues (Hall, Iwamasa, & Smith, 2003). Hall, Iwamasa, & Smith (2003) reported that there is a lack of exposure to ethnic minority issues during graduate school programs. Most graduate students do not obtain training experience, consultation, or supervision to ensure the competence of their services to ethnic minority groups that are required by APA. Therefore, graduate students who become psychologists and who work with minorities without an appropriate training in cultural competence might be engaging in unethical behavior.

Additionally, despite APA guidelines, Elliot, DiMinno, Lam, & Tu (1996) reported that the most common danger for mental health practitioners and researchers who work with people from different ethnic backgrounds (e.g., Latinos, Blacks, Asians) and who know something in general about that particular cultural group, is the tendency to stereotype, simplify, and misinterpret the culture as something frozen into immutable "traditions," which then apply mechanically, equally, and predictably to all individuals from a particular group.

Because of historical and social differences among the main subgroups of Latinos, each subgroup has different needs with regard to mental health. For instance, according to the Surgeon General's Report (1999), Central Americans may be more vulnerable to develop trauma-related disorders resulting from their experiences with political terror and other atrocities in their native land which prompted their flight to the U.S. Due to fewer educational and economic resources, Mexican American and Puerto Rican children and adults present a higher risk for mental health problems in comparison to Cuban Americans. Furthermore, immigrants from all backgrounds are also vulnerable to experience a different set of stressors than long-term Latino residents; recent immigrants who come to the U.S. without proper documentation have a harder time finding jobs and advancing in a career, and they constantly live in fear of being deported. As mentioned in the Surgeon General's Report (1999), census projections indicate that the number of Latinos will increase to 97 million by 2050, defining nearly one-fourth of the U.S. population.

The Epidemiologic Catchment Area (ECA) study found that Mexican Americans and European Americans had similar rates of psychiatric disorders (Robins & Regier, 1991). Additionally, Burtam et al. (1987) found that those born in the U.S. presented higher rates of depression and phobias in comparison to those born in Mexico. These findings, along with other studies, suggest that factors associated with living in the U.S. are correlated with an increased risk of mental disorders. Vega et al. (1998), Escobar, Hoyos Nervi, & Gara (2000), and Ortega Rosenheck, Alegria, & Desai (2000) also suggested that acculturation issues are important aspects that may lead to an increased risk of mental health disorders among Latinos in the U.S.

**Latino Access to Mental Health Services**

The Surgeon General's Report (1999) indicates that Latinos have limited availability and access to ethnically and linguistically competent mental health providers in the U.S. Results of a survey found that there were only 29 Latino mental health professionals for every 100,000 Latinos in the U.S. population compared to 173 white providers per 100,000 Caucasians (Center for Mental Health Service, 2000 as cited in Surgeon General's Report, 1999). Dana (1981) and Poma (as cited in Curtis, 1990) observed that the main reason Latinos underutilize mental health services is the lack of bilingual providers who are proficient in both languages, fully understand both cultures, and are sensitive to a client's level of acculturation.

According to the Resource Center to Address Discrimination and Stigma (ADS) (2005), there are four main categories of barriers explaining underutilization of mental health services by Latinos in the U.S.:

1. Individual barriers such as a lack of a support system, not having childcare, friends might find out, fear of spouse disapproval, upsetting family, and fear that religious leader might find out
2. Institutional barriers which include not knowing where to go for help, not having a way to pay for the services, not having a center near home, schedule conflicts, fear of employer finding out, failure to receive help, and lack of staff who speaks the client's language
3. Perceptual barriers such as the notion of being able to handle the problem on their own, not having a bad enough problem to seek help, afraid of what others will think and say about the problem, and difficulties getting out of the house
4. Other barriers that have to do with mistrust toward mental health providers, being misunderstood, and being used to deal with the problem alone (e.g., crying alone in the car, praying)

These barriers present challenges to community-based mental health services providers that work with Latinos. A collaborative approach between researchers, mental health providers, and the Latino community can help assuage some of the barriers. Bringing the Latino's input (needs and concerns in regards to mental health) into the system can facilitate the improvement of culturally sensitive services. Participatory action research (PAR), an active, collaborative approach familiar to many community psychologists, can be utilized to involve unnoticed communities (e.g., Latinos) in the mental health system. PAR has its roots in developing countries where oppressed people strive to improve their situation (e.g., health care, education, social services), focus on power differences and class conflicts (grass roots and social change movements) (Brown & Landon, 1983 as cited in Nelson, Ochocka, Griffin, & Lord, 1998). PAR is defined as "a research approach that consists of the maximum participation of stakeholders, those whose lives are affected by the problem under study, in the systematic collection and analysis of information for the purpose of taking action and making a change" (Nelson et al., 1998). Also, Lofman, Pelkonen, & Pietilä (2004) defined PAR as an empowering, critical and democratic process that has the potential to enhance the lives of all
participants. In this process, the role of the research refers to advising, guiding, and providing and facilitating the ongoing process in which they are the research experts. PAR is viewed as "bringing participation into research action" (Elden & Levin, 1991 as cited in Khanlou & Peter, 2005); it is not a method of conducting research, but rather an orientation to research (Minkler & Wallerstein, 2003 as cited in Khanlou & Peter, 2005).

Nelson et al. (1998) reported that PAR's goal is to understand how participants' perceptions and realities are constructed and how these can rebuild and change social interventions, rather than focusing on replications.

Measuring Satisfaction with Mental Health Services

For several years, the State of Kansas has contracted with the University of Kansas School of Social Welfare to annually conduct surveys which measure client satisfaction with children's mental health services at all community mental health centers (CMHCs) in Kansas. Individual CMHC level and statewide reports are developed annually and disseminated to mental health center staff, families, and the state mental health authority. The survey is conducted by phone in accordance with consumer preference. A written survey is sent to those who were not available by phone or who stated a preference for a written survey. Participants include parents or guardians of youth receiving services and youth age 12 and older.

In 2007, the total number of Latinos served by CMHCs in Kansas was 2164, representing only 2% of the total population served by the centers (Association of Community Mental Health Centers of Kansas, Inc., 2008). Due to a steady increase over the years in the Latino population within Kansas, the research team conducting the survey determined that it was important to improve survey accessibility and usability for Latinos who are not English speakers or those who might not feel fully comfortable with the English version of the survey. For this group of people, only the phone survey had been available during which a Spanish-speaking caller translated a survey from English to Spanish while simultaneously administering the survey. Thus, the purpose of the study was to culturally and linguistically translate and revise the parent/guardian Kansas Family Consumer Satisfaction Survey (KFSS) in order to give voice to Latinos receiving services at the centers. Additionally, a revised survey will provide CMHCs the opportunity to obtain improved feedback on Latino needs regarding services that is specific to that population.

Methods and Design

The translation from English to Spanish of the Kansas Family Consumer Satisfaction Survey (KFSS) started in fall 2007. Initially, the survey was translated verbatim from its original English version by a first generation Latino researcher. Next, words and phrases were examined and changed as needed to create linguistically accurate survey items. The Latino researcher/translator assumed a linguistically neutral position so that her nationality was not an influential factor within survey item wording. Instead, the translation was conducted with a diverse Latino audience in mind who potentially might come from different countries in South and Central America and that might have different dialects within the same Spanish language.

Participants

Latino consumers receiving services at CMHCs in Kansas played a prominent role in the KFSS's translation and revision through participation in focus groups that included Spanish speaking family members of youth receiving services at CMHCs (e.g., parents, legal guardian, aunt, foster parent, grandparent, etc) and other Spanish speaking adults receiving services at the centers. Spanish speaking staff members at the CMHCs (e.g., case manager, therapist, interpreter) also took part in the groups.

Family member and other Latino consumer participants were recruited with the help and support of staff members in the CMHCs. To protect the identity of the participants, demographics were not included in the study.

Focus Groups

An email was sent to executive directors of the 29 Kansas CMHC's explaining the purpose of the study and inviting them to participate if they self-selected their center as eligible (e.g., have a strong Latino population within the catchment area they serve). For the five centers that responded, researchers contacted staff members to ask for support in recruiting and scheduling the participants for the focus groups. Of the centers that responded, three recruited participants and arranged focus groups to be conducted in their communities. The participant sites were a rural (Southwestern Kansas), semi-urban (Central Kansas), and an urban center (Eastern Kansas). The dissimilar location of the sites was a strength of the study that allowed the investigators to get feedback of Latinos throughout the State, focusing on more than one area in Kansas.

Procedure

With the support of a bilingual staff member at each participating center, the researcher and participants met in a focus group to revise the translated version of the KFSS. The participants were asked to participate in the study by signing a consent form that was offered in either Spanish or English. They were informed that they could withdraw from the study at any point without any consequences. After the participants agreed to participate, a copy of the translated KFSS was given to each person. The researcher facilitated the group in Spanish, going through each item on the survey and inviting participants to raise questions or make comments when items or words were not understandable to them. In addition, they were asked for general comments or suggestions of items that they thought were important to include in the survey.

Results

Revising the Spanish version of the KFSS through a PAR approach with Latino family members of youth consumers and adult consumers of Kansas CMHC services enhanced its quality and readability. Consumer input contributed to the improvement of items that were unclear to focus group participants for various reasons. Some items included categorical wording that Latinos do not use in everyday language or conversation. For example, the groups concluded that some terms (e.g., wraparound services, independent living, SED waiver) would create confusion and have no meaning to Latino survey takers if translated verbatim. In other cases, some words in Spanish needed to be changed because...
of their degree of technicality (e.g., retroalimentación, meaning feedback) which would be unfamiliar to most Latinos. Difficult words in Spanish were modified to improve understandability. Participants agreed that revisions they recommended to the Spanish version of the KFSS will make it easier to read and answer, thus leading to increased participation rates among the Latino population.

Discussion

Ethical principles of beneficence, autonomy, justice and welfare need to be present when working with Latinos. The improvement of mental health services among Latinos in the U.S. depends on the involvement of the community when evaluating services and policy issues. Bringing the community into the development of measures can benefit the mental health system and the Latino community. By utilizing a PAR approach the communication between Latinos and community mental health centers can be enhanced. It is important to move toward creating accessible and culturally competent measurement tools that will increase the Latino involvement and voice when evaluating the quality of services.

The study process and outcomes reached beyond mere translation. A safe and benign opportunity to assist with translation really provided a forum for speaking out about experience with mental health services. Concerns about mental health systems were raised while revising the translated version. Researchers observed similar barriers to access mental health services indicated by the Resource Center to Address Discrimination and Stigma (2005).

As an important finding in this study, well translated materials, free of jargon and complicated words, and directed to a neutral Latino population is highly important when trying to understand issues and needs of Latinos in order to improve services and respond accurately to their concerns. This paper invites researchers, students, and mental health providers to go beyond translation by bringing the Latino voice into the process and making sure that cultural and linguistic competence are present at all times.

References


Therefore, for this special School Intervention Interest Group section of The Community Psychologist, we gathered articles that explore efforts to promote systems change in integrating supports for health, mental health, and education in schools. Together, these papers highlight several important distinctions regarding systems integration in schools and offer insight, advice, tools, and techniques that may assist those engaged in facilitating change in schools.

Peter Ji et al. describe large scale efforts to promote school wide systemic changes that positively impact student outcomes. They present a guide and rubric to aid schools in planning, implementing, and sustaining school wide Social and Emotional Learning. The authors report preliminary data on the use of the rubric in 84 schools across the state of Illinois. In addition to the rubric, the paper highlights the importance of providing support such as technical assistance, guides, and other tools to help schools build the necessary capacities for sustainable change within their schools.

Brad Smith, Sam McQuillan, and Cheri Shapiro introduce an installation-adaptation-diffusion model designed to foster university-community-school partnerships in support of the adoption and adaptation of evidence-based programming. They illustrate key components of the model through a case study. The paper suggests that implementation fidelity and adaptation need to be balanced carefully to support the movement of innovation into novel school contexts. In addition, the paper provides valuable insight into harnessing top-down, bottom-up, and lateral supports for successful change.

Suzanne Brown and Elizabeth Tracy describe capacity building for systems integration in the Ohio school system. Their case example demonstrates one way in which multiple stakeholders from the school and mental health systems can develop fruitful working relationships around a common goal. In this case, the Communities of Practice model was used, and their paper highlights preliminary findings and lessons learned.

Melissa Marus, Amy Maccechko, and Paul Flaspohler describe how one federal policy mandate encourages local development, implementation, and evaluation of policy based on local needs and resources. The federal wellness policy can be implemented flexibly and proactively in a school system, despite competing paradigms and pressures operating in the school. The authors' engagement with an existing school-community-university partnership was critical for the school district's success, as described in their case example. The partnership encouraged dynamic development of local policy, that it promotes ongoing improvement, ultimately building evaluation capacity.

Jennifer Watling Neal et al. describe strategies to involve teachers as key stakeholders for change within schools. They describe their efforts to identify and engage influential teachers in the diffusion of classroom-based interventions aimed at improv-
ing the learning and behavior of identified K-5 students. Along with reflections on their ongoing efforts to facilitate change from within, the authors provide both advantages and challenges associated with the model. Their efforts highlight the value of using existing resources within the school setting to disseminate information regarding implementation of a program (specifically, using the lateral influence of well-positioned staff to enhance the communication pattern that occurs within the school).

Finally, Christopher Reiger and Rachel Hamilton describe the role of the clinician-in-training working within an expanded school-based mental health model. The authors use a Piagetian framework for exploring school system adjustments needed for clinical service delivery in a school setting. The strength of their paper is their emphasis on expanding the clinician role from direct services to individual students, to include capacity building for systems integration through humble and respectful relationships. Their lessons learned would be useful for licensed clinicians as well as other health and social service professionals working in schools.

Given the well-documented problems in introducing new ideas to schools and sustaining innovative practices, it is critical that attention be given to understanding barriers and facilitators of the adoption and implementation of evidence-based practices (Flaspohler, Anderson-Butcher, Paternite, Weist, & Wandersman, 2006). Each of these papers focuses on integrated activity, as opposed to co-located interventions. A cross-cutting theme of these brief papers is the process by which community psychologists and others have negotiated the dynamics of school systems. Various these papers attend to entering systems, engaging key stakeholders, negotiating competing paradigms, and building capacity and sustainability. These papers focus on the progression of systemic change as opposed to monitoring the absorption of program level innovations. Consistent with emerging research and action in dissemination and implementation (e.g., Durlak & DuPre, 2008; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Wandersman et al., 2008), these papers focus on the process of change in complex systems. As a result, this set of papers provides insight for others embarking on similar journeys about how to negotiate the complex dynamics of schools using school-community or school-community-university partnerships.

The articles are aligned in their appreciation for the needs and potential of multiple stakeholders in supporting systems change in schools. Some provide insight into specific stakeholders' perspectives (e.g., the perspective of teachers or interns). Others indicate the value of understanding, valuing, and coordinating multiple perspectives. The inherent interdisciplinary nature of work in schools makes understanding and appreciation of multiple perspectives critical to the success of any particular initiative.

These are action oriented articles that illuminate community research and action techniques that foster systems change in schools. Each of these articles can be seen as example of work in the gap (or chasm) between research and practice. At varying levels in the school system, the articles provide insight into the front lines of the divide among research, practice, theory, and policy.


A Model for Implementing and Sustaining Schoolwide Social and Emotional Learning

—Peter Ji, Jennifer Axelrod, Christina Foster, Sue Keister, Mary O’Brien, Kristy Ogren, & Roger P. Weissberg; Collaborative for Academic, Social, and Emotional Learning, University of Illinois at Chicago

The development of children’s social and emotional competencies through social and emotional learning (SEL) is a unifying concept for organizing and coordinating school-based educational initiatives that focus on positive youth development, health promotion and problem prevention, character education, service-
learning, and schools as communities of learners (Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnik, & Elias, 2003). Focusing on SEL enhances students' emotional, cognitive, behavioral, and relationship skills so that they are competent to handle developmental tasks effectively and responsibly. Implementing and sustaining evidence-based SEL programs with fidelity is challenging for many schools (Durlak, 1998). Frequently, programs are implemented without assessing current efforts in schools and how those ongoing initiatives might be integrated into broader SEL programming efforts to create a comprehensive and coordinated set of supports for students. Even when programs are implemented effectively, many times they are not sustained. Reasons for this include: limited professional development for staff; failure to develop the infrastructure to support the program; and inability to integrate the SEL framework into school operations (Elias & Kamarinos Galiotos, 2004). Understandably, educators often feel overwhelmed at how best to implement SEL in a way that will promote schoolwide systemic changes that positively impact student outcomes.

