In my Fall 2008 column (which I posted on the President’s Blog at the SCRA website), I issued a call for action. I heard from many who resonated with that call and agreed that it was time for action, but I am under no illusion that such a call generated lots of action. What accounts for the action-intention gap?

**Take a Stand, with Support: An Example from Special Olympics**

Do you read *Spirit: Redefining Our World*? I do. It’s a magazine published by Special Olympics to promote their name and programs and share information and inspire those who are interested in the organization and its goals. There are remarkable stories of individuals who refuse to be defeated by their handicapping conditions. They strive be competent and successful, to push the limits of their ability and to be appreciated for their accomplishments. In every issue, we meet individuals involved in Special Olympics and we understand how and why they have chosen to work in this field when other, more lucrative opportunities beckoned. And in each issue, we get a word or two from Tim Shriver, Chairman of Special Olympics and the son of the Founder and Chairman Emeritus, Eunice Kennedy Shriver and Sargent Shriver, respectively.

In the Fall 2008 issue (Vol. 13, no. 2), Tim asks us all to take a stand for what we believe in. Tim does this a lot, and walks his talk. This time, he asks us to be alert to offensive speech. He cites two individuals, one a volunteer and one a Special Olympics athlete. The athlete talks about how challenging it is to be considered an “outsider” every day and how much it hurts him to hear the word “retard.” And the volunteer talks about how he challenges those who use that word, regardless of how much or little his intervention is appreciated. Both of these individuals muster courage every day to take a stand for what they believe in. As Tim says, through sport, and the dedication and discipline that it requires, individuals find that they can exceed what others expect from them, and what they expect from themselves. But note as well: Special Olympics supports, and perhaps emboldens, these individuals in taking a stand and striving for more. They are not alone.

What about you? We live in a world where it’s hard to take a stand because we often deal with too much information. We have too many things on our plate, irons in the fire, balls in the air, knaidlach in our soup . . . use whatever analogy you prefer. I believe the greatest impediment to action is unfocused and disconnected activity. Many of us are very busy on many fronts. Doing so can seem productive. Careers can be built on it. But does it have the structural connections and sustainability to yield second-order change? Do we allow ourselves to do what it takes to take a stand and stay with it?

Uri Bronfenbrenner once said that we suffer from the difficulty of living in an age of hecticness, where activity and focus seem to be in opposition. He viewed this as a global, cross-cultural phenomenon, though certainly differing by degree in different contexts. The common denominator, he felt, is that everyone was finding their lives filled with more distractions, interesting information, sound bites, opportunities, and, yes, temptations than ever before. We are far more reachable than we used to be, thanks to various electronic communication devices. The net result, he felt, is that our lives are more hectic than we want them to be, and our relationships are more frazzled and frayed than we would prefer. Often, it’s just easier to do our own things in our own ways than to take the time for genuine collaboration.
Finding Focus in the SCRA: An Example from the Fall 2008 TCP

How does this apply to us and our work in community psychology/community research and action? Unpack your experience with the Fall 2008 issue of The Community Psychologist (we could also do this with AJCP, but we know more SCRA members read TCP). How did you go about reading it? When did you read it? How much did you get through before other interests or demands or reading material took your attention? Were there three action takeaways from the Fall 2008 that you intended to commit to? To what extent did you follow through? I went back and reread that issue and I was overwhelmed—there is no other word—with the amount and quality of the action-oriented information contained therein. I know you can hardly get through THIS issue of TCP, but humor me—go back and see if you can find three things in the prior TCP about which, now or in retrospect, you might feel strongly enough to make an action commitment.

Here are some of the things that struck my attention. As you will see, there are an extraordinary number of highly worthwhile contributions in that issue that I will not mention. And this is the challenge. We face too much information and too many choices that encourage intending to act but make follow up very challenging, or lead us to bounce from issue to issue and action to action without the follow up and focus that we know is essential for lasting accomplishment.

On p. 45, I was reminded of the talent and passion of our community psychology students and how important it is to nurture them, guide their careers, and create transitions to professional life and provide early career mentoring. I also realized the connection of this article to Al Ratcliffe’s marvelous contribution, on behalf of the Practice Work Group, regarding finding work as a new community psychologist, including a template for a CP resume that I absolutely should make part of my advising and supervision work (p. 59), but have not done yet.