CASEL developed an implementation guide to provide school leaders and their teams with a roadmap for the process of implementing and sustaining schoolwide SEL programming (Devaney et al., 2006). Schoolwide SEL programming involves the combination of evidence-based program(s), effective learning environments, supportive SEL classroom instructional strategies, integration of SEL into the core academic curriculum, and activities that support SEL programming throughout the school, at home, and in the community. The CASEL guide details a model that includes ten implementation steps that are grouped into three stages and six sustainability factors. Implementation begins with the principal of publicly committing to schoolwide SEL and culminates in the final steps of implementing SEL programming that is fully integrated throughout the school community. This ten-step model (see Table 1) is conceptualized as follows: the first two steps are the Readiness phase, steps three through six are the Planning phase, and steps seven through ten are the Implementation phase. The steps are presented in a planned sequence and it is suggested that schools address each of the steps in order. Although some schools begin at different steps in the model based on available literature, CASEL recommends that schools will need to work through all the steps so that SEL programming can be sustained over time (Elias, Zins, Grayzek, & Weissberg, 2003; Greenberg et al., 2003). Even as the model of implementation is sequential, it is also iterative. Schools at the final step (test) in the model can and should reflect on their progress on a periodic basis (i.e., 2 to 4 times per year) and decide if the previous steps need to be addressed again. For example, as the student demographics, school personnel, or programming priorities change, schools that have addressed all of the implementation steps should evaluate if the current SEL programming meets emergent student needs. The model also includes six sustainability factors that are carried out simultaneously in every implementation phase in order to provide a foundation for increasing the likelihood that SEL implementation is sustained (Adelman & Taylor, 1997; Grimes, Kurns, & Tilly, 2006).

The CASEL implementation guide provides schools with tools that help them develop their plans for SEL implementation. One such tool is a rubric that describes activities that reflect the school's level of development and implementation for each step and sustainability factor. These activities were generated by CASEL, based on literature reviews and staff experience with schools, and have been valuable in helping schools understand the work that needs to be accomplished in order to progress.

<table>
<thead>
<tr>
<th>Implementation Stage</th>
<th>Steps in Implementation Model</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readiness</td>
<td>1. Principal commits to schoolwide SEL</td>
<td>2.98</td>
<td>0.85</td>
</tr>
<tr>
<td></td>
<td>2. Engage stakeholders and form steering committee</td>
<td>2.54</td>
<td>0.99</td>
</tr>
<tr>
<td>Planning</td>
<td>3. Develop and articulate shared vision</td>
<td>1.93</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>4. Conduct needs and resources assessment</td>
<td>1.85</td>
<td>1.06</td>
</tr>
<tr>
<td></td>
<td>5. Develop action plan</td>
<td>1.64</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>6. Select evidence based program</td>
<td>1.86</td>
<td>1.18</td>
</tr>
<tr>
<td>Implementation</td>
<td>7. Conduct initial staff development</td>
<td>1.94</td>
<td>1.01</td>
</tr>
<tr>
<td></td>
<td>8. Launch SEL instruction in classrooms</td>
<td>1.74</td>
<td>0.97</td>
</tr>
<tr>
<td></td>
<td>9. Expand instruction and integrate SEL schoolwide</td>
<td>1.53</td>
<td>0.93</td>
</tr>
<tr>
<td></td>
<td>10. Revisit activities and adjust for improvement</td>
<td>1.51</td>
<td>0.99</td>
</tr>
<tr>
<td>Ongoing Sustainability Factor</td>
<td>A. Provide ongoing professional development</td>
<td>1.63</td>
<td>0.89</td>
</tr>
<tr>
<td></td>
<td>B. Evaluate practices and outcomes for improvement</td>
<td>1.53</td>
<td>0.80</td>
</tr>
<tr>
<td></td>
<td>C. Develop infrastructure to support SEL</td>
<td>2.00</td>
<td>0.98</td>
</tr>
<tr>
<td></td>
<td>D. Integrate SEL framework schoolwide</td>
<td>1.86</td>
<td>0.86</td>
</tr>
<tr>
<td></td>
<td>E. Nurture partnerships with families and communities</td>
<td>1.46</td>
<td>0.68</td>
</tr>
<tr>
<td></td>
<td>F. Communicate with Stakeholders</td>
<td>1.58</td>
<td>0.85</td>
</tr>
</tbody>
</table>

Notes: n = 84 schools, 1 = Little or no development and implementation; 2 = Limited development or partial implementation; 3 = Mostly functional level of development and implementation; 4 = Fully functional level of development and implementation. Range of percentage of missing data across all items = 3% - 7%.

Table 1. Means, standard deviations, and percentage of participants who responded to each rating category for each rubric item.

through the model (Devaney et al., 2006). (Note: The rubric is available for download at http://www.casel.org/downloads/Ru-
rubric). Schools rate their level of SEL implementation on each step on the rubric. Based on the ratings, schools then use that information to identify their next actions to move toward full implementation and sustained SEL programming.

Using this model for schoolwide SEL implementation, CASEL is assisting schools in Illinois as part of a statewide, state-funded initiative to ensure that the social and emotional development needs and skills of children are recognized and addressed in schools. In 2004, Illinois became the first state in the nation to adopt student learning standards in SEL (see www.isbe.state.il.us/ils/social_emotional/standards.htm). The IL Children’s Mental Health Act also required every district in the state to develop an SEL policy as part of its instructional plan; all districts have complied. In 2006, the Illinois legislature funded a pilot program to provide resources and training so that schools could address the SEL standards. School districts submitted applications to be part of this initiative and 84 schools were selected.

In addition, the state funded the training and development of a cadre of coaches to support schools in their SEL implementation. During the fall of 2007, CASEL staff (in conjunction with the state coaches) conducted two-day trainings with the 84 schools. In the training, schools were introduced to the CASEL model for sustainable schoolwide SEL programming. As part of this training, school teams completed the rubric documenting their current status of SEL programming implementation and sustainability. Completion of the rubric informed their planning and future actions for schoolwide SEL implementation.

This paper presents data for each of the ten steps and six sustainability factors to describe the current status of SEL implementation based on the pilot sample of 84 schools. The data presents a snapshot of how the schools are progressing in their SEL implementation as specified by CASEL's model. The paper then describes how schools can use the rubric to advance the implementation of their schoolwide SEL programming.

Description of Schools and Participants
The participating schools were located throughout the state of Illinois. There were 50 elementary schools, 17 middle schools, and 17 high schools. There were 9 schools located in Chicago, 50 schools located in other urban areas, and 25 schools located in rural areas. There was a wide range in the number of enrolled students—13 schools had less than 200 students, 39 schools had between 200 and 500 students, 23 schools had between 500 and 1,000 students, 8 schools had between 100 and 2,000 students, and 1 school had the largest enrollment with 4,461 students. The racial/ethnic background of the students was also diverse—in 18 schools, 90% of the students were Caucasian; in 10 schools, 90% of students were African-American; in 12 schools, 50% of students were Latino/Hispanic; in 2 schools, 20% of students were Asian; and the remaining 42 schools had varying proportions of students from different racial/ethnic backgrounds.

Participants in the training included SEL school planning teams, which consisted of school teachers, school administrators, mental health staff, parents, and community agency providers.

Description of Rubric
The CASEL rubric is a 16-item tool that includes each of the 10 implementation steps and six sustainability factors. School teams used the rubric to rate their current level of implementation. The steps and factors are rated on a 4-point scale: 1 = Little or no development and implementation, 2 = Limited development or partial implementation, 3 = Mostly functional level of development and implementation, and 4 = Fully functional level of development and implementation. Each participant within a school team completed the rubric and then the team arrived at a consensus rating of the school’s level of implementation and sustainability on each step and factor. The ratings on the rubrics were collected by the CASEL training staff and schools kept a copy of their ratings to develop their plans for SEL implementation.

Results and Discussion
The mean and standard deviation for each of the ten implementation steps and the six sustainability factors are presented in Table 1. Not surprisingly, the results indicate that overall schools were in the early stages of the CASEL implementation model. The steps in the Readiness phase of the model: steps one (Principal commits to schoolwide SEL) and two (Engage stakeholders and form steering committee), received the highest mean responses and the school teams rated these steps as “Limited development or partial implementation” but not yet at the “Mostly functional level of development and implementation.” Given that the rubric was administered during the first year of the school’s implementation process, it was expected that schools would be in the Readiness phase of the model.

Given the current research on implementation challenges (Elias et al., 2003), schools would benefit from working with consultants to plan their implementation of SEL before actually launching SEL initiatives. This sequence of planning before acting is viewed as necessary for the long-term sustainability of SEL (Jerald, 2003), and in fact, in developing the model, CASEL designed the implementation model as a sequence of steps to highlight the importance of planning prior to selection and implementation of SEL programming (Devaney et al., 2006; Durlak, 1988; Wandersman, Inn, Chinman, & Kaftarian, 2000). As part of the statewide initiative, schools are receiving ongoing coaching and technical assistance to support their planning and implementation plans.

The rubric is meant as a tool to help schools to be purposeful and selective when deciding what activities to use to advance their implementation of SEL. Schools in the early stages of SEL implementation could encounter difficulties when attempting activities in the latter stages of the implementation model without first laying a foundation that supports those activities by addressing earlier steps in the model. Similarly, there are beginning and advanced activities for each step of the model. Suppose a school team rates themselves on the rubric as having partially implemented step two of the model. Using the rubric, a school can determine what activities they could enact to move their school from a “partial” to eventually a “full implementation” rating on step two. For example, the school SEL planning committee could hold internal discussions about the potential impacts of promoting SEL on student academic achievement. Once satisfied with their current level of implementation for step two, the school should address step three, “Develop a shared vision,” rather than the latter steps. The mean ratings for steps one through six, the Readiness and Planning stages, suggests that schools could strengthen their ratings on those steps before proceeding to steps.
seven through ten, the Implementation stage.

The overall mean ratings for the sustainability factors were low, which was not unexpected given that most of the schools were just beginning the process of implementing SEL school-wide. The mean ratings for the sustainability factors suggest that the schools were focused on developing the school's infrastructure to support SEL programming. The schools indicated that they have not addressed the other sustainability factors (i.e., professional development, assessment, community involvement, and communication). This finding is expected as many initiatives are launched in schools without addressing the factors that sustain programming over the long-term, such as professional development (Factor A) and evaluating practices (Factor B). For those working with schools or school teams that are implementing SEL programming, it will be important not only to address the ten-step implementation model, but also to develop strategies to reflect on the key elements of sustainability throughout the implementation process. Integrating implementation and sustainability efforts will enhance the likelihood of the programming being maintained over time (Elias & Kamarinos Galiotos, 2004; Elias et al., 2003).

Further planned research includes collecting additional data from diverse schools to determine if responses to the steps and factors vary by school type, size, or student demographics. Advanced statistical analyses will be conducted and the findings will be used to refine the description and rating scales for each of the items on the rubric. An exploration of the degree of agreement of members within a school team (i.e., teachers, school staff, administrators, and parents) on their rubric ratings could yield beneficial information. Collecting additional variables, such as frequency counts of SEL lessons that are taught or the attitudes on the part of school staff about the efficacy of SEL programming could validate the use of the rubric. Longitudinal designs could demonstrate how the rubric depicts the progress of schools in implementing SEL, if the ordering of the implementation steps is valid, and how such progress relates to both adherence to the model and student impacts of SEL programming.

Our findings suggest that schools in this implementation effort are at the beginning stages of implementation and it is important to provide technical assistance to schools so that they can develop their capacity to implement and sustain SEL programming. What is clear from these initial findings is that schools will benefit from additional guidance and direction in their efforts to attain school-wide SEL implementation. The CASEL model is one way to guide schools as they implement sustainable SEL programming and the rubric is one tool to help them plan and document their progress as they move forward.

References


AN INSTALLATION-ADAPTATION-DIFFUSION MODEL OF UNIVERSITY-COMMUNITY-SCHOOL PARTNERSHIPS

~Bradley H. Smith, Samuel D. McQuillin & Cheri J. Shapiro, University of South Carolina~

A least 25% of students suffer significant adjustment problems that threaten their academic and social development, but only a fraction of these students receive recommended services (Satchler, 2000). On the other hand, the research to practice approach has identified many interventions that are efficacious but are not acceptable or feasible for providers to implement (Wei et al., 2007). On the other hand, the community-centered approach has tended to develop interventions that are acceptable and feasible, but not very effective (Weisz, Jensen, & McLeod 2004). Thus, the historic models for developing interventions not working and new approaches are needed.
Weisz et al. (2004) have suggested an approach called the Deployment Focused Intervention Development Model (DFM). The first step of the DFM involves collaborating with community providers to create and refine procedures that are perceived as acceptable, feasible, and likely to be effective. The next steps involve establishing efficacy and identifying mediators, moderators, and key components of the intervention. The first step of the DFM takes months or years and the latter steps take years or decades. Although the DFM is plausible and promising, the DFM is unproven, requires patience, and, perhaps most importantly, some students need timely evidence-based services.

A case in point is the community that decided to participate in the Marlboro County Youth Empowerment Demonstration Project (YEP) funded by the U.S. Department of Minority Health. This community has the lowest life expectancy of any county in South Carolina due to premature death related to obesity, diabetes, heart disease, and stroke. The majority of students in the public schools score far below the standards set by No Child Left Behind criteria. Unemployment rates and birth rates to unmarried teenage girls are high. Few appropriate programs are available in the community to directly address these problems, so it was important to initiate prevention and corrective intervention as soon as possible. However, long-term sustainability was also an issue because the grant funding for this demonstration project was limited to only three years. Therefore, the YEP needed to adopt a dissemination model that lead to rapid deployment and system change leading to sustainability.

We call the model we developed the installation-adaptation-diffusion model. We define "installation" as an active, direct, planned effort to put an established program in place, usually with major assistance from an outside entity. The installation phase is akin to loading a new program from CD onto a computer's working memory. As long as the disk is in place and supported, the program works. However, as soon as the disk is withdrawn (i.e., when funding stops) the program no longer works.

The crux of this paper is the proposition that helping schools adapt and diffuse externally installed programs can lead to sustainable, effective programs. Additionally, we propose that the instability of schools creates opportunities for change, but schools may not be able to adapt and sustain new programs without the stabilizing influences of community support. To support these assertions, we briefly summarize relevant literature on program dissemination, discuss the instability of schools, and illustrate the role of lateral community support in adapting and sustaining the YEP. We conclude with some general recommendations regarding the installation-adaptation-diffusion model.

Models of Disseminating Effective Programs

A large body of literature across diverse theoretical traditions exists that describes multiple aspects of dissemination (technology transfer) or spread of effective programs or innovations across multiple service sectors (Herie & Martin, 2002; Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Sloboda & Schilchauss, 2002; Stith, Pruitt, Dees, Fronce, Green, Som, & Linkh, 2006). These models describe the inherent complexity of moving any program along the continuum from development to implementation and, ultimately, sustainability. The conceptual model proposed by Greenhalgh et al. (2004) encompasses multiple aspects of this process, including system readiness for innovation, the nature of the innovation or program, communication or influences on spread of information about the program, user characteristics, and implementation processes. A review by Stith et al. (2006) concluded that for a community to be ready for effective programs, effective community coalitions must be developed, programming must fit the community, program fidelity must be maintained, and adequate resources, training, technical assistance, and attention to evaluation are necessary.

We propose that installation of properly selected programs with community input and support can accomplish many of the critical dissemination tasks described in the literature and move school systems toward system change. However, once a program has been put into place (i.e., installed), the adaptability of the program to fit local needs or circumstances will likely influence later use (Rogers, 1995). Thus, there is a tension between fidelity and adaptation that must be addressed, and flexibility may be a key to success (Stith et al. 2006). Once a program has been installed and adapted, use of the program may spread through social networks to other individuals or organizations through a process called "diffusion," which can further system change and increase the prospects of program sustainability (Greenhalgh et al., 2004).

Lateral Influences of Communities on School Systems

Like most large systems, school systems tend to resist change. However, teacher turnover and pressures on superintendents often lead to instability within schools and school districts. Indeed, instability regarding school staff attrition has been labeled as a national concern (Ingersoll, 2001). Moreover, school superintendents are faced with a lack of job security (Byrd, Drews, & Johnson, 2006) as well as pressure from federal mandates (i.e. No Child Left Behind). Instability and external performance pressures can inhibit school systems from prioritizing dissemination or change efforts unrelated to academic performance. Conversely, the instability can often create opportunities for change.

We suggest that relatively stable community organizations can promote sustainable systems change within the less stable school systems. Community organizations can influence the administration, which might be called a "top down" type of community support. Alternatively, community organizations can have influences on parents or students, which might be called "grass roots" community support. A third type of influence is "lateral support" in which community members provide direct support to service providers (e.g., teachers). Community organizations external to the school should directly engage the full range of key stakeholders to collaborate on systems change, but special attention should be provided to direct service providers. These direct service providers are most strongly impacted by the acceptability and feasibility of the intervention. Their satisfaction with the installation of the program, the flexibility of the program (i.e., adaptability), and how they describe the program to others (i.e., diffusion) are crucially important to the success and sustainability of the program.

Practitioner concerns, regardless of their validity, can represent a potential barrier to effective dissemination (Stith et al., 2006). Thus, community partners must strike a balance between fidelity to evidence-based procedures and accommodation to the ecology experienced by the program providers. An adaptation process that retains an evidence-base through process evaluation.
of established procedures and research on innovative procedures is essential to avoid a potential drift toward ineffectiveness.

The Youth Empowerment Program

The Marlboro County Youth Empowerment Program (YEP) is a partnership between a major urban university and three community organizations in a rural county: the school district, a local health center, and the county Community Development Agency. The partners agreed during the grant writing process that the backbone of the YEP would be an evidence-based after-school program. Key considerations in selecting this after-school program were its evidence base, feasibility demonstrations, a history of adaptability when working with school districts, and the establishment of the after-school program as a service-learning experience in which college students provide most of the direct service (Evans, Molina, & Smith, 2005; Langberg & Smith, 2006; Langberg et al., 2006). The critical features of the after-school program are a low student to staff ratio (usually less than three to one), individualized instruction in academic skills, a strong behavioral support system, development of self-regulatory skills, teaching academic planning skills (e.g., organization training), therapeutic recreation to improve fitness and social skills, and parent and teacher involvement.

The ultimate goal of the YEP is to create system change in youth and their communities through academic enrichment, fitness and well-being, career development, and cultural involvement. A required objective of the grant that funded the YEP was to create university-community partnerships such that university students served as role models. These higher education students and faculty assisted with installation and became part of ongoing lateral support to the adapted programs in the schools and community.

Successes and Challenges with Installation

In the first year of the three-year grant period, the after-school program was installed in the community with the assistance of the university and three local partners. During the installation phase, staff followed the previously developed manual-based protocol. Staff consisted primarily of university students who traveled 200 miles round trip, four days a week. Local staff active in the program included two teachers, a school guidance counselor, and a health educator and social worker from the local health center.

Initial engagement in the program was excellent. The community advisory board, which met monthly, included high-level community and school leaders, such as the superintendent, the school principal, and major community leaders: the chief of police, presidents of business groups, and representatives from county youth service agencies. Nearly all of the youth selected for the program (35 out of 36) plus one or more of their family members attended the YEP kick-off dinner. Local staff attended extensive training. Teachers participated in multiple informational meetings.

Following the initial enthusiasm, engagement in the program was less than desirable. The average attendance in the program was good with the sixth grade students, but very poor with seventh graders, and mixed with the eighth graders. Participation in programming by the community development agency and school counselor resulted in much less direct service to youth than was originally expected. The teachers were dependable, but because these two teachers were from India they were not well connected with the youth or the community. On a bright note, the health educator and social worker were enthusiastically involved in the program.

Two key considerations in this first year of installation were the timing of the start of the after-school program and the top down nature of this introduction to the community. With regard to timing, notification of grant funding came in September, well after the school year started in mid-August. This detrimentally impacted the recruitment and training of teachers because many had already been hired by other after-school programs. Moreover, once the school year had begun, the optimal teacher engagement process of collaborative program planning and training was very difficult to implement.

With regard to the top down approach, the key stakeholders of the program who were actively engaged in the program during the first year were mostly at the senior administration level. Furthermore, the staff from the community development agency and the guidance counselor seemed to view their role as providing behind the scenes support, as opposed to direct service delivery to youth specified in the grant proposal. Thus, there was a failure to effectively define service provider roles, develop provider positions, and provide appropriate training and supervision for these positions.

Another consideration related to the top-down engagement was dramatic turnover within the school district. At the end of the first year of the program there was complete turnover at the senior administrative level, from the superintendent down to the assistant principals. This removed the major support for the program. Although this was an extreme example of turnover; loss of support due to turnover is consistent with the first author’s experience with other school districts and illustrative of previous statements about the instability of school systems. However, the turnover allowed some new teachers to get involved in the program, thus creating a new beginning for the program in terms of leadership, adaptation, and diffusion.

Successes and Challenges with Adaptation of the CHP

The after-school program injected into the community is called the Challenging Horizons Program (CHP) (Landberg et al., 2006). There was a crisis and metamorphosis of the CHP during the summer between year one and two of the grant. The crisis occurred when the summer program was run as a full-day program with the morning program delivered primarily by local staff, mostly VISTA-AmeriCorps Summer Associates, and the afternoon program lead by service-learning students from the University. This resulted in some “town verses gown” problems. For instance, the two groups had difficulty establishing program fidelity and mutually agreed upon expectations. In response to this crisis, in the second year of the program, we worked with local staff to adapt the program content by encouraging local providers to select curricula and take greater ownership in the program while still operating within the core CHP structure. For instance, one of the installed aerobic exercises, running and walking, has been replaced by hip-hop aerobics. However, participation continues to be supported by the installed behavior support system with levels based on rule violations, a token economy based on participation points, and established fidelity tracking procedures. Changes in youth outcomes are being tracked using quarterly assessments of
key program outcomes, such as standardized tests and body mass index scores in the context of a feasible and sustainable quasi-experimental data collection system. Also of note, lateral supports and collaboration were developed during the adaptation process. For instance, the health educator and science teachers are collaborating on a joint curriculum. As a consequence of the adaptation process, key local stakeholders have assumed greater responsibility in the YEP. In an example of both adaptation and diffusion, one former VISTA Volunteer is starting a Saturday program that will use the after-school program behavior support system as part of an exercise and study program offered to youth in the YEP. Similarly, parents are being taught to use the YEP homework tracking and study plans to assist their child with studying at home. Another example of program diffusion created by the YEP involved over 120 middle-school youth in the Annual Midway Physics Day at the South Carolina State Fair. Initially only the 36 youth active in the YEP were targeted for this field study, but the teachers active in the program worked with their peers to involve a much larger segment of the school. Importantly, lateral support from the university and local partners helped the teachers with logistical issues. In a particularly crucial example, when the school district cancelled transportation due to mechanical problems shortly before the trip, the YEP project coordinator provided key lateral support by arranging transportation using a bus from a local church.

Concluding Comments and Recommendations

At first glance, the installation-adaptation-diffusion model might seem similar to the research to practice approach. However, the typical research to practice model is designed for high fidelity, not flexibility. In contrast, the installation-adaptation-diffusion model includes planned flexibility from the outset. The structure of the installation phase should be designed to increase the community’s readiness for change, as opposed to evoke reactance as might occur with an inflexible model. Unlike the community-centered approach, however, there are evidence-based considerations that are maintained during adaptation through an ongoing process of monitoring and corrective feedback. Although the deployment-focused development model might be useful with regard to establishing effective and sustainable programs, the installation-adaptation-diffusion model may be a viable option when there is a need for rapid deployment with a community willing to adapt and sustain a program.

Recommendations for those interested in using the installation-adaptation-model are as follows:

1. Use the installation phase to communicate values and commitment.
2. Use the adaptation phase to develop mutual respect and ownership of the program.
3. Promote diffusion of knowledge of the program through media, community groups, and word-of-mouth.
4. Develop lateral support for direct service providers to help support crises and instability in school leadership and resources.
5. Address contextual issues during program selection and adaptation.
6. Conduct process and outcome evaluation using strong research designs to establish efficacy.

Finally, we should note that descriptive case studies such as in this paper do not necessarily validate the installation-adaptation-diffusion model. Systematic studies of this model seem feasible and worthwhile.

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BUILDING COMMUNITIES OF PRACTICE TO ADVANCE MENTAL HEALTH SERVICES IN SCHOOLS

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Introduction

Many children would not receive mental health services were it not for their delivery in schools (President’s New Freedom Commission, 2003). Emotional and behavioral health problems represent significant barriers to academic success and positive school climate (Adelman & Taylor, 2000). For example, children and adolescents with emotional disturbances (5+9% of school aged youth) have the highest failure rates, with 50% of these students dropping out of high school (Ohio Department of Mental Health, 2003; President’s New Freedom Commission, 2003). In addition, when disruptive behavior problems are not adequately treated, learning and teaching are compromised for all.

The present trend is toward increasing service provision in schools from community based providers (Flaspohler, Anderson-Butcher, Patermite, Weist, & Wandersman, 2006). This is fueled by several forces, including managed behavioral health care, special education legislation, and changes in funding (Streeter & Franklin, 2002). An important issue and general concern is how mental health providers from community based programs can coordinate with school personnel and how school based personnel already working in a school can make the most of the clinical services being provided by community agencies. Drawing upon a considerable body of practice experience, awareness and understanding of the education and mental health service systems is a crucial first step in promoting good working relationships and better coordinated services (Weist, Lowie, Flaherty, & Pruitt, 2001). With this context in mind, the Community of Practice model was adopted to engage multiple stakeholders as equal partners, and begin the process of harnessing the power that multiple perspectives could bring to uniting educational and mental health services.

Communities of Practice (CoP) are a means to promote systemic change by engaging stakeholders from diverse systems and backgrounds in identifying and solving problems of shared interest. A CoP is characterized by three qualities: a shared domain of interest, relationships that allow individuals to learn from one another and to challenge existing individual paradigms, and a practice that includes shared “resources, tools, and ways of addressing recurring problems.” “Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly” (Wenger, 2004, p.1).

Communities of practice help to build cross-system partnerships and capacity within a group of stakeholders who collaborate, share information, develop a shared identity, and create innovative solutions. In practice, multiple stakeholders engage around an issue of shared concern. Solutions and policy agendas are then developed that address all stakeholders’ concerns and that encourage learning and action beyond individual perspectives and organizational boundaries. Communities of Practice can be formed among many education related issues such as, school-based mental health services, children in transition stage, general and special education, and teacher quality. Dialogues are the foundation for the relationship between stakeholders in CoP and are structured through a list of questions (Dialogue Guides) that ground the concern within the group so that no one stakeholder owns it.

In collaboration with the U.S. Department of Special Education Programs, the Individuals with Disabilities Education Act (IDEA) Partnership at the National Association of State Directors of Special Education (NASDSE), has developed a framework for the Community of Practice (CoP) model to directly address students’ academic performance through systemic changes that improve both mental health and educational outcomes (NASDSE, 2007a). With the implementation of No Child Left Behind, schools are mandated to respond early and effectively to students’ behavioral/mental health issues. The CoP model attempts to respond to this need by building capacity within groups and systems and by building linkages between schools, families, and community agencies to improve systemic capacity to meet the needs of children within the school setting.

This paper describes the initial steps and presents findings and recommendations in creating a CoP based upon experiences from the Midwest Student Support Services Summit held October, 2007 in Cleveland, Ohio. This was the first step in the formation of a CoP to address the educational and mental health needs of students in Ohio. The purpose of the summit was to engage multiple and diverse stakeholders, enhance learning and problem solving, and allow individuals to connect with other stakeholders across the divide of roles and organizations. The purpose was also to increase both the number and types of individuals and groups who could now become involved in existing system change efforts, and to facilitate cross-system partnerships.

Methods

Summit participants (N=87) were organized into 8 groups of 6-12 individuals, representing a cross-section of stakeholders, including Ohio school administrators, school social workers, counselors, psychologists, community based mental health providers, pupil personnel professionals, teachers, academicians, parents, and legislative representatives. Figure 1 illustrates the distribution of stakeholders who participated in the summit. Participants were invited by the summit planners to participate based on their history of working on issues and services related to students with mental health needs. In particular, parents received travel reimbursements to encourage their involvement. Broad sponsorship was sought to ensure diverse stakeholder perspectives and ownership.¹

¹ Sponsors and Supporters for the event included the Ohio School Social Work Association, Midwest School Social Work Council, National Alliance of Pupil Services Organizations, School Social Work Association of America, Ohio Department of Mental Health, Ohio Mental Health Network for School Success, North East Action Network, Mandel School of Applied Social Sciences, Cuyahoga County Community Mental Health Board, Ohio Department of Education, Cleveland Heights-University Heights City Schools, Cleveland Christian Home, NAMI of Greater Cleveland, Learning Disabilities Association of Cuyahoga County, and Stepping Stones for Mental Health.
A facilitator, one of the summit planners, was assigned to each discussion table. This individual followed the Dialogue Guide Facilitator Handbook (NASDSE, 2007b) which instructed facilitators to establish trust, maximize participation, focus on action, and redirect the process as needed. Another individual, a summit participant at each table, volunteered for the role of record-keeper and took comprehensive notes throughout the discussion. These notes were then compiled by the authors who analyzed them and identified significant themes that were developed during the dialogue process.

![Participant Distribution](image)

Fig. 1. Percentage distribution of summit participants by professional role.

Each group was given four questions to consider over a two-hour period. The questions were selected by the Summit planners (comprised of people from multiple service systems, including parents) from among those included in the Dialogue Guide (NASDSE, 2007b). The Dialogue Guide is based upon Goal 4.2 of the President’s New Freedom Commission on Mental Health to improve and expand school mental health programs, and consists of 24 questions, developed by the IDEA Partnership to address mental health services for students. The following questions were chosen by the summit planners based on the belief that they would stimulate productive discussion and learning among participants: How do mental health interventions improve educational outcomes? What challenges have you encountered while trying to navigate the educational and mental health systems in your school? What evidence do you have that the two systems are collaborating across policies, practices, and people? How can schools move to eliminate the stigma associated with mental health needs to encourage children and families to seek services?

At the end of the summit, participants were asked to identify what action they would be willing to take in their schools, communities, or with peers to continue these discussions. A written summary of the dialogue discussion was sent to all participants, and disseminated through a statewide newsletter of the Ohio Mental Health Network for School Success (OMHNSS) (Brown & Tracy, 2008; Paternite, Flaspohler, & Rietz, 2005). In order to determine the extent to which the summit was helpful to participants’ work, a confidential follow-up on-line survey was conducted in early December, two months following the summit.

**Findings**

**Cross-cutting Themes**

The discussion yielded 182 responses from among the 87 participants to the dialogue questions. The following six themes emerged from the participants’ responses:

**Education:** Education was repeatedly cited as a prerequisite to people from different disciplines and systems working together. Education about mental health issues was identified as necessary for all school personnel, along with the importance of educating teachers to manage mental health-related behaviors in the classroom.

**Collaboration:** Collaboration was viewed in multiple ways, as integration, communication, and inclusion at all system levels. Collaboration was described as teamwork, leadership, and the creation of organized cross-disciplinary networks.

**Stigma and Labeling:** Being open about mental illness was identified as a prerequisite to reducing stigma. The language of illness and the language of stereotypes need to change in order to reduce stigma for students with mental health issues.

**Barriers to the Integration of Mental Health and Educational Services:** It was clear from participants’ responses that multiple challenges exist to integrating mental health services for students across systems. These barriers are multi-systemic, occurring at all levels: individual, family, community, organization, and cross-system. Barriers included lack of time, lack of funding, lack of service integration, and lack of community resources.

**Educational Outcomes:** Attention to mental health issues was viewed as central to increasing students’ motivation to achieve academically. Participants felt that improving teachers’ ability to manage students’ mental health-related behaviors would create more time for academic tasks.

**Role of Parents:** The importance of including parents of students as equal partners in system change processes was highlighted throughout the discussions.

**Planned Action**

Participants had many creative and innovative ideas for moving the CoP model and dialogue process forward. These included facilitating dialogues in their own service delivery systems, adopting a more unified service delivery model, and reviewing their own school’s policies concerning mental health services. Participants also identified actions to implement in their communities, including working with the Ohio Department of Mental Health and the Ohio Department of Education to create cross-stakeholder communities of practice, and sponsoring school summits in other areas of Ohio.