I looked at the chart on p. 30, outlining School-Family-Community Partnership Coordination Functions and tried to imagine what it would take to integrate this into my work with over 150 schools in a genuine way, and bring along all the relevant teams and colleagues in such a journey. I also realized how little of this I actually do and contemplated a New Year’s resolution on the matter.

I read plans of the Social Policy Committee and all the work being proposed (p. 37) and realized that if all I did in my Presidential term was to help Nicole Porter and Steve Howe and their colleagues implement their vision, I would have an extraordinarily busy and fulfilling time in office. They have a plan to help the SCRA become a genuine influence on the formation of public policy, at the multiple levels of government, and I believe this is long, long overdue.

In the spirit of thinking globally but starting locally, and given the difficult economic times and the need for community building and encouraging service, I wondered about starting a Knick Knack Nook in New Brunswick, NJ (cf. p. 71). Or, should I actually figure out what it would take to use the remarkable Community Psychology board game (p. 45 ff) with my classes?

When I saw a picture of Abe Wandersman drinking tea in Japan and read the regional and international community psychology reports, I was reminded of my experience at the International Community Psychology Conference in Portugal last summer and realized how little I know about how community psychology is conceptualized and practiced worldwide. Maybe I should travel a bit more, to understand how the SCRA could better relate to other groups that represent organized community psychology worldwide?

And I came to a deeper realization, through a series of articles in the Fall 2008 TCP, that LGBT issues are worldwide, that there are complex historical factors underlying how discourse on sexuality has been shaped and can be conducted at present, and that I understand far too little about how to impact on this. Perhaps I need to educate myself a lot more if I am to adequately lead these concerns within the SCRA?

Join with the SCRA Resources for Concerted Action

In this age of information overload, we need discipline and focus to an unprecedented degree. Most of all, we need to be sure that our work is genuine. We need to follow the causes to which we have a passionate emotional commitment and let go of at least
some of our interests that are perhaps curiosities or fleeting attempts to please others. Ultimately, these are the kinds of distracters that hold us back from genuine accomplishment.

Amidst doing many things in our professional lives, we must be sure to have a focus, to have one thing that gets our primary attention and serves as the anchor point for our taking a stand. This is the challenge of being an SCRA officer, committee, interest group, task force, or network chairperson, or member. For myself, I realize I must focus and plan for continuity in my SCRA work, though it’s a constant struggle. And I must encourage all those in leadership and participatory roles to do the same.

And I believe we need to work in a context of collaborative uplift. We need to connect our work to stories and people that we or others can relate to and from which inspiration can be drawn. We also need to connect with one-another in the SCRA to a greater extent, as well as like-minded others, such as Special Olympics, so that the synergy of our efforts can be realized. Make a commitment to share your genuine interests on the listserv and the SCRA website. Find those who share your focus and focus together. Fight the pressure to divide your time, your interests, and, ultimately, yourself, and see if you can move toward fewer but more personally authentic and sustained areas for accomplishments. Resist being swept along by the spirit of hecticness and reaffirm your belief that through being grounded in a small number of communities, we can best be the instruments of lasting and productive community research and action.

Take a Stand for Focused, Sustained Action

In a documentary about Sargent Shriver (who is also credited with inspiring the development of Head Start and the Peace Corps, among other enduring efforts), he was asked what legacy he would like to leave for others. He thought for a quick moment and said that his legacy is this: “When somebody tells you that you can’t do something, it’s rubbish.” He has lived his legacy and has had a life of extraordinary and sustained accomplishment. He generally kept his focus; when he did lose it, things went best when he tackled back to it sooner rather than later. And he built networks of relationships and organizational structures that embodied his work. That’s what I call taking a stand for what you believe in and turning intention into sustained action. How about finding three takeaways from this outstanding issue of TCP that reflect matters that you believe in most strongly and to which you will make a sustained commitment, even when other tempting opportunities come your way? How about reaching out to those who are already engaged in the same or similar work, and allowing yourselves to have more impact through collaboration? And then, please tell us all about it on the SCRA listserv and website so those with related concerns can connect with your efforts, and thereby draw both inspiration and support.
From the Editor—
Elizabeth Thomas,
University of Washington Bothell

I am pleased to share this Winter 2009 issue of *The Community Psychologist* with you. Thanks to the column editors and contributors for their excellent work. Thanks also to Amy Stutesman, Associate Editor, and Michael McConaha, Production Editor, for their continued outstanding work on *TCP*.

I want to echo the call to focused, sustained action found in the Presidential Column of this Winter 2009 issue. Maurice Elias challenges us to choose specific reports, plans, proposals, and/or questions posed by contributors in recent and current *TCP* issues that may serve as points of intersection with our own work. I encourage you to contact authors and column editors to pose questions, share your own work, and contribute to the exciting joint endeavors that are nurtured by interest groups within the SCRA. Contact information for column editors and interest group chairs are found in the opening pages of each issue.

I also want to draw your attention to a new interest group, Organization Studies, and *TCP* column, edited by the new chair of this group, Neil Boyd, in the Department of Business Administration at Lycoming College in Williamsport, Pennsylvania. The Organization Studies interest group is a community of scholars who are interested in community psychology themes (e.g., empowerment, ecological analysis, prevention, sense of community) in organizational contexts and in importing organization studies concepts, methods, models, and theories into community psychology. The first column highlights recent activities and a number of ways that readers can become involved in the group.

In this issue, we also meet new co-editors for the Women’s Issues Column. Many thanks to Michèle Schlehofer, outgoing editor, and welcome to new co-editors: Lynette Jacobs–Priebe, Assistant Professor of Psychology at Bluffton University in Bluffton, Ohio, and Pamela Mulder, Professor of Clinical Psychology at Marshall University in Huntington, West Virginia.

This issue features a report on an exciting two day training institute on “Community Psychology and LBGT Issues” at the 2nd International Conference on Community Psychology in Lisbon, Portugal; a piece in the Community Practitioner that continues the discussion on training of community practitioners; another fascinating interview in the Living Community Psychology column with student Victoria Chien; a number of opportunities for collaborative advocacy with APA in the Social Policy column; and many more outstanding contributions.

I think you’ll find much good work (and useful connections to your own projects and plans) throughout. Thanks again to all of the contributors to this issue. ☺

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**Community Health**
Edited and Written by Shannon Gwin Mitchell & David Lounsbury

**Update on Biennial and Special Issue of *AJCP***

It has been an extremely busy fall for the Community Health Interest Group (CHIG) members. We completed full reviews of all submissions for the special issue of the *American Journal of Community Psychology* (*AJCP*) on “Social Ecological Approaches to Community Health Research and Action.” Publication of this issue is slated for summer or fall of 2009. Catherine F. Kane, Associate Professor of Nursing & Psychiatric Medicine in the Department of Family, Community & Mental Health Systems at the University of Virginia, Charlottesville, is our corresponding *AJCP* Senior Editor. We wish to thank her for her expert advice and support throughout this initiative.

We also wish to thank all the CHIG members and guest reviewers for their hard work and assistance with this process, and a special note of gratitude to all the authors who submitted articles for consideration. It was encouraging and exciting to see such novel and diverse applications of the social ecological approach as it is currently being used to address community health issues across multiple disciplines and across the world.

Those authors whose papers were selected were also invited to present their work at the 2009 SCRA Biennial Conference at Montclair State University next June, as part of a series of sessions devoted to our topic. Several CHIG members have also been actively involved with the local planning group for the 2009 biennial and have participated in numerous conference calls. In the coming months our members will be engaged in the process of reviewing the resubmissions, reviewing conference proposals, and working closely with the local planning group to structure and organize our conference sessions.

For more information about these CHIG activities, please contact either of us by email: David <dlounsbu@aecom.yu.edu> or Shannon <sgwinmitchell@gmail.com> ☺.
## Interest Groups

### Ageing
The Ageing interest group focuses on the productive role of ageing in the community and the prevention of mental health problems in the elderly.

*Chair: Margaret M. Hastings*

(847) 256-4844
margaretmhartings@earthlink.net

### Children, Youth & Families
The Children, Youth & Families interest group facilitates the interests of child and adolescent development in high risk contexts, especially the effect of urban poverty and community structures on child and family development.

*Chair: Richard N. Roberts*

(435) 797-3346

### Community Action
The Community Action interest group explores the roles and contributions of people working in applied community psychology settings.

*Chair: Bradley Olson*

(773) 325-4771

### Community Health
The Community Health interest group focuses on health promotion, disease prevention, and health care service delivery issues as they relate to the community.