Of the 87 summit participants, 68 had valid email addresses and were invited to complete the on-line follow-up survey.
participants (36.7%) returned completed surveys. While the response rate was lower than desired, other researchers have noted that in spite of the ease and speed of return of electronic surveys, mail surveys may actually yield a higher response rate (Shannon & Bradshaw, 2002); one meta-analysis reported an average response rate for on-line surveys of 36.6% (Cook, Heath, & Thomson, 2000). Of those responding to the survey, less than half had arranged a dialogue process, joined a Community of Practice, or completed the action they had identified at the end of the Summit. However, since returning from the summit, 58% reported that they had learned more about Communities of Practice and Dialogue Guides, and 85% reported that they had used information discussed at the summit in their own work.

These results reflect the preliminary stage in the development of a CoP. The diversity of individuals and stakeholders represented at each table, and the presence of active and engaged parents made for a rich learning experience and the generation of creative ideas. A number of respondents identified the summit as their first experience of administrators, educators, mental health specialists, parents, and students all “at the table” to discuss school mental health services. Participants were also given contact information for other state wide organizations sharing similar goals and access to the regional action network of the OMHNSS in order to sustain ongoing relationships.

Discussion

Because this initiative is in the beginning stages of developing a Community of Practice, we are not able to address outcomes for Ohio at this time. However, we can make recommendations for future work in this area based on our experiences. The summit was the first step in developing Communities of Practice to address the mental health needs of students in Ohio, and the first step in creating potential for further action by bringing diverse stakeholders together in one room. In this sense, the summit was successful in bringing people together and creating opportunities for communication. It included a broad range of stakeholders that spanned organizations and roles, and allowed for the sharing of multiple and diverse perspectives on the relationships between students’ mental health and educational needs. Parents and students were strongly represented as were school systems, community agencies, state agencies, and practitioners.

The summit created an environment where multiple paradigms converged and where shared learning across diverse systems occurred. It enlisted more individuals and groups in existing system change efforts, and increased the capacity for system change by connecting stakeholders across the divide of roles and organizations. Similar to the CoP development process in other states, the Ohio summit built connections to state efforts, communicated the importance of community, and stimulated shared practice groups. For a listing of Communities of Practice nation-wide, including those which are open to all new members, please refer to the Shared Work website of the IDEA partnership: <www.sharedwork.org>.

Strategies that could help Ohio, and other states, to build CoP include: recruiting diverse sponsorship and participation, ensuring parent participation through travel reimbursements, and facilitating active outreach following a summit. Systemic change is more likely to occur with the facilitation of ongoing and deep-er work than a one-day summit might allow. Facilitation might be conducted by a “broker” who would “bring people together to exchange information, create opportunities for groups to communicate, and facilitate connections that make ongoing work more likely” (Cushman, Linehan, & Rosser, 2007, p. 2). The next steps in this process will be to continue attempts to incorporate summit participants into existing work groups and networks such as OMHNSS. This could potentially support participants in their efforts to implement their planned action steps and could continue momentum in developing a sense of identity and belonging to a system change effort.

References


POLICY POSSIBILITIES: EXPLORING THE POTENTIAL OF LOCAL SCHOOL WELLNESS POLICIES

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Schools are faced with increasing pressures to not only educate youth, but also support their overall healthy development through a variety of health and mental health practices, programs, and policies. Although many advances in school reform have been accomplished in the past few decades, schools are still struggling to coordinate academic and health services and evaluate practices to demonstrate positive student outcomes. Schools typically lack the capacity to plan, implement and evaluate health and mental health programs, and policies traditionally offer little scaffolding to guide the development of evaluation capacity.

One working definition of evaluation capacity building is the intentional work to continuously create and sustain overall organizational processes that make quality evaluation and its uses routine (Stockdill, Baizerman, & Compton, 2002). The purpose of this paper is to outline one recent federal policy initiative that explicitly supports local evaluation of non-academic school supports: The Child Nutrition and WIC Reauthorization Act of 2004. Using one school district as a case example, this paper will highlight how federal policy can support the development of evaluation capacity in schools. Implications for how community psychologists can assist schools in establishing a continuum of quality activities to support student health will be discussed.

Background

It is well-recognized that schools are a major developmental context for children and adolescents. For more than a century, schools have provided an array of health, mental health, and social services far outside the scope of the three “Rs” (Flaherty & Osher, 2003). These efforts are based on an appreciation of the transactional relationship between student health and student learning and the unparalleled access schools offer for reaching youth who may need supports but are underserved through traditional service models (Weist, 1997). The relevance of schools in an ongoing dialogue about child and adolescent development in this country has been buoyed by mounting federal attention (e.g., President’s New Freedom Commission on Mental Health, 2001; U.S. Department of Health and Human Services, 1999). As they develop into one-stop shops designed to meet the diverse needs of students and their families, more and more is being asked of schools.

The interdisciplinary field of expanded school mental health has evolved to meet the changing needs of schools, and is a framework designed to promote the healthy development and academic success of all children through the delivery of a continuum of quality programs, policies and practices in schools (Weist, 1997). This framework emphasizes a comprehensive, multifaceted and integrated approach for connecting student health and student learning and, in theory, can support schools in their shifting role to be everything to everyone. In practice, schools are struggling to react to significant shifts in expectations of what they can, should and must do to support their students (Weist, 2005). With their primary charge to educate youth, schools have come under increasing accountability pressures to consistently deliver academic outcomes for their students under No Child Left Behind (U.S. Congress, 2001). As others have suggested, these policies have forced schools to de-emphasize student health in the pursuit of student learning even as they recognize they cannot achieve success in one area in the absence of the other.

The influence of policy in driving local practice in schools has been broadly discussed, particularly in the wake of major federal legislation that links school dollars with high academic standards. On the heels of a growing concern related to the widening gap between research and practice in the field, there is a burgeoning emphasis on strengthening ties between research, practice, and policy in schools across local, state and federal levels (Weist & Paternite, 2006; Ringelstein, Henderson, & Hoagwood, 2003). There is a growing interest in how federal and local policies can work with, rather than against, schools to better help them meet the needs of all students. (Adelman & Taylor, 2000). Even so, schools continue to struggle under the weight of burgeoning student needs and diminishing resources. Like many community-based organizations, schools often lack the capacity to identify evidence-based programs, implement these programs with fidelity, and evaluate outcomes. They are also offered little guidance on how to coordinate programs, manage data collection, and utilize school policy to support their activities.

Conceptualized broadly, school lack the evaluation capacity to engage in the ongoing cycle of program planning, implementation, and evaluation necessary to strengthen practice. Too often the best of science once again fails to translate into reality when theoretical models are disconnected from local school needs and resources.

Recent federal policy has strengthened the role of local policy in supporting effective practice related to school wellness. As part of the Child Nutrition and WIC Reauthorization Act of 2004, the federal government mandated that all school districts with a federally-funded school meals program develop and implement local wellness policies. In marked contrast to some federal school reform efforts, this mandate is innovative in its focus on wellness and its emphasis on local control that allows maximum flexi-

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ility so that school districts can develop policy that fits within the context of their unique needs and resources. The policy focuses primarily on areas of nutrition and physical activity in schools but has the potential to support a continuum of health and mental health services in schools. The following case example describes the experience of one school district in developing, implementing and evaluating their school wellness policy. Potential roles and activities for community psychologists will be emphasized throughout.

Case Example
The Talawanda School District is a small, rural school district serving approximately three thousand, primarily Caucasian, students in southwest Ohio. With the support of the local community coalition (Oxford Coalition for a Health Community), the district established a health coordinating council in 2002 to address the district’s broadly-defined wellness needs. This multi-disciplinary team consists of district and building-level personnel from health services and education, as well as University and community partnerships and supports. Membership has included clinical doctoral and school psychology students, and ongoing efforts to marry training and service agendas have resulted in many fruitful partnerships related to research and action. The council is led by the district Health & Wellness Coordinator. Her position is jointly funded by the school district and the Oxford Coalition, and her multiple roles in the school and community bolster this University-School-Community partnership.

The council has adopted the Coordinated School Health Program model supported by the Center for Disease Control & Prevention (CSHP; Allenworth & Kolbe, 1987) as its guiding framework which includes eight, interactive components:

- health education
- physical education
- health services
- nutrition services
- counseling/psychological/social services
- healthy school environment
- health promotion for staff
- family/community involvement

In sum, the CSHP model offers a comprehensive model to support healthy development for youth and adults in schools. The council was identified as the appropriate organization within the district to develop the district’s wellness policy, and a subcommittee within the council was primarily responsible for the policy’s creation. Their work spanned the 2005-2006 school year. The first author, at that time a clinical psychology doctoral student from Miami University, participated in the policy development, implementation and evaluation process as part of her ongoing collaboration with the district.

The Policy Mandate
The policy mandate contains several unique features that contribute to its potential to support effective practice related to school wellness (see Appendix A, p.52, for the mandate in full). To begin, the mandate explicitly requires that school districts include a plan for measuring policy implementation to ensure that actual practice in schools parallels the activities articulated in the policy, effectively supporting process evaluation of the policy. There is a vast literature that emphasizes the importance of process evaluation as a necessary step to evaluating outcomes (e.g., Chinman, Ihm, & Wandersman, 2004). If done well, monitoring policy implementation can support a dynamic, flexible use of policy and could minimize the natural shift away from formal policy in schools toward informal policies that are difficult to evaluate.

The policy also requires the participation of key stakeholders (e.g., parents, students, food service managers, school board members, community representatives) in the development of the policy. There is a broad literature supporting the value of citizen participation (e.g., Wandersman & Florin, 2000) and a growing body of evidence that participation in evaluation activities may build evaluation capacity. The relevance of policy in guiding practice and specific aspects of this policy, namely its requirement for measuring policy implementation and diverse stakeholder participation, highlights the potential for community psychologists to contribute to this process.

The Policy Development Process
With the basic requirements of this mandate in mind, the policy subcommittee reviewed widely- available resources designed to support schools in developing their local wellness policies. These resources include “model wellness policies” developed by researchers and experts in the field and supporting materials. The group chose a policy template created with the help of more than 50 health, education, physical activity and nutrition professionals from a diverse group of state and national organizations (National Alliance for Nutrition and Activity, 2005). This comprehensive template serves as the gold standard for wellness policies and addresses all eight components of the CDC’s CSHP model, and includes guidelines related to policy implementation and evaluation.

Utilizing this policy template, the subcommittee collaborated with food managers, administrators, and the wider council membership to adapt the policy to local needs and resources. For example, the policy template includes guidelines requiring that healthy food standards should be applied to all school activities including dances and sporting events. The group discussed this guideline and decided that because revenue accrued through vending at football games and dances serves to support school clubs and teams, these specific guidelines should be removed. Similarly, a guideline prohibiting the use of food as a reward in the classroom was struck because stakeholders perceived that this change would be too radical for classroom teachers making it difficult to monitor and enforce. The group documented the removed components including the rationale for not including guidelines recommended by the model policy template. This type of local adaptation is not uncommon in communities and is discussed in the literature as one challenge to disseminating evidence-based practice (Elliot & Mihalic, 2004).

The subcommittee included guidelines to support data collection related to policy implementation and ongoing evaluation. Linked to the model policy template and modeled after the eight-module CSHP, the School Health Index (SHI; Center for Disease Control and Prevention, 2002) is a self-assessment tool for schools that promotes the evaluation of wellness policies, programs and practices related. The instrument is designed to be completed by
a site-based team. Each item (e.g., health education taught in all grades; adequate time to eat school meals) is rated on a 4-point scale ranging from “little in place” to “not in place.” This tool allows schools to collect building-level data identifying strengths and weaknesses of wellness policy implementation and promotes the development of building-level action plans to address self-identified gaps. Building-level data can also be aggregated at the district level for a variety of planning purposes, but the SHI is purposefully marketed as a self-assessment tool to reduce similarities to the high-stakes testing and evaluation more common in schools. The policy subcommittee included a guideline in the policy requiring each school building to create a team to utilize the SHI on an annual basis encouraging consistent and ongoing use.

Policy Adoption & Ongoing Data Collection

The council submitted the policy to the school board for review and it was adopted with minor revisions during the summer of 2006. The policy was informally presented to staff at the beginning of the following school year and building administrators, in partnership with their site-based teams, were responsible for policy implementation. During the spring of 2007, the SHI was adapted to reflect the district’s wellness policy by removing assessment components not included in the adopted policy. Each building team then collected data using the SHI and utilized this information to create an action plan directly addressing a building-level area of improvement related to the wellness policy. Some examples of their goals include initiating a community/school walking program and increasing the physical activity of all students in the morning by engaging them in an exercise video. In addition to building-level action plans, a number of district departments as well as the HCC itself created wellness policy action plans spanning buildings and focusing more broadly on systemic issues related to wellness. For example, the school nurses set a goal of beginning of a process of identifying a consulting physician and dietician for the district. The food managers want to focus on increasing awareness and knowledge of the wellness policy across the district.

These action plans are being implemented while schools are preparing to participate in a second round of data collection using the SHI at the end of the 2007-2008 school year. The HCC continues to meet regularly to discuss the wellness policy and other wellness initiatives in the district.

Discussion

This case example illustrates how systemic change can be ignited when innovation at the federal policy level trickles down to impact business-as-usual in schools. To begin, the mandate leverages federal monies to move policy action related to wellness at the local level and communicates a clear message that prioritizes school wellness. This is particularly key given long-standing concerns about the marginalization of health services, particularly those related to mental health and substance use, in schools (Weist, 2005). However, this top-down mandate felt less intrusive because it emphasized local control over policy development and implementation suggesting an increased awareness that school districts are unique and have different needs and resources. This approach reduces resistance by conveying respect and realistic expectations, and offers schools an alternate method for local policy development.

Similar to challenges that arise when schools attempt to implement evidence-based programs that do not fit their context, local school policy cannot be one-size-fits-all. The explicit flexibility outlined in this mandate allowed this district to develop a policy based on its current capacity to implement and monitor health activities and programs. This community-centered approach is in marked contrast to the typical cycle of program development and dissemination and is arguably a more realistic tactic for systemic change in schools. It is simply not effective to demand that schools change if they do not have the capacity to do so, particularly when other unfunded federal mandates are monopolizing the limited resources schools do have.

Furthermore, supporting schools in developing and monitoring the implementation of local policies fuels the potential of school policy to buttress and drive changes in programs and practices. In theory, effective policy should scaffold effective programs and practices within schools and drive ongoing improvement efforts related to these activities. Unfortunately, policy is often viewed by districts as fixed and there are few processes to continuously revisit school policies to determine if and how they should be altered to better incorporate advances in research and practice. Policy implementation is not evaluated regularly in schools, and policy is not typically seen as a tool to drive change (Adelman & Taylor, 2000). While formal school policies are typically static and quickly become obsolete, informal policies develop to fill the gap. Given their limited time, when schools do revise policy it is most often focused on crisis response or management rather than health and wellness because this is seen as a more pressing need.

This case example highlights how federal policy can prompt advances in local school policy development by encouraging schools to view policy as a living, working document that should be continuously revisited and revised. One of the major strengths of the district’s policy was its inclusion of specific tools that, if used well, can support a dynamic use of policy. Data collected through the SHI can be used by the district not only to monitor implementation, but also to assess needs and allocate resources, plan for expansion of the wellness policy to more comprehensively address all eight areas of the CSHI model, and monitor progress. Furthermore, the utility of the SHI is broad; it is being utilized as a research tool to monitor national progress on school wellness policies (e.g., Weber, 2007). Aligning data collection in schools to support both practice and research agendas not only saves schools precious time and resources but could also further diminish the current gap between research and practice in schools by fostering evaluation capacity.

Conclusion & Lessons Learned

This paper outlines one example of a federal policy initiative that supports a community-centered approach to school wellness policy development that could, if coordinated with current policy focused on academic achievement, create a comprehensive model of school reform that supports student health and student learning. The case example reveals that realizing this vision for schools will require an interdisciplinary strategy that brings together experts in health, mental health and education. Local policy advances were made possible in this school district, at least in part, because of a strong existing infrastructure including the
Health Coordinating Council, a supportive administration, and strong University-School-Community partnerships. School personnel are not practiced in writing school policy, likely one of the many reasons policies are rarely developed at the local level, and there are specific capacities necessary to crafting these legal documents.

Moreover, the district benefited from many hours of technical assistance at no-cost in the form of a doctoral level student interested in gaining policy experience in schools, and it is not realistic to expect that all school districts have access to this type of support. This technical assistance likely shaped the content of the policy, and ongoing assistance has been and will continue to be important for the district to utilize the SHI to its full potential. One important take-home lesson is that establishing and maintaining mutually-beneficial University-School-Community partnerships is a necessary step in supporting effective practice in schools.

Finally, systemic change in schools will necessitate a broader discussion of how practice in the areas of education, health, and mental health can be integrated; how practices, programs, and policies can be aligned; and how comprehensive models for school reform can be developed, disseminated, and evaluated. Clearly, the challenges ahead are complex, but there are also opportunities to truly transform schools into the vehicles for change they have been asked to become.

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APPENDIX A

The Child Nutrition and WIC Reauthorization Act of 2004
Section 204 of Public Law 108-265—June 30, 2004

The Child Nutrition and WIC Reauthorization Act of 2004 requires that local education agencies (i.e., school districts) participating in Federal school meals programs (e.g., free-and-reduced lunch programs) establish a local school wellness program by the first day of school during the 2006-2007 school year. This policy is to be developed at the district level to provide maximum flexibility in addressing each district's unique needs. The Act establishes several criteria for the local school wellness program. In general, the policy must establish goals for nutrition education, physical activity, and other school-based wellness activities. The policy must, at minimum, do the following:

- create nutrition guidelines for all foods available during the school day
- include a plan for measuring implementation of the school wellness policy
- assurance that the guidelines for reimbursable school meals shall not be less restrictive than regulation issued by the USDA

The policy also requires the participation of key stakeholders in the development of the policy. At minimum, the following stakeholders should be involved with the policy development:

- parents
- students
- food service managers
- school board members
- community representatives

The mandate also discusses provisions applicable to the state regarding technical assistance, funding and appropriate aide that should be funneled to local education agencies as needed. To view the mandate, visit <http://www.fns.usda.gov/tn/Healthy/108-265.pdf>.


CHANGE FROM WITHIN: ENGAGING TEACHER KEY OPINION LEADERS IN THE DIFFUSION OF INTERVENTIONS IN URBAN SCHOOLS

~Jennifer Wailing Neal, Elisa Steele Shernoff, Stacy L. Frazier, Erin Stachowicz, Rike Frangos, & Marc Atkins, University of Illinois at Chicago

High rates of attrition and unmet need (e.g., Kazdin, 1996; Katooka Zhang, & Wells, 2002) have prompted researchers to consider relocating mental health services for children from clinics to schools (Weist et al., 2003). Increasingly, these services have focused on enhancing children’s schooling largely through consultation and collaboration with teachers to implement classroom-based strategies designed to improve behavior and academic performance (Atkins et al., 2006; Riegelison, Henderson, & Hoagwood, 2003). However, the effectiveness and sustainability of such efforts depend, in part, on the ability to engage teachers in the implementation of these practices. This is especially difficult in high poverty urban schools due to staff stress and the enormous obstacles to daily living experienced by students and families, which leave teachers less available for consultation and make classroom-based programs challenging to implement (Atkins, Frazier, Adil, & Talbott, 2003; Boyd & Shouse, 1997).

The literature on diffusion of innovations suggests that certain individuals hold positions in their social networks that increase their ability to influence others to adopt new technologies and strategies (Rogers, 2003; Valente, 1996; Valente & Davis, 1999). Key opinion leader (KOL) models benefit from the influence of these individuals by identifying them upfront and collaborating with them to disseminate intervention components to their peers. Consistent with theories of community-based research and intervention, these models stress the importance of community members as key resources for change (e.g., Trickett, Kelly, & Vincent, 1985). While KOL models are relevant to efforts to encourage change in all school-based settings, they may be particularly useful in urban, low-income schools where needs are high and resources are low. In such settings, indigenous supports, such as KOL teachers, may be particularly useful adjuncts to school-based change. In fact, a recent study conducted in urban low-income schools showed that KOL teachers, in collaboration with community mental health providers, promoted faster dissemination of classroom-based mental health programs, when compared to mental health consultation alone (Atkins et al., under review).

The current intervention builds on these findings by applying a KOL model to the diffusion of universal and targeted classroom-based strategies in four urban, low-income elementary schools, each selected based on their high rates of poverty and low academic performance.

In this paper, we describe our efforts to involve influential teachers in disseminating classroom-based interventions designed to impact learning and psychosocial adjustment among kindergarteners through fifth grade students with behavioral and learning problems. To date, the KOL model has been launched in four urban elementary schools. Although implementation is ongoing, we will present our initial experiences to illustrate some of the complexities and advantages of a KOL model, and how we have adapted our goals to accommodate the unique characteristics of each school. First, we describe how teacher advice networks were used to determine key opinion leader teachers in the best position to influence their peers. Second, we describe the development and implementation of a web-based course designed to facilitate KOL dissemination of universal and targeted strategies to improve student learning and behavior. Third, we describe a mechanism for providing ongoing support to classroom teachers as they began implementing the strategies in their classrooms, highlighting some of the contextual differences across our schools. Finally, we end with a discussion of the challenges and promising practices for engaging influential teachers in efforts to impact system-level change in mental health service delivery.
Identifying Influential Teachers

To identify KCL teachers for the project, we conducted brief sociometric interviews with all teachers (i.e., kindergarten through eighth grade) and asked them to identify the teachers with whom they consulted for advice regarding classroom management, instruction, and family outreach. Using UCINET 6, we used social network analysis to map the structure of these advice relationships among teachers and to select two influential KOL teachers at each intervention school (Borgatti, Everett, & Freeman, 2002). A sample network sociogram displaying the advice relationships between teachers in one of our intervention schools is displayed in Figure 1. Drawing on existing theories of diffusion (e.g., Burt, 1987; Coleman, Katz, & Menzel, 1957; Valente, 1995; Rogers, 2003), we created a set of criteria to select pairs of KOLs that relied both on (1) their ability to provide advice directly to their peers (i.e., high network cohesion) and (2) advice relationships that were non-redundant with one another (i.e., low or negative structural equivalence).

First, each pair of nominated KCLs had to provide direct advice in at least one area (behavioral, involving families, and instructional) to at least 70% of all kindergarten through fifth grade teachers at their school (i.e., these teachers participating in the intervention). Second, we looked for the pair of KOLs that was able to reach all kindergarten through fifth grade teachers most directly. Specifically, we looked for the pair of KOLs who were able to reach all kindergarten through fifth grade teachers in the advice network in the fewest possible steps (e.g., lowest geodesic distance). This guaranteed that each pair was in close contact with the majority of the teachers participating in the intervention. Third, we looked for pairs who had advice relationships with somewhat different teachers in the school to ensure that the paired KOL teachers’ advice relationships were not redundant. This was accomplished by examining the structural equivalence correlation between the advice networks of teachers. A low or negative structural equivalence correlation indicates that two teachers exhibit advice relationships with dissimilar peers in the school. This method was intended to ensure that selected KOL teachers within a school were both complementary and had widespread influence among kindergarten through fifth grade colleagues.

The nomination of KOLs at all four schools was highly successful with more than 90% of teachers participating. The resulting information and the criteria used to select effective KOL pairs were especially important because it was not always possible for the most influential teachers to participate in the web-based course. Several of the identified teachers were veteran teachers who were preparing to retire, while several others were involved in leadership roles at the school and therefore had little time to participate in the course. At one school, the two most influential teachers were uncomfortable assuming a leadership role among their peers, although both offered to provide informal advice and support to the project team and to endorse recommended strategies at staff meetings and in their daily interactions with teachers. Without exception, when the first or second choice teacher was not available, the third and fourth choice teachers at each school agreed to participate. In these cases, it was important for our research team to maintain contact with the teachers who declined participation without undermining the teachers who had assumed the KOL role.

Building KOL Teacher Knowledge

The dissemination of classroom strategies began with a web-based course designed to introduce KOL teach-
ers and partnering community mental health providers to the theory and mechanics of recommended classroom practices targeting what were identified as the strongest empirical predictors of learning: instructional methods, behavior management, and family outreach. The semester-long web-based course was developed by our research team and taught for graduate credit at our university’s College of Education. The web-based format offered advantages of convenience and flexibility because communication could occur at any time and from any place and practicing teachers could participate without leaving the classroom. In addition, web-based training is increasingly seen in education as an important resource that allows teachers to engage in reflection and dialogue about instructional practices (e.g., Kinzie, Whitaker, Neesen, Kelley, Matera, & Pianta, 2006). The course fees were paid by grant funding thereby further enhancing participation.

The course content was based on current theory and research on evidence-based classroom strategies designed to impact the aforementioned predictors of learning and linked to the school success of elementary age children experiencing behavioral and learning problems (Embry, 2002; Fantuzzo, King, & Heller, 1992; Kelley, 1990; Sheridan & Kratochwill, 2007). The web-based course provided opportunities for KOLs to observe instructors implement the strategies and experiment with the instructional methods in their own classroom or a peer’s classroom. These field-based learning experiences helped build each KOL’s technical skills around implementation and practice first-hand how to adapt the strategies as needed. Through participation in the web-based course, the KOLs, who were already naturally influential within their social network, were now more familiar with some of the innovative practices to support student learning and behavior and thus well poised to genuinely endorse these instructional methods.

The web-based training model had promising elements, including rapid updating of course content, flexibility for students in completing course assignments, and opportunities for team building via in-person meetings, chat room exchanges, and group assignments. For teachers who struggled with the virtual classroom format or with balancing the competing demands of teaching, family, and this course, instruction was supplemented with in-person tutorials and support, enabling all participants to complete the required assignments and obtain a passing grade in the course.

Promoting Effective Classroom Practices via KOL Endorsement

The web-based course culminated in KOL teachers leading a professional development series at their respective schools, with the goal of disseminating information on the interventions and working collaboratively with community-based mental health providers to provide feedback and support to classroom teachers regarding implementation. Because these professional learning opportunities were designed to be ongoing and integrated into the school community, all teachers were extended an invitation to attend. Classroom teachers had the option of attending sessions before or after school and earned school district certified professional development units, which has emerged as an important incentive to participation. During professional development sessions, KOL teachers introduced each intervention strategy using demonstration, role plays, and handouts. KOLs reviewed general principles of the instructional strategies (e.g., consistent rules, positive reinforcement) and encouraged teachers to make connections between existing instructional practices and the recommended strategies. KOLs also met individually with teachers who did not attend the professional development meetings to enhance dissemination.

The professional development series was launched with strong attendance by classroom teachers at each of the three schools (the series will begin in the spring of 2008 in the fourth school). The structure of the professional development series was flexible and could be adapted to the needs of both KOL and classroom teachers. For example, in some schools KOLs independently led the professional development series with their peers, while in other schools, KOLs and community-based mental health providers co-facilitated these meetings. In addition, members of the university research team served as a strong source of additional support as KOLs implemented the professional development series. Specifically, university consultants met weekly with KOLs to review the interventions, plan for future professional development meetings, provide support around technical skills, and offer suggestions for approaching barriers to implementing intervention strategies.

From Discussion to Action: Supporting Ongoing Implementation in Classrooms

In an effort to be responsive to the competing priorities, strengths, and needs of individual teachers, we designed a continuum of booster training opportunities to support teachers as they began integrating the strategies into their instructional day. During professional development meetings, KOLs encouraged teachers to reflect on their use of the strategies and challenges to implementation, while also helping teachers adapt the strategies to better meet their needs. Teachers often wanted guidance around opportune times to implement the strategies and suggestions for naturally occurring classroom rewards that were easy to provide and motivating for students. Some teachers needed assistance to create peer tutoring pairs that were matched instructionally and socially. For a subset of teachers, discussion and troubleshooting within the context of the professional series meetings was sufficient to help build their confidence and competence around implementation. However, other teachers required more intensive assistance, prompting KOLs to devise additional structures of support tailored to their needs. For example, one KOL teacher is beginning to hold monthly meetings with classroom teachers to discuss their successes and challenges with the strategies, problem-solve barriers to implementation, and facilitate discussion around how to integrate them into their daily classroom routines.

University consultants have worked collaboratively with KOLs to come up with plans that were adapted to support teachers as they implemented strategies in their classrooms. The involvement of university consultants was designed to support rather than replace or undermine the efforts of the KOLs. For example, university consultants’ role has involved rallying additional support for KOL teachers from other indigenous resources in the school (e.g., reading specialists, literacy coaches, special education teachers). These resources were instrumental in providing instructional support to teachers by virtue of their role within the school, deep expertise in a particular content area, or because of
unique programming/resources within the school. For instance, at one of our schools, one KOL has a classroom aide who the assistant principal agreed periodically could release the KOL teacher in order for her to provide real-time support to her colleagues. University consultants are continuing to collaborate with that KOL teacher, circulating around classrooms together to launch and support the interventions.

Another example of university consultants’ efforts to support KOLs comes from year two of the intervention, during which one of our schools was selected to participate in a merit-based pay program piloted within the district, in which high-performing teachers are rewarded for increasing test scores via the implementation of innovative strategies designed to enhance student achievement. The introduction of this program has challenged us to be responsive to the needs of this school. It has also given us the unique opportunity to integrate the classwide strategies into this new program and to link with the natural resources and supports within the school. This appears to have provided increasing legitimacy to the practices and opportunities for enhanced sustainability over time.

Summing Up the KOL Model: Challenges and Promising Practices

A KOL model of intervention dissemination is a promising avenue for implementing system-level change in school-based contexts. In particular, a KOL model allowed us to identify and engage influential teachers in the school who had the capacity to initiate change from within through the endorsement of intervention strategies and the provision of classroom support to their peers. However, challenges surrounding the recruitment of the most influential KOLs in the school, and competing time demands suggest the need for ongoing support to capitalize on KOL influence.

Perhaps the most important issue is to identify additional resources within and outside of the school that can support KOL efforts. This is especially critical in the context of urban schools where teachers are often faced with overwhelming job demands and high levels of stress. Within the school, the sociometric interviews used to identify KOL teachers can also help community psychologists identify other influential teachers and staff who can aid in elements of the dissemination and implementation of classroom-based interventions. Given the complex ecology of schools, community psychologists might also identify potential sources of support through their role in the school or expertise in a particular content area (e.g., reading specialist, counselor). Finally, it might be worthwhile for community psychologists to consider sources of support outside of the school, including community mental health providers. Building a network of support around KOL teachers will help ensure that the school maintains an internal, informed and sustainable resource for intervention implementation and support beyond the initial research and funding period. In addition, it is important that the KOL model and intervention efforts are integrated into existing school mandates and priorities. Schools are often faced with multiple initiatives that risk overburdening teachers by creating competing demands for time. By coordinating the KOL model and intervention efforts with ongoing school programs, community psychologists can be responsive to school needs, and increase the efficiency of implementation.

To conclude, community psychologists interested in systems-level change within school contexts might consider the use of a KOL model of diffusion. Such models allow for the active engagement of key stakeholders within the school context, and encourage change from within. While these models are certainly not a panacea for the challenges associated with school-based interventions, when executed with other promising practices including the development of a support network for KOLs and the coordination of intervention efforts with existing school initiatives, they have the potential to create sustainable change.  

References


Clinicians who work in schools are moving from a model of providing co-located, school-based mental health services to one of integrating mental health and educational services (Porter, Epp, & Bryan, 2000). This transition to integrated service delivery means that not only identified students, but also the wider school system (e.g., classrooms, families, teachers and administrators, schools within a particular district, and the district itself) may be recipients and co-facilitators of mental health initiatives. This reconceptualization of service delivery entails important changes in the clinician’s role. Specifically, the move from an individual to a systemic client requires that a clinician develop working partnerships not only with individuals, but also with the school system as a whole. The clinician can no longer remain an outsider delivering services isolated from other school activities, but must become part of the school context to collaboratively effect systemic change. Otherwise stated, to integrate mental health and educational services, a clinician must him- or herself become an integrated member of the school system. But how is this integration accomplished? We contend that a clinician goes through a predictable process when entering and attempting to join a school community. Drawing upon Piaget’s (1972) model of cognitive assimilation and accommodation, the current paper will present a theoretical framework to conceptualize the process by which a clinician is integrated into a school system. By providing a theoretical understanding of how systems incorporate new community members, we hope to aid clinicians in both the navigation of this process and the building of relationships with schools in an effort to promote a fuller integration of mental health and educational services.