*Co-chairs: David Lounsbury*

(415) 338-1440
dlounsbu@aeacom.yu.edu

### Disabilities
The Disabilities interest group promotes understanding of the depth and diversity of disabilities issues in the community that are ready for research and action, and influences community psychologists’ involvement in policy and practices that enhance self-determination, personal choice, and full inclusion in the community for people with disabilities.

*Chair: Katherine E. McDonald*

(503) 725-3995, kmcdona@pdx.ed

### Prevention & Promotion
The Prevention & Promotion interest group seeks to enhance development of prevention and promotion research, foster active dialogue about critical conceptual and methodological action and implementation issues, and promote rapid dissemination and discussion of new developments and findings in the field.

*Co-chairs: Monica Adams madams8@depaul.edu

Derek Griffith, derekmg@umich.edu

### Rural
The Rural interest group is devoted to highlighting issues of the rural environment that are important in psychological research, service, and teaching.

*Chair: Cécile Lardon*

(909) 474-5781, c.lardon@uaf.edu

### Lesbian, Gay, Bisexual, & Transgender (LGBT)
The LGBT interest group increases awareness of the need for community research and action related to issues that impact LGBT people, and serves as a mechanism for communication, collaboration, and support among community psychologists who are either interested in research/service/policy related to LGBT people and communities, and/or who identify as LGBT.

*Co-chairs: Richard Jenkins jenkinsri@nida.nih.gov

Colleen Loonis (513) 894-1570 x 2858, colmuis@wvu.ca

### Organization Studies
The Organization Studies Interest group is an international interest group that promotes research and action related to issues that impact LGBT people and communities, and/or who identify as LGBT.

*Co-chairs: Richard Jenkins jenkinsri@nida.nih.gov

Colleen Loonis (513) 894-1570 x 2858, colmuis@wvu.ca

### Self-Help/Mutual Support
The Self-Help/Mutual Support interest group is an international organization of researchers, self-help leaders, and policy makers that promotes research and action related to self-help groups and organizations.

*Chair: Louis Brown, ldb12@psu.edu*
Today’s graduate teaching assistants face a number of challenges as they enroll in graduate programs. In addition, a student must successfully complete their graduate coursework and requirements and conduct research. Graduate students, particularly African American graduate students, are faced with teaching at predominantly White institutions where the students they teach may or may not understand where they are coming from or value the experiences they bring to the classroom. At these institutions issues of race and gender may become more salient as African American female graduate students face being unprepared for teaching, encounter males, specifically Black males, who may challenge them, and meet the issue of being evaluated by students which could impact a student’s funding.

It is important for graduate programs across the country to adequately prepare all students for teaching—especially students of color—and help them to infuse cultural diversity into the topics they are teaching.

During a panel discussion at the 40th Annual Association of Black Psychology (ABPs) International Convention, a group of six African American female graduate students from North Carolina State University shared their experiences as graduate teaching assistants (GTA) of color at a predominantly White institution (PWI). Avril Smart facilitated the panel and each graduate student shared their experiences and engaged the audience in a learning exchange. The goal of the session was to interact with the audience in a guided discussion on how to negotiate issues of gender and race in the classroom, maintain professionalism and stay focused on one’s teaching agenda in the process.

Each panelist addressed a specific aspect of the teaching experience. Shola Olabode–Dada began by sharing her narrative on training and mentoring, which highlighted a student’s perspective on the importance of guidance to the teaching experience. Research, regarding GTA training, has shown that while the aim of most psychology graduate programs is to prepare graduate students for their current and future teaching responsibilities (Meyers & Prieto, 2000), students are not adequately trained to teach and are rarely socialized to deal with issues pertaining to race. Shola’s need to receive advice regarding the emotional management of being a Black woman in the classroom resonated with other participants in the session as they recounted their own experiences of feeling unprepared by their training to negotiate such issues.

Erin Banks and Athena Franks followed, by giving an in-depth account of their mission to infuse issues of race and culture into curriculums in which these topics were traditionally excluded. They spoke about the resistance that they received from some students but also the innovative methods that they used such as journaling, use of media, and self-disclosure to eventually engage their students. Both of these presenters also discussed their desire to give their students more information regarding issues of race and culture but of feeling constrained by the boundaries of the traditional curriculums and time.