This work is based on the authors’ first-hand experiences as clinicians-in-training working within local school systems, as well as on conversations with their colleagues at Miami University’s Center for School-Based Mental Health Programs (CSBMHP). The CSBMHP is a university-based group of clinicians-in-training, faculty psychologists, and community stakeholders who work to foster healthy psychological development and reduce mental health barriers to learning for K-12 students. This mission is pursued through partnerships with local schools in which clinicians-in-training provide services aimed at promoting student mental health and school success.

Since its inception in 1998, the CSBMHP has increasingly moved from co-located, individual- and group-focused interventions (which we refer to as “school-based mental health”) to integrated, systems-level work (which we refer to as “expanded school-based mental health”). Before proceeding to the main section of this paper, we will provide an overview of school-based mental health and expanded school-based mental health models. Then we will briefly discuss ways in which the approaches of school systems may differ from traditional clinical approaches to understanding and solving problems. We will then present a Piagetian framework to conceptualize the process by which school systems navigate such differences as they integrate a new clinician into the school community. Risks and recommendations will be discussed to enable clinicians to anticipate common challenges that arise at different stages in this process.

**School-Based Mental Health & Expanded School Mental Health**

School-based mental health (SBMH) is commonly understood as any support community agencies or clinical training programs provide schools in their efforts to meet the emotional and behavioral needs of students (Weist, 1997). SBMH traditionally takes the form of direct clinical service provided to identified students. More specifically, it takes the form of individual or group psychotherapy, social skills training groups, or case management, all of which are typically co-located in the school setting. SBMH initiatives grew out of (1) a realization that working with students in their natural environment was beneficial and (2) an appreciation that contextual factors (e.g., poverty, mental illness, and family structure) were barriers to accessing traditional forms of intervention and could be reduced by working within the school context (Flaherty & Osher, 2003). SBMH services may be delivered with varying degrees of integration between mental health services and the school system (Franklin & Streeter, 1995), but...
they can be—and often are—provided as co-located services with minimal involvement of additional stakeholders within the wider school community.

Expanded school-based mental health (ESBMH) aims to integrate mental health and educational services to the benefit of all students. ESBMH includes the on-site individual-level services offered in traditional SBMH, but, in addition, involves schoolwide support. Such services include direct clinical intervention with identified students (e.g., assessment, individual or group therapy, and crisis intervention), work with the system around identified students (e.g., consultation with school personnel or caregivers, school personnel training, classroom presentations, and coordination of service providers), and school-wide initiatives (e.g., primary prevention, needs assessment, program development and evaluation, and policy recommendations; Weist, 1997). Thus, in ESBMH, the school system as well as its individual members may be considered clients, and clinicians may direct interventions at both levels. Unlike traditional SBMH, the systems-level attention paid in ESBMH requires greater integration between mental health and educational services (Franklin & Streeter, 1995). In order to promote this integration, clinicians need to be familiar with the approaches upon which schools typically rely to function efficiently.

Traditional School Approaches

School systems have a primary mission of maintaining order and safety among a large number of youth of various ability levels, while simultaneously teaching and preparing them to meet achievement standards. To accomplish these daunting tasks, schools typically rely on bureaucratic approaches that increase their efficiency to serve large numbers of students. Traditional theories that underlie school policy and practice, and subsequently, the characteristics that define valued school administrators, were derived from studying military and corporate models—neither of which directly relate to child development (Watkinson, 1997). The analytic, rational, and instrumental are prized more highly than the nurturing and supportive (Watkinson, 1997). These approaches to accomplishing the tasks with which schools are charged are, at times, in direct conflict with the approaches to practice upon which clinical psychologists and other clinicians commonly rely (Green, Reiger, Maras, Jones, Marconi, & Perlman, in press). Such disciplinary differences can serve as barriers to effective collaboration (Porter, Epp & Bryan, 2000; Waxman, Weist & Benson, 1999).

A Piagetian Framework for Conceptualizing Systemic Integration

A school is a pre-existing system with its own goals, ways of understanding problems and solutions, and expectations for the role of a clinician. An entering clinician brings new, and quite possibly inconsistent, ways of understanding these issues into the school. Due to these conditions, a Piagetian framework can be used to understand the process by which a school system responds to a new clinician.

Piaget (1972) proposed that people respond to new information using a cognitive system that organizes information in meaningful cognitive structures, referred to as schemas. Cognitive systems strive to maintain equilibrium, a state of balance that occurs when external input (experience or information) and schemas agree. However, people often encounter new information that does not correspond with their existing schemas, resulting in a temporary disequilibrium of the cognitive system. Piaget suggested that people make sense of new or inconsistent information by either assimilation—fitting it into their existing schemas—or by accommodation—modifying their schemas in response to the new information. These processes allow the cognitive system to integrate new information and restore equilibrium. Alternatively, new information may be rejected rather than integrated. While this also restores equilibrium, it means that the cognitive system goes unchanged by the new information; it is not enriched or elaborated in ways that might promote the system's adaptation to future experiences.

An analogy can be drawn between the way that cognitive systems organize information and the way social systems organize relations between people. Just as cognitive systems respond to the introduction of new information, social systems respond to the introduction of new people in the environment. We suggest that school systems tend to exhibit a developmental pattern of disequilibrium, assimilation, accommodation, and restoration of equilibrium in response to the entry of new members. This developmental pattern can be used to describe the process that typically unfolds when a new clinician joins a school community.

Stage 1: Disequilibrium

Members of a particular school community have assigned roles, responsibilities, and jobs. As a result, day-to-day functioning is, for the most part, relatively predictable. When a new person joins the system or a longstanding member does something differently than he or she traditionally has, the familiar and accepted way that the system conducts business is suddenly challenged. The system is thrown into disequilibrium, and may struggle to make sense of this change. A clinician may find him- or herself closely monitored by the school system, or alternatively, ignored and expected to establish a role for him- or herself. During this phase, the clinician may feel confused and unsure of how to proceed.

Stage 2: Assimilation

Disequilibrium of the school system will often overlap with systemic attempts to assimilate the new clinician. Typically, schools first will strive to assimilate, or socialize, new or nonconforming members into the preexisting way of functioning. Upon arriving to a new school, the clinician will receive socialization to the school system through both formal and informal means (Green et al., in press). A formal introduction to the school system often occurs during the interview process and/or early on-site orientation. At this time, the clinician may receive information about school policies and procedures, an orientation to the building, introductions to staff members, and/or logistical necessities (e.g., office space, cell phone number, access to school records and schedules). The clinician also receives an informal orientation in which he or she learns about the unwritten rules by which the school operates. Frequently clinicians discover these rules through trial-and-error (e.g., upon trying to meet with students for therapy, the clinician learns that some teachers are un-
willing to allow their students to leave class), observations of the practices of others at the school, and/or casual conversations with established staff members.

During this phase, the clinician may feel pressure to conform to the preexisting ways of functioning, and may feel frustrated that the school does not fully utilize his or her expertise. This is natural and understandable; however, clinicians must consider the context in which school systems operate. Schools must be incredibly efficient to accomplish all of the tasks with which they are charged, and their efficiency is enhanced when the school has standard ways of functioning that are adopted by all members. When a new member is uncooperative with these standard ways of functioning, the continued efficiency and stability of the school is jeopardized. Consequently, if a new clinician is unable or unwilling to assimilate, the school system may reject him or her. Such rejection may be demonstrated when a system fails to share information, limits the clinician’s access to resources, discourages school members from accessing the clinician, or, at the extreme, fires the clinician. Conversely, good assimilation is demonstrated when a school begins to treat the new clinician as an accepted member of the system.

**Stage 3: Accommodation**

Once the clinician is well-assimilated into the school system, schools may begin to make accommodations, or change how they conduct business in response to the clinician. Only slowly will the school system allow the clinician to challenge its current way of functioning. After sufficient time building trust during the assimilation phase, the new clinician may gradually experience a qualitative change in his or her relationship with the school system, such that the system now appears more interested in utilizing his or her unique skills and perspectives. During this stage, the school system may allow itself to be affected to a much greater extent by the clinician, and may be more willing to join with his or her efforts (e.g., administrators sit down with the clinician to discuss his or her ideas about alternative behavior management strategies). An increase in the clinician’s engagement in the school system often accompanies this developmental change.

**Stage 4: The Reestablishment of Equilibrium**

Optimal school functioning can be likened to cognitive equilibrium which is achieved when assimilation and accommodation are well balanced, or when neither prevails (Piaget, 1972). When this is accomplished, the school can continue to function smoothly and simultaneously allow itself to accommodate the clinician’s ideas and perspectives. The clinician and the school system have established a synergistic partnership recognizing the perspectives, needs, and resources of each party.

**Risks and Recommendations for Clinicians**

Understanding the characteristic progression of a school system’s responses to new members is likely to help clinicians calibrate their expectations and assumptions about their work within the school. Different stages of integration into the school system afford different risks and opportunities for building rapport with school systems. If clinicians are able to recognize these issues, they may avoid common pitfalls and enhance their ability to build working partnerships that promote the integration of mental health and educational services.

**During Disequilibrium and Assimilation**

During the initial weeks in the school system, clinicians should find ways to enhance their visibility within the school setting and demonstrate a willingness to be helpful. They should take sufficient time to get to know the school culture, form working relationships with school personnel, and educate members of the school community on mental health problems and interventions for children (Weiss, Myers, Danforth, McNeil, Ollelendick, & Hawkins, 2000). To begin the process of integration, clinicians need to establish themselves as a presence within the school and build meaningful connections to other members in the school community. This may take the form of assisting teachers with lunch and recess duty or spending time chatting with faculty and staff during a break in the teachers’ lounge (Green et al., in press). The connections a clinician builds may provide him or her with a window into the cultural practices of the school—“what is done, what is not done, and how things that are done get done” (Green et al., in press). Gaining visibility and gathering information will enhance the clinician’s ability to engage in effective working partnerships with the school in the future.

A clinician may wish to demystify mental health services and problems by talking with school personnel about these issues when relevant and by adopting language that is accessible to the particular school member. It is often helpful to ask school personnel about the problems they perceive to exist in the school, their ideas about effective solutions, and what solutions have been attempted in the past. When clinicians are able to listen and provide information that a teacher or administrator finds useful in their own work, such personnel are more likely to view the clinician as a valuable resource.

**Clinicians should consider meeting what the school perceives to be its needs in a way that is minimally disruptive to the system as a whole.** The clinician may elect initially to put on hold his or her professional interests or unique skills if they fail to align with the expectations of the larger system, and instead, assist with current mental health programming as an extension of the current system. Additionally, he or she may perform interventions on the individual level with identified children, rather than attempting to tackle system-level interventions. All of this should be done without “stepping on the toes” of the school’s existing community members. Otherwise stated, the clinician should initially allow him- or herself to be assimilated into the system.

While a clinician may find it frustrating to adhere to the school’s expectations, he or she should consider how suggestions offered by a newcomer appear to the school’s community members. When a person who has recently entered a particular school system asks system members to do something in a different way, it feels to many as if he or she has asked them to do more, or implies that what has been done in the past is less than optimal. Longstanding members of the school community may not expect, nor welcome, a challenge to the whole operation. Providing such commentary at this stage may be understood to be disrespectful, ignorant, unnecessary/unimportant, or oppositional. Such
(mis)understandings of the clinician's intent may damage future attempts to build relationships with the system or its members. Therefore, clinicians should demonstrate their willingness to be helpful within the school system's existing framework until they are more fully integrated.

Clinicians may elect to conduct informal needs assessments so that, in the future, when sufficient rapport is established, they can educate the staff about all of the other services they are able to provide. School personnel often appreciate being asked their opinions about the needs and problems of the school, and this often yields useful information for later efforts at systemic intervention. However, clinicians may wish to delay presenting the results of needs assessments back to the school setting until becoming sufficiently integrated. Providing such information prematurely may convey criticism or resistance towards the school's current ways of operating, and increases the risk that the clinician will be rejected by the system.

During Accommodation and the Reestablishment of Equilibrium

Clinicians may wish to abstain from engaging in the type of problem solving characterized by schools (i.e., adding a new rule, tool, or program) and concentrate on increasing the school system's capacity to understand and respond to its own problems. Within the fast pace of school settings, there may be a strong push to adopt solutions with minimal prior discussion or assessment. Once integrated as a member of the school system, clinicians can build capacity by helping the system slow down typical decision-making processes. First, the clinician should assist the faculty and staff in efforts to clearly define problems with which they struggle. Second, he or she should ask faculty and staff to explain all of the unsuccessful solutions that were attempted in the past and the effects of those efforts on the school community. Third, he or she should assist faculty and staff clearly identify the change they seek to make. Finally, he or she should aid them in the development of a plan to make that change possible (steps adapted from Watzlawick, Weakland, & Fisch, 1974). In doing so, the clinician can support the school community in its future efforts to respond to problems, and can help schools understand the "rules of the game" by which they play.

Clinicians should be careful not to impose their own values upon the school. Clinicians who feel particularly passionate about ESBMH may make the mistake of believing that they have found, or can produce, the panacea for unhealthy school operation. Clinicians may take an expert stance in which the school system is expected to conform to the clinician's understandings of ESBMH. When others in the school system do not view systemic problems and solutions in the same way as the clinician, he or she may come to define the school system as an obstacle rather than a partner in finding solutions. In some cases, clinicians may take on the role of saving the school from itself—a position that undermines the school's capacity to develop its own solutions and greatly limits the potential for effective work with the school system.

While the school's internalization of mental health values/knowledge may be a valid goal, this outcome requires the school system's self-reflection and self-determination. The effective clinician challenges a school system to expand its range of possibilities for both understanding and intervening in response to identified problems; he or she may raise questions and give suggestions, but should be cautious about providing answers.

Conclusion

The movement from co-located to integrated mental health services in schools presents clinicians with the challenge of establishing themselves as genuine members of the system in and with which they work. Knowledge of this process, an awareness of potential pitfalls, and strategies for avoiding them may assist clinicians who enter school-based settings in the building of relationships and ultimately, the establishment of effective partnerships with school systems and their members.

References


ARTICLES—

A Foot in Each World: Crossing Boundaries between Universities and Local Communities

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Universities and local civil society have always been linked, and there is a long tradition of university involvement in local communities. An opposing trend has been the notion of universities as sheltered settings for the pursuit of knowledge for its own sake. From an academic perspective, we can visualize a continuum with academia's focus on the sheltered pursuit of knowledge for knowledge's sake at one end and its commitment to addressing the challenges facing civil society at the other. The median point on this continuum will move in one direction or the other depending on multiple factors, including civil society's needs and demands, theoretical trends within academia, and type of academic discipline.

In recent years there has been increasing attention to the relationships between universities and civil society (Oistrander, 2004). In 1988 the Magna Charta Universitatum Europaeum, adopted at the University of Bologna and signed by 430 European universities, reaffirmed academia's responsibility to foster research and training aimed at the greater good of society (The Magna Charta of University, 1998). The Wingspread Declaration on Renewing the Civic Mission of the American Research University (Boyte & Hollander, 1999) and the President's Declaration on the Civic Responsibility of Higher Education (Campus Compact, 1999) are recent affirmations of the values of "outreach/engagement scholarship" in the United States. In today's globalized world, with greater awareness of the impact of poverty, wars, famine, diseases, and natural disasters on a large portion of humanity, the contribution of universities to civil society and the contribution of civil society to academia are likely to increase.

Discussions of university-community collaborations often center on the history of university civic engagement, the nature of service learning, or the responsibility of universities to lend their intellectual resources to solving the problems of civil society. In this article we take a different tack, examining the experience of university faculty who are engaged in civic research or other work. We call these faculty members "boundary crossers" because they regularly traverse the boundaries between the academic and civic worlds. We wish to clarify this perspective at the outset by offering three points and two caveats.