Niambi Hall–Campbell also talked about teaching race and culture, but from the perspective of teaching curriculum on race/culture specifically to a majority African American class. Although her experience did not involve some of the same racial challenges as Erin and Athena’s, Niambi’s experience highlighted the challenges of engaging Black males in the classroom as a Black woman. Also unique from the other speakers, Niambi was able to engage her students outside of the classroom and lead them on a service-learning trip to help rebuild New Orleans.

Felysha Jenkins was the last the panelist and she discussed the issue of instructor evaluations given by the students. The issue of evaluation is an important one because course and instructor evaluations are commonly used to appraise instructor performance and may be used to make decisions regarding future teaching and funding opportunities for graduate teaching assistants. As race and gender continue to be very important issues in the classroom context, Felysha addressed the need for these issues to be reflected in the evaluation of Black females.

The responses to the presentation were insightful, positive and very encouraging. The audience was filled with many years of experience. Members of the audience ranged from tenured professors to those who were adjunct and retired. Those in attendance supported the idea that Black women have a unique experience in which they have to balance their race as well as their gender when interacting with students in the classroom. The comments that were made throughout the presentation pertained to questioning the use of formal titles to establish one’s role as the instructor, the socialization of Black students in a classroom setting, the responsibility of a teaching mentor to make their protégés aware of any potential obstacles that might arise while teaching, and the difficulties that Black women face in trying to find effective and appropriate mentors. One of the major points emerging from the discussion reinforced the objective of graduate teaching assistants of color to persevere beyond the obstacles discussed and to be effective facilitators for learning while integrating their cultural strengths into their teaching with confidence. Beyond these important suggestions, however, the issue of effective teacher training for graduate students of color was left unresolved.
Through their presentation, the panel of students created a supportive environment where the difficulties that they experienced as graduate teaching assistants served as a platform for healing. With the help of the audience, the panelists were able to turn their presentation into a forum for all in attendance to recognize the shared experiences that African American instructors have when teaching, particularly at PWIs. The accounts of the graduate student panelists on their experiences as female teachers of color added a valuable perspective to the difficulties of dealing with issues of race and culture in the classroom. Also discussed was that graduate-level teacher training may facilitate investigation into difficulties faced by senior faculty of color. This presentation could be considered a beginning of a much larger and broader conversation focused on the effectiveness of teacher training for graduate students of color and suggestions for faculty of color who are beginning their careers.

The issue of graduate teaching assistants of color needs more attention and more discussion. It is important for graduate programs across the country to adequately prepare all students for teaching—especially students of color—and help them to infuse cultural diversity into the topics they are teaching and recognize that issues of race and gender may influence instructor evaluations. This is an important issue and students of color teaching on PWI’s may need additional support and mentoring in order to overcome the obstacles they may face in the classroom.

References

Disabilities Action
Edited by Katherine E. McDonald

Participatory Outreach: Addressing Community Change in Disability Agencies through Engagement with Community Stakeholders

~Asma M. Ali, Center on Capacity Building for Minorities with Disabilities Research, University of Illinois at Chicago

There is a significant need for social services for racial/ethnic minorities with disabilities. According to United States Census data, disability disproportionately impacts members of racial and ethnic minority groups, including African Americans and Native Americans (U.S. Census, 2000; Balcazar, Suarez–Balcazar, Taylor–Ritzler, & Ali, in press). In addition, individuals with disabilities are more likely to be elderly, poor, of low educational status, and unemployed than those without disabilities (Fujiiura, Yamaki, & Czechowicz, 1998). Research also suggests that people of color with disabilities are less likely to achieve positive gains in health, employment, rehabilitation, and independent living outcomes (Balcazar, Suarez–Balcazar, Taylor–Ritzler, & Ali, in press; Capella, 2002; Taylor–Ritzler, Balcazar, Suarez–Balcazar, & García–Iriarte, in press; Wilson, 2002). For these individuals, social services can provide a vital link to successful personal and health outcomes (Capella, 2002).

This increased need for social services occurs as racial and ethnic changes are affecting many communities throughout the United States. On a national level, Census 2000 figures indicate that about 30% of the total U.S. population is of non-European White backgrounds and that people of color represent the majority urban residents in large cities (U.S. Census Bureau, 2000). Urban development efforts, urban sprawl, and other growth policies in these cities caused racial demographic shifts in areas surrounding the metropolitan core, resulting in new challenges to social service agencies in these areas (Dreier, Mollenkopf, & Swanstrom, 2004; Maton, 2008). Of note, racial community changes caused by urban development disproportionately affect institutions, organizations, neighborhoods, and other urban infrastructure serving minorities throughout metropolitan regions (Dreier et al., 2004; Saegert, 2003).

In these communities, social service agencies serving racial/ethnic minorities with disabilities often struggle with developing comprehensive services and interventions that improve the quality of life for their minority consumers (Balcazar, 2001; National Council on Disabilities, 1999a; NCD, 1999b). For example, community demographic changes alter the racial terrain of social service agencies’ target consumer groups, challenge the ability of social service agencies to reach racial/ethnic minority consumers with disabilities, and stress effective programs that improve the quality of life of these consumers (Maton, 2008; Wandersman & Florin, 2001). Community demographic changes can also affect service delivery to minority consumers, challeng-
ing consumer trust in the agency and its services, as well as agency visibility among members of racial/ethnic minority groups (Alston & Bell, 2001).

Many agencies address these challenges through an intense focus on recruitment and outreach efforts. However, for many of these agencies, their outreach intervention strategies focus on marketing programs or conducting needs assessments. While these strategies are laudable, agencies may also benefit from understanding community level changes through broad participation in community efforts and engagement with local community members. Such strategies represent a departure from traditional outreach efforts which focus on marketing current agency programs or conducting needs assessments (Witkin & Altshuld, 1995; Alcalay, Alvarad, Balcazar, Newman, & Huerta, 1999). By understanding community changes and collaborating with target constituents in outreach efforts, these agencies can more appropriately respond to demographic community changes and better serve their racial/ethnic minority constituents.

This article describes the development of outreach goals and objectives for African American and Latino consumers with disabilities utilized by a Center for Independent Living (CIL) located in a small urban community near Chicago. As a partner site for the Center on Capacity Building for Minorities with Disabilities Research (CCBMDR), CIL staff worked with CCBMDR researchers to develop a program for recruiting minority consumers to the agency and improving their understanding of external demographic changes in the surrounding community area. Together, the team of researchers and staff developed a culturally appropriate outreach strategy incorporating the participation and involvement of community stakeholders. The resulting program resulted in increased opportunities for the agency to engage with the external community, enhancing their developing outreach efforts to minority consumers through engagement with the local community members, community events, and consumers.

Developing a Participatory Outreach Strategy for Disability-Serving Agencies

The CCBMDR works with several agencies to build their capacity to serve minorities with disabilities. In these partnerships, identifying the need and framing the issue are important components of developing appropriate outreach intervention strategies for the agency. As a CCBMDR partner agency, the CIL was interested in building capacity to develop, implement, and evaluate its outreach efforts to African American and Latino consumers. The agency’s focus on outreach was primarily driven by three factors:

- **Change in Consumer Base:** Since 1998, the county area surrounding the agency has experienced a three-fold increase in Latinos and a doubling of African American residents in the area. The changing consumer base required the agency, along with other agencies in the area, to develop appropriate outreach strategies for these consumers.
- **Current Outreach Practices:** In its 30-year history, 85% of the agency’s annual consumer base has been White elderly consumers with disabilities. Recent demographic changes in the area show an increase in low-income families with children among the African American and Latino residents.
- **Funder request:** The agency was asked to focus on outreach efforts to racial/ethnic minorities by major foundations in the area. A primary contributor to the agency, a large community foundation, noted a resurgence of activity among agencies serving these minority groups.

As a CCBMDR partner agency, the CIL participated in several meetings to identify areas of concern, establish appropriate goals, and develop a capacity building plan for outreach to minority consumers with disabilities. In an initial meeting with CCBMDR partners, agency managers established general goals for the partnership, including identifying a focus on outreach and clarifying partnership roles and expectations. With these issues identified, staff and agency managers turned to developing appropriate outreach goals and develop a plan to build outreach capacity at the agency with agency staff members.

Agency staff and CCBMR researchers participated in an Outcomes Brainstorming Session (OBS), a half-day participatory training method used by CCBMDR researchers to develop program goals and build an accompanying logic model—defining the goals, objectives, resources, indicators, and outcomes—for the program. The primary purpose of this OBS was to establish specific outreach goals and develop a one-year plan for outreach. Through the OBS, the agency staff members and CCBMR researchers established two specific goals for outreach. The goal(s) stated that at the end of the first program year, agency staff would recruit (1) 10 new African American consumers and (2) 5 new Latino consumers.