Our first point is that we take the problems of civil society and the ability of academia to contribute to their solutions as a given. We assume that readers will acknowledge the potential for universities and researchers to help address, through research and evaluation, issues such as literacy promotion (Auerbach, Arnaud, Chandler, & Zambrano, 1998), substance abuse prevention (Suarez-Balcazar et al., 2004), HIV infection and prevention (Bokting, Rossor, & Coleman, 1999), and community and school violence (Mikami, Boucher, & Humphreys, 2005). Second, we take academia mostly as it is, with some universities, or some departments within universities, taking the initiative in university-civil society collaborations and some holding back. We are primarily concerned here neither with how scholars and researchers can push their institutions toward greater civic involvement, nor with how their institutions can or should encourage their faculty to engage in community-oriented work. Instead, we are concerned with how scholars who are or wish to become engaged in this work can successfully negotiate the challenge of having a foot in both academic and civic worlds, even if, or even when, their universities or communities do not support these activities as vigorously as they could. Third, our main boundary-crossing interest in this paper is that which takes place between researchers and their local communities.

Our first caveat is that most academic research and teaching will ultimately have an impact on civil society. Boundary crossing as we use it in this article, however, involves researchers' regular contacts with persons and organizations in civil society outside the university. Our second caveat is that while we do not focus on the range of academic institutions' stances toward involvement in civil society, we recognize that the points we make here, derived mainly from our experience with two universities in the United States, cannot and do not describe the experiences of faculty members at all academic institutions. We hope this portrait of boundary crossers and the challenges they face will encourage research on this aspect of university-civic engagement.

We draw on published literature and examples from our own experience in community-based mental health services research, to describe personal and professional characteristics of researchers who take up positions at the margins of academia and civil society. We also discuss opportunities, barriers, and survival tactics related to academic-community work. Finally, we offer some concluding remarks on boundary crossing as a unique intellectual stance and position for academics conducting research related to modern civil society.

Personal Characteristics, Disciplinary Training, and Research Methods

Boundary crossers are probably as varied in life experience, personality, and temperament as any other group of academics, yet certain characteristics or biographical elements may stand out in them. Their interest in community engagement may have started early in their lives with exposure to the problems of civil society or contact with an academic, community, or family mentor who was engaged with those problems. In such cases, participating in community-oriented research is likely to come more naturally to them later in their academic careers (Howe & Ives, 2001). Other boundary crossers may come to community work late, having achieved tenure and the freedom to engage in applied research that is not considered central to the academic-scientific mission of their department or discipline (Maurrasse, 2001). Or they may come late to academia and research on civil society after a career in community-oriented work.
Boundary crossing academics may have strong values of social justice and social opportunity derived from their personal backgrounds, and may wish to bring a research lens to bear on these values. Personal attributes such as gender, age, ethnicity, and culture may characterize the issues with which some boundary crossers become engaged. Female faculty and academicians of color, for example, are more likely to engage in community service and civic activities than males and Whites (Antonio, Astin, & Cress, 2000).

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Characteristics/Elements</th>
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<tr>
<td>Personal Characteristics</td>
<td>-- Demographics (gender, ethnicity, etc.)</td>
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<td>-- Interests/experiences (early life, mid-career academic life, &amp; post-community career</td>
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<td>-- Perceptions of opportunities (training, gaps/ community needs, etc.)</td>
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<td>-- Interest in mid-range theory</td>
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<td>-- Discipline (psychology, sociology, political science, urban studies, African American</td>
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<td>-- Ethnography/participatory research</td>
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<td>-- Phenomenological methods</td>
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<td>-- Mixed quantitative-qualitative methods</td>
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<td>Disciplinary Training</td>
<td>-- Meeting academic expectations/demands re: publications &amp; teaching responsibilities</td>
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<td>-- Time spent building bridges</td>
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<td>-- Obtaining permission to collect data</td>
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<td>-- Mutual misperceptions &amp; expectations of academic and community collaborators</td>
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<td>-- Minimal institutional infrastructure</td>
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<td>-- Researcher vs. advocate</td>
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<td>-- Testing theory in the real world</td>
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<td>-- Enrich student &amp; faculty learning</td>
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<td>-- Involvement in creating knowledge</td>
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<td>-- Mutual respect among collaborators</td>
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<td>Barriers (personal,</td>
<td>-- Gain support from senior faculty</td>
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<td>interpersonal/relational,</td>
<td>-- Find/create niches in/outside university</td>
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<td>organizational perceptions)</td>
<td>-- Increase visibility of research within &amp; outside department/university</td>
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<td></td>
<td>-- Attend to tenure-promotion requirements</td>
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<td>-- Be flexible, have tolerance for ambiguity</td>
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<td>-- Learn the optimum amount of what can be taken on within the community</td>
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<td>-- Balance university &amp; community commitments</td>
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Table 1. Boundary-crossers and boundary crossing: Characteristics and elements.

Many boundary crossers have a mind for empirical or action-oriented research and for “mid-range” theory (Trotter, 1997) as opposed to meta-theory. Those with effective negotiating skills, for example, may be particularly suited for collaborations on federal grant proposals with community agencies. In such partnerships, the ability to divide up proposed funding and fashion a coordinated approach to services for a target population may be critical both in writing a successful proposal and in implementing funded project. Possession of leadership and management skills is sine qua non for those who wear the two hats of researcher and program director of interagency projects.

Boundary crossers will be found, and will gravitate toward training in certain disciplines more than others. Academic disciplines that are likely to be involved in research evaluation, and programmatic, clinical, or planning activities at the local community level include psychology, sociology, political science, urban studies, and African American studies. Professional schools that share such interests and activities include social work and social welfare, public health, nursing, medicine, and even art and architecture. The combination of research universities and poor urban communities may also encourage the engagement of researchers from the and other disciplines. They may also gravitate toward, or help to establish, interdisciplinary academic groups on social policy and civil society that are open to community members with the same interests.

Certain methods lend themselves well to community-based research. Ethnography (Geertz, 1973), in-depth qualitative interviewing (Davidson, 2003), network analysis (Duffy & Wong, 2003; Gillespie & Murty, 1994), epidemiology (Kelsey, Thompson, & Evans, 1986), and needs assessments (Duffy & Wong, 2003). While randomized clinical trials can be used effectively in community-based research, there is increasing interest in mixed methods research, combining quantitative and qualitative methods in order to take into account the “messy” world of community living that does not conform to the regularity available in institutional or laboratory settings (Hohmann & Shear, 2002). Researchers with training combining these methods are well positioned to address problems of civic society in community-based research.

Barriers and Opportunities

Academics who engage in research, program evaluation, consultation, and related activities in community-based organizations and persons, or who can provide leadership and role modeling for students and other faculty, often exist in a limbo state in relation to both academia and civil society. They may receive modest appreciation from their home departments and universities, sometimes with negative consequences for promotion and professional advancement. They may, at the same time, receive a cool reception from community persons and institutions that question their motivations and the real-world usefulness of their products. They also have opportunities to engage in intell...
tually stimulating work that calls on the “whole person” and, at times, to see the results of their work bear fruit in solid research and positive change in civil society.

**Barriers**

Time spent building bridges in the community may later translate into academic productivity that often is not counted as part of faculty members’ academic load. Community research, when counted as part of the academic load, can be disproportionately time consuming both on a day-to-day basis and in terms of the length of time from first meetings with community partners, to development of project plans, to grant application, and finally, to starting the research. They may also have a difficult time obtaining permission to collect data in certain settings, such as public schools, or may be denied permission, after much legwork, due to pressure from parties in or outside the research settings.

Regarding research produced, the relatively greater likelihood of using process-oriented and qualitative research methods in community-based research, compared to more controlled, institutional- or laboratory-like settings, can raise difficulties. In addition, community-based research, particularly research that employs qualitative methods, often does not lend itself easily to compartmentalization into the number of papers that may be expected for promotion (Ahmed, Beck, Maurrassa, & Newton, 2004). Finally, research findings of many community-based research projects that have small numbers of subjects may lack the generalizability often required for recognition as a major scientific contribution.

Community-based research findings may be politically sensitive. Boundary crossers are aware of the possible consequences, in terms of local or national support or even continued existence, for the agencies with which they collaborate. They recognize the gray area between the “the truth” of research as measured by internal and external validity, and “the truth” as it will be understood by those who make policy and funding decisions regarding resources directed toward the social problem being studied.

All of these factors have important implications for boundary crossers’ career trajectories, including their prospects for gaining tenure. Their community-based research contributions may be perceived as less prestigious and less important to academic progress than non-community-based research their colleagues are producing (Checkoway, 2001; Nyden, 2003). They may receive fewer academic incentives, seed grants, and promotions than their colleagues (Ahmed et al., 2004; Maurrassa. 2001; Nyden, 2003). Academic institutions that publicly favor faculty research involving civil society may not establish the institutional infrastructure or incentives necessary to promote such faculty community engagement (Maurrassa, 2001).

Boundary crossers face equally daunting challenges from the community side of the boundary, because they carry the baggage of academia and their institutions into the community with them. Non-academics often see academics as being out of touch with practical, day-to-day reality and needs, as book smart but not life smart. Their mistrust of researchers may be based on a long-held view, often supported by their personal experience, that researchers come out to the community to collect data, distribute a little money by way of subject payments and short-term work, and go back to their institutions, leaving behind nothing of lasting value and often not even reporting their findings to their research subjects. Conversely, researchers, even those with work experience outside academia, may regard many community members and agency administrators with whom they come in contact as anti-intellectual or without significant knowledge to contribute (Ahmed et al., 2004). They may view community participants as bogged down in the day-to-day details of their work and threatened by findings or new approaches that researchers may offer.

These mutual perceptions and misperceptions stem not only from troubled histories and different agendas, but from and the use of different intellectual lenses. Administrators of social service agencies spend much of their time “muddling through” the day-to-day challenges they confront, simultaneously improvising and using rote methods to make “good enough” interventions and then moving on to the next crisis (Lindblom, 1959). Such means fly in the face of rigorous research methods. Researchers and community members, then, often seem to be speaking different languages or to be speaking past each other.

The nature, uses, and processes of community-based research may push both parties toward conflict or misunderstanding. Researchers may have a sense of urgency, shaped in part by departmental expectations and funding agencies, to begin to collect publishable data, while community members or service providers may feel no such urgency, focusing instead on the resources that researchers bring or the technical assistance they can provide. Researchers may hope to find a new and better way to engage reluctant persons with substance use disorders into treatment, for example. Agency administrators, while endorsing that objective, may be more interested in using research program funds to hire clinicians in order to be able to serve more clients or to keep their heads above water with the ones they already have.

**Opportunities**

There are corresponding opportunities for boundary crossers from both academic and community perspectives. From an academic perspective, research conducted in local communities or other “real world” settings gives researchers the opportunity to test, and students to see, theory at work. Involving the opportunity to see it qualified, contradicted, or modified. Research on the experiences of persons with serious mental illness returning to the community, for example, has helped to expose deficits in the theory and practice of deinstitutionalization while, at the same time, supporting its basic goal of a life in the community for persons who, in the past, would have lived out their lives in state hospitals (Davidson et al., 1995).

Boundary crossing work can enrich student learning and faculty experience by giving to both a greater appreciation for community resources, problems, and solutions (Asten et al., 2000). Work with students on community-based projects may help to provide an academic home of sorts for community researchers whose work is marginal to their departments in other ways, and over time can help them build an academic niche in their department.

While boundary crossers must be attentive to the differences between conducting research and making policy, they sometimes have the opportunity to be involved in creating knowledge in the form of successful research interventions that have an impact on social policy.
The flip side of the coin of mutually suspicious research-community member relationships is the mutual respect that can grow out of the collaborations the parties engage in. One of the keys to the development of such relationships, from the researcher side, is simple persistence, continuing to work with one’s community partners through disagreements, misperceptions, and different philosophies and intellectual lenses. Typically, as with other working relationships, time, proximity, and shared projects deepen this understanding and appreciation.

Survival Tactics for Boundary Crossers

Many academics’ professional sense of belonging comes from their home department or their professional discipline. Boundary crossers may stand at the margins of both, and find they must develop a special niche or niches, as discussed above, while continuing to educate their colleagues on the scientific validity and relevance of their work to their department and discipline. They may find academic niches through gaining support from a sympathetic senior faculty member who struggled with a different kind of marginalization (the first tenured female researcher in her department, for example), through contact with younger faculty that have similar research interests, or through teaching and mentoring of undergraduate and graduate students who are attracted to the vitality and richness of civil society.

Boundary crossers may find other niches within and outside their department and within and outside their universities. They may organize conferences or university-wide study groups, including such topics as how to develop, implement, and evaluate university-community collaborations, thus increasing the visibility of their research agendas and goals within the department and university. As another example, the second and third authors of this paper are faculty members of a program within their medical school department (psychiatry) that focuses on community-based mental health research. This program regularly collaborates with community-based social service and rehabilitation agencies, a state mental health authority, and a local public housing department, along with community members in the arts and faith communities. Community researchers may also find a niche outside their universities, with national or international sections of their disciplines or organizations addressing a specific topic, such as recovery from mental illness or the future of declining post-industrial cities.

Like other academics, faculty who spend time conducting community research and related activities must attend to the requirements for promotion and tenure. Doing so may require modifying or limiting their community activities until they have achieved tenure, or accepting that promotion and tenure may take longer than they had hoped, or may not occur at all. The community-civic researcher may also explore the possibility of moving to a different university, department, or professional school where his or her research is more highly valued.

Tolerance for ambiguity is a key asset for community researchers. They may find, for example, that they are seen as much as consultants and providers of technical assistance to their community partners as researchers. They may also find that the dynamics of the research implementation process can change the nature and design of the research in mid-course.

On the community side of the border, academics need to learn as much as they can about what they are taking on with a given community partnership or in establishing an ongoing relationship with a community agency. They should gather details on the scope of work, the researcher’s role on the project, and the resources that community partners bring to the table. We note that much of the most interesting work that researchers and community partners engage in is difficult to chart at the outset and takes unexpected turns. Those who lack a high tolerance for ambiguity are well advised to set limits on their community-based research.

For all the flexibility and tolerance for ambiguity we have emphasized, boundary crossing implies the persistence of boundaries, not the obliteration of them. Failing to make decisions about how to balance, separate, integrate, differentiate, and combine one’s academic and community work simply means that one’s university, department, or community will, in effect, make those decisions on one’s behalf. Boundary crossers must be clear, with themselves and their community partners, about the fact that their training provides them with a certain expertise, and that their academic degree does not make them expert in all things vaguely research- or data-related. Even so, their community partners, especially those from small nonprofit organizations, may continue to hold idealistic perceptions or expectations of them. Negotiation, clarification, and mutual limit setting that academics and community partners may engage in rarely happen all at once. Boundary crossers must continually set their personal and professional limits at continually shifting boundaries as their partnerships with community members and agencies evolve. During this process, they are well advised to attend to the requirements of their academic position, consulting with senior colleagues as they consider where they will stand at what new border.

The personal characteristics, disciplinary training, and research methods, along with barriers, opportunities, and survival tactics associated with boundary crossing and boundary crossers, can be summarized in table form.

Conclusion

Boyer (1990), in his seminal Carnegie paper on the nature of higher education in contemporary society, called for universities to support faculty involvement in four types of scholarship, namely discovery, teaching, integration, and application, and includes activities that address important contemporary social problems. Ostrander (2004), taking up and advancing this broad line of thinking, argues that the concept of civic engagement must be linked with traditional academic orientation toward knowledge creation:

To define the civically engaged university solely in ethical and educational terms will . . . likely mean that [civic] engagement will continue to be a marginalized activity (especially at top research universities) in which only a few community-minded faculty and students will choose to be involved as service added on to their normal activities. To fully integrate, normalize, institutionalize, and thus sustain university civic engagement, it must build on a solid rationale that addresses and defines the intellectual project of university civic engagement (p. 85).
In this article we have focused on faculty members' experience of civic engagement, mainly at the level of local communities. We believe it is possible that boundary crossing itself can offer, or that it epitomizes an as yet un-theorized rationale and approach to the problem of university civic engagement. Space does not permit an adequate exploration of the thesis here, but we suggest that this aspect of boundary crossers' roles and positions provides additional rationale for attention to and research regarding the pivotal role of faculty members in that engagement, in addition to the role of universities at large.

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References


Post-Summit Action Step:
Building Core Competencies through
Conference Workshops to Advance
Community Psychology

~C. Corbett

Background
As most members of SCRA are aware, the 2007 Biennial fea-
tured the First Ever Summit on Community Psychology. The
summit drew one hundred community psychologists includ-
ing many leaders, researchers and practitioners from applied and
academic settings, as well as many enthusiastic graduates and
students of community psychology. It was a unique event and
generated lively debate among many participants.

Relying on a renewed vision and core principles for the fu-
ture of the field, as described in The Community Psychologist
39(4), Wolff, 2006, p. 76-78, along with a developing set of core
competencies, as described in various issues of The Community
Psychologist, including 40(1) & (2), participants engaged in de-
veloping action steps to advance the state of the field. The pri-
mary focus was on three domains:

1. Graduate education of community psychology
   practitioners
2. Community practice publications
3. Establishing, promoting and supporting community
   psychology practice

Purpose of this Article
At the summit, participants were given the opportunity to
select from the three domains depending upon their interests. The
focus of this article is on the third domain which is the area that I
selected due to my interest and the opportunities presented by this
domain. Progress in this area will strengthen SCRA as an organiza-
tion, increase organizational support for practitioners, and expand
the field. The group identified various action steps, particularly in-
cluding expanding the number of workshops that will promote and
support the practice of community psychology (CP). This article
explains the opportunity, identifies a strategy, and seeks volunteers
to help with implementation that will achieve various goals.

Goals and Outcomes
The wordgroup for Establishing, Promoting and Supporting
Community Psychology Practice started with five goals and ex-
pected outcomes (Community Practice Summit Notes, 2007), sum-
marized as follows:

Goal: CP is a visible and demanded field; skills and know-
ledge of CP are sought after by employers.
Outcome: Employment ads in newspapers will request com-

Goal: Community practitioners are integral, active participants
in SCRA. SCRA activities support practitioners who will see
SCRA as valuable support and seek professional affiliation.

Outcome: A 50% increase in SCRA membership by community
based practitioners.

Goal: CP is “known” by all students of psychology and psychol-
ogy professionals. CP theories, research, and practice are
identified in all undergraduate, general psychology, and relevant
texts. CP courses are offered at all institutions of higher
learning.
Outcome: Increased demand for graduate education in CP.

Goal: Community practitioners from diverse fields (social work,
public health, community development) are connected
through professional networks supporting their work, pro-
motion job opportunities and providing opportunities for pro-
fessional development. SCRA is a lynchpin in that network.
Outcome: SCRA Membership is increasingly inter-disciplinary;
liasons among networks communicate regularly with the
membership.

Goal: Multiple local, regional and national opportunities for shar-
ing expertise, networking, and professional development are
provided to community practitioners at affordable rates.
Outcome: Community practitioners are connected and state of the
art is constantly improved.

Increasing the Value of SCRA to Practitioners
Our group identified various specific action steps and the
specific focus here is the second goal: community practitioners
are integral, active participants in SCRA. SCRA activities sup-
port practitioners who will see SCRA as a valuable support
and seek professional affiliation—where the expected outcome
is a 50% increase in SCRA membership by community-based
practitioners.

While admittedly this goes somewhat beyond a “small wins”
approach, the group enthusiastically brainstormed many ideas
and action steps to advance the goal and potentially gain signifi-
cant incremental progress towards the outcome of a 50% increase
in membership goal. The discussion centered on what SCRA
could and must do to further this goal—particularly our conclu-
sion that SCRA must increase its value to community psychology
practitioners. One concrete idea proposed was to use community
psychology conferences as a primary and regular way to institu-
tionalize greater utility and service to practitioners. We concluded
that in order to increase membership, SCRA must significantly
increase its value to practitioners.

The specific objective adopted was: a 100% increase in the
workshops available of value to community practitioners; that is,
value in the sense that they are relevant to community psychol-
ogy practice. Another objective identified was to “provide mean-
fuling professional development,” professionalizing workshops
with a “focus on core competencies.” These objectives were se-
lected because the group agreed they were meaningful, feasible
and measurable.

Current Level of Workshop Offerings
What is the current level of workshop offerings? A re-
view of the 2007 Conference Program reveals that there are
few workshops being offered, the least of any of the venues.
Compared to the wide range of poster presentations, symposia, roundtable discussions, innovative sessions, and town hall meetings, the number of workshops appears negligible. Following is a summary of venues and sessions offered (Conference Program, 2007, p. 1):

- Poster Presentations 160
- Symposia 64
- Roundtable Discussions 49
- Innovative Sessions 7
- Town Hall Meetings 7
- Workshops 5

This is no criticism of the latest or recent SCRA conferences, but rather an illustration of the small role workshops that promote skill development currently play and the extraordinary opportunity they present for the future to bolster skill development in priority areas and cultivate membership growth. The preceding is not to suggest that professional development and exposure to core competencies cannot occur in other venues but rather that conference workshops, along with the opportunity for longer sessions, are particularly well suited to promote training and skill development, particularly including the core competencies. Moreover, workshops present a means of promoting experiential learning beneficial to academics and practitioners alike.

Proposed Action Step

The objective proposed at the summit was a 100% increase over the current level, which would approximate 10 workshops at each conference. Moreover, it is easy to visualize and expect that conferences of the future could easily provide at least one or more workshops in all of the core competencies. While there has been significant debate on core competencies—see “The Community Practitioner” of The Community Psychologist 40(1)—a matter of importance to the future direction of the field, consensus has not been reached. Various additional views have been expressed, such as by Francescato, 2007; Ramos, 2007; & Scott, 2007a. At the time of the conference, Scott expanded his list to 12 (Scott, 2007b). Those competencies include:

- Advocacy & Public Policy
- Evaluation & Assessment
- Capacity Building/Grant Writing
- Collaboration/Consultation
- Computer Literacy/Report Writing
- Communication
- Cultural Diversity
- Group Process
- Intervention Skills: Community & Organizational
- Management & Supervision
- Relationship Skills
- Research

If at least one workshop is offered for each core competency noted above, this would be twelve workshops. This is not to suggest that workshops on core competencies should be restricted to these twelve, but that they should be welcomed based on various conceptions such as those proposed by Ramos and Scott and international perspectives on core competencies such as those proposed by Francescato, as well as any other credible conceptions of core competencies suitable for the training of community practitioners. Twelve workshops addressing core competencies are proposed as a reasonable short term goal. Also, for a detailed view of infusing practice into CP training, see Hazel (2007).

Who Would Offer Workshops?

While some may mistakenly believe or assume that such workshops should only be offered by professors, assistant professors, or others with doctoral degrees—and certainly they are all encouraged to offer workshops in their areas of expertise and preference—the reality is that many master’s level practitioners and researchers have the qualifications and practical skills to offer workshops in the core competencies.

To illustrate, while I am a master’s level practitioner without academic affiliation, at each of the last two SCRA conferences, I delivered workshops on the first core competency, Advocacy & Public Policy. The workshop was entitled: Public Policy 101: Intervening and Testifying in Legislative Settings (Corbett, 2007). My experience in this area is not based on my academic training but rather on a volunteer, advocacy role as Chair of a Legislative Committee for a nonprofit serving and representing the interests of disabled consumers. In that capacity, I submitted testimony and participated in a legislative hearing process. Also, in that capacity, I have met on numerous occasions with elected officials at the state and federal levels, or their staff, on areas of legislative concern, as well as advocated for new legislation or modification of existing legislation. While initially I did not see myself as qualified to offer such a workshop, with the strong encouragement of a senior SCRA member who thought otherwise, I concluded that my experience might be useful to others and submitted workshop proposals. To my surprise, the proposals were accepted.

No doubt there are many other academics and practitioners that have special skills developed in the core competencies that could be readily transferred for the benefit of others. What special skills do you have, that fall within the realm of core competency that you would be willing to share? Many of us have benefited greatly from the field of community psychology, personally, professionally, and financially; offering a workshop in an area of expertise and interest is a golden opportunity to give back to the field and build it for the future. What core competency do you have, that you are willing to share? Also, individuals who wish to further develop their own communication core competency could benefit by presenting workshops to develop their communication, teaching, and technical presentation skills. There are many reasons for a wide range of academics, researchers, and practitioners to present such workshops. Moreover, if you have presented, or would consider presenting, a poster or symposium, why not a workshop? While certain material lends itself more appropriately to the workshop format, all venues are about mutual learning. Is there a workshop you would be willing to present? Is there someone you know with a special skill, well suited to offer a workshop on a core competency? If so, approach them and suggest they consider sharing their talents. It is not too early to begin thinking about submitting a workshop proposal on a core competency for the next biennial in 2009.
Who Would Attend Workshops?

Community psychologists and any others seeking to develop skills and expertise in any of the core competencies are the target audience for these workshops. Those who wish to explore new areas of interest and develop future areas would benefit from attendance. Such workshops could provide academics further exposure and new ideas for incorporating core competency training into the doctoral or master's level training they currently provide, as well as inform their own work in communities. Individuals outside of the field that wish to receive exposure to, and technical training in, areas unique to the field of community psychology could also benefit from such workshops, as well as individuals seeking to build their resume and improve their interviewing skills.

Who Will Benefit?

Additional workshop opportunities will benefit not only those who attend but those who present. Further, it will bolster the field of community psychology and promote the transition towards an interdisciplinary field. The role and importance of practitioners is often overlooked. Several comments by Constantine W. Curris, President of the American Association of State Colleges and Universities, are instructive. President Curris recently identified his view of the four ingredients necessary for a field of study and practice to be viewed as a disciplinary or interdisciplinary profession. The first is a body of practitioners identifying with a profession; second, the development of a curriculum and continuing education for practitioners; third, an intellectual resource base that studies the field with its programmatic and policy components; and lastly, a widely acknowledged code of ethics applicable to patrons, professors, and practitioners alike (Curris, 2007). Workshops on core competencies have the potential to further all of these goals. Curris' fourth point, ethics, raises the question as to whether ethics too should be identified as a core competency. Ethical competency can be developed; it seems that it should. President Curris' further advice, based on his 40 years of university experience, is to work to achieve excellence in all four dimensions. While this guidance was provided during a Keynote Address delivered to attendees of a Nonprofit and Philanthropic Studies Conference, his comments were directed to scholars and practitioners of nonprofit studies whose field he acknowledged is now being defined (p. 1825). These comments have relevance to the academics, researchers, and practitioners in the field of CP, who likewise are confronting issues of definition, future growth, and direction. Clearly, the role of practitioners is a matter of central importance to the future evolution, if not survival, of many fields, not only community psychology, and also for the vitality and survival of its membership associations such as SCRA.

Workshop Options

It is easy to envision that future workshops will take on a wide variety of forms. While the recommended focus and priority recommended here is on regular conference workshops that are available at no incremental charge beyond the conference registration fee, pre-conference workshops, with or without a fee, have a potential role as well. This was illustrated at the recent La Verne conference where a public policy pre-conference workshop was held the day before the conference that 1 attended which appeared very well received (Miles & Tomkins, 2007). Another opportunity provided by expanded use of the workshop venue, either during or pre-conference, is the potential for credit courses, continuing education, or even certification for certain practitioner skill development. One such example of the latter would be a workshop-initiated course that provides a certificate in grant writing, which could potentially be sponsored by SCRA. Certification in grant writing, which falls within the capacity building core competency, would be a powerful addition to any resume and could strongly influence the outcome of any job interview. Nonprofit managers are likely going to think twice before declining employment to skilled community practitioners certified in grant writing with demonstrated competency in obtaining grants funding and access to continuing education through their own SCRA membership to maintain that expertise. Well structured professional affiliation will be a great asset not only to community practitioners, but also to their future employers.

The opportunities presented by conference workshops are many and go beyond venue type. Beyond pre-conference or conference, fee or no fee, and credit or non-credit workshops, there is also the ability to tailor the core competency workshop to varying levels of depth or degree of training. This is relevant because if we think of training to improve individual performance along a continuum, we want to encourage workshops that provide a range of opportunities to match the sequential training objectives of attendees. The workshops need to be designed or tailored to meet varying degrees of skill levels. At the upper end of the continuum, as illustrated above, a workshop could provide formal certification of expertise, such as a certificate in grant writing. While one could use the familiar beginner, intermediate and advanced descriptors, or other such measures, what may be more appropriate for the design and description of workshop conferences is whether they are designed to provide exposure, proficiency, and/or expertise in the core competencies. These descriptors were selected first, to help potential workshop presenters conceptualize training proposals in the core competencies and secondly, to help accurately convey to attendees what is being offered. As an example, my workshops, Public Policy 101: Intervening and Testifying in Legislative Settings, were designed to go beyond mere exposure to proficiency. This was done by providing three distinct examples of types of format of pre-filed direct testimony from the same proceeding, empowering attendees to choose from three different formats to most effectively meet future needs. The workshop also furthered a proficiency objective by illustrating the strong benefits of one particular format over the others. This workshop furthered both exposure and proficiency training objectives but not expertise, which would have required drafting, group evaluation and re-drafting of pre-filed direct testimony on a pre-determined topic or advocacy issue by each workshop attendee which time would not permit. Continuing education workshops would be an example of proficiency training as the objective is to maintain or strengthen performance. SCRA could also add value by issuing Training Attendance Certificates providing attendees documentation of attendance for exposure and proficiency training in the core competencies. This should prove useful for documenting continuing education, for interviews and resumes, as well as justifying travel cost support, conference registration reimbursement, or grants from employers or other potential sponsors willing to subsidize the costs of professional
skill development. Certificates to document attendance serve one purpose; certification of expertise, such as in grant making, would be quite another. These are both examples of concrete and implementable ways that SCRA could add value to practitioners or anyone attending SCRA workshops on the core competencies.

Workshop sessions, potentially supplemented by on-line participation, could create various new options for delivering core competency training, increasing value to all members of SCRA and advancing the state of the field. One example or way for SCRA to add value would be to solicit workshop presenters willing to offer supplemental on-line consultation to workshop attendees to support their skill building. Workshop presenters constitute a valuable pool of community consultants potentially available to practitioners of SCRA, on a manageable basis through on-line consultation, enabling the availability of community consultation services to any interested workshop attendees.

A future vision for conference workshops is first, that all registrants will have the option and choice of attending core competency workshops during both morning and afternoon sessions on all days of a conference. Second, attendees would have some choices regarding depth of training, ranging from exposure to a core competency, to developing or maintaining proficiency, and finally, expertise.

This vision may take a few conferences to achieve but appears a reasonable goal, consistent with creating substantive, incremental value to practitioners while stimulating membership growth. At least this is one potential approach for SCRA to add substantial value for existing members, as well as attract new members interested in developing the core competencies. This vision should also substantially increase the value of professional affiliation with SCRA to members, nonprofit organizations, other prospective employers of community psychologists, and potential organizational or supporting members of SCRA.

Conclusion

This article proposes several ways for SCRA to increase its value to all members, especially practitioners, by providing new training and professional development opportunities within a workshop framework of the existing biennial conference format. This substantially furthers and implements Goal 2, noted earlier, of the Community Practice Summit, Breakout 3. Establishing, Promoting, and Supporting Community Psychology Practice. Increasing the number of workshops by 100% from five to at least ten, or preferably twelve, is but a first step in increasing the value of SCRA to community practitioners. This goal appears realistic and achievable but will require increased participation from members of SCRA who have established such skills. Are you willing and able to help “infuse practice” (Hazel, 2007) into community psychology conferences? What skills do you have that fall within the core competencies that you are willing to share? Of the twelve core competencies, are there any areas for which you have special skills, that you would consider offering a workshop in at the next biennial in 2009? (Note: workshop proposals would be subject to the normal conference review process.)

As you consider this request and opportunity, if you wish to discuss any workshop ideas or proposals, or would like a copy of a workshop proposal that resulted in a conference acceptance, please contact me any time at <chris_corbett1994@hotmail.com>. With your participation and support, many workshops on core competencies will become standard fare for all future conferences, benefiting SCRA, its members, prospective employers (including nonprofit, for profit and government organizations), as well as the field by accelerating the growth of community practitioners, across discipline and geography, well trained to implement second-order change and advance societal needs.

References


Francescato, D. (2007). Community psychology core competencies taught at the undergraduate and master’s level in some Italian universities and in most non-academically based master’s programs. The Community Psychologist, 40(4), 49-52.


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 of all cultures
- To promote the development of careers in community research and action in both academic and applied settings

SCRA Membership Benefits & Opportunities:

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

Name: _________________________________
Title/Institution: __________________________
Mailing Address: __________________________

Day phone: ________________________________
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Fax: ______________________________________
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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:
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☐ Children & Youth Interest Group
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☐ International Community Psychology Committee
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☐ 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:
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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.

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☐ Check enclosed (payable to SCRA)
☐ Charge to credit card: ☐ Visa ☐ MasterCard

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

SCRA
16 Sconticut Neck Rd. #290
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