CIL and CCBMDR staff developed separate outreach goals for African American and Latino outreach in order to develop and focus activities for each group. This process was to be monitored by stakeholders in that group. Balcazar (2001) described nine strategies for outreach to minorities with disabilities. These nine principles were directed towards researchers who wished to engage minority consumers with disabilities as a part of research activities (Balcazar, 2001). While these strategies were developed for academic researchers, they were used to identify targeted strategies for outreach efforts for direct service providers in this project.

CIL agency staff identified four objectives to focus their outreach strategies:

1. Connecting with community leaders
2. Engaging actively with the community
3. Understanding consumer needs
4. Revising agency publicity materials

After the OBS, the outreach objectives were further developed and implemented by the Latino Working Group and the African American Working Group. These two groups were newly formed to include community leaders, agency staff members, CCBMDR researchers, and consumers. OBS participants anticipated that the working group model would maximize community and staff participation and develop appropriate activities outreach to each group. Together, the four objectives focused the efforts for both the Latino and African American outreach efforts, addressing common concerns among minorities with disabilities including establishing trust in the agency and increasing agency visibility (Alston & Bell, 1996). The objectives gave rise to several planned activities, based on established best practices for outreach to minority consumers with disabilities.
Connecting with Community Leaders

Connecting with community leaders is an important aspect of effective outreach to minority populations. Working with minority leaders can help disability-serving agencies become part of local networks, build personal relationships, and utilize community members in outreach efforts (Balcazar, 2001). Relationships with leaders in minority communities can help establish trust among community members on behalf of the agency and increase agency visibility in minority communities (Alston & Bell, 1996; Balcazar, Keys, & Suarez–Balcazar, 2001). In addition, relationships with community leaders can help “spread the word” about the agency’s activities, as well as establish new programming efforts between agencies and diversify staff perspectives about outreach to diverse groups.

The CIL connected with community leaders in two ways: (1) an open invitation to participate in the working groups and (2) hosting an African American Leaders Breakfast and Focus Group. Participation in the working groups led to new partnerships among agency staff and leaders for outreach at community events, new joint sponsorships of community events, and new programming partnerships in housing and financial literacy. In addition, African American community leaders were invited to participate in a networking breakfast and leadership focus group at the agency during African American History Month. This event allowed the agency to learn valuable information about culturally-responsive service delivery and outreach efforts as well as existing culturally-based community events from a broad group of established community leaders. The participating leaders also learned about new agency programs and took a tour of the agency during the event. The event was considered highly successful by working group members and community leaders alike.

While they acknowledged the value of inviting leaders to the agency, staff members also strongly felt that outreach efforts should include their own increased involvement in community events and with community members.

Engaging in Active Recruitment at Community Events and Agencies

Early in the process, the CIL identified the importance of active recruitment of consumers at community events and agencies. While they acknowledged the value of inviting leaders to the agency, staff members also strongly felt that outreach efforts should include their own increased involvement in community events and with community members. Agency staff engaged in regular interactions with community agencies and racial/ethnic minority groups and regular participation at community events and meeting with community groups. Regular and focused interactions with the community promoted deeper relationships with community members and agencies, increased agency visibility in the community, and established the agency as a viable social service provider for African Americans and Latinos with disabilities. Meetings with staff of local agencies serving Latinos and African Americans in the community allowed CIL staff to introduce the agency and its services to local service providers. At the beginning of the year, staff and working group members developed a list of target agencies for these meetings. The primary goal of these meetings was to distribute information and make initial connections with community agencies already working with African American and Latino consumers. In many cases, target agency staff expressed an interest in the CIL’s services that resulted in consumer referrals, invitations to present information about the CIL at the target agency, or invitations to participate in community events sponsored by the target agency. The meetings also provided information needed to develop a list of community events sponsored by local Latino and African American agencies. Other “active recruitment” activities included setting up information booths about the CIL or presenting information on agency services and upcoming activities at community forums. The CIL staff collected names and contact information of potential minority consumers with disabilities who were interested in the CIL and its services at these events for recruitment purposes.

Understanding Consumer Needs

In order to better access and serve minority consumers with disabilities, agency staff wished to better understand the needs of African American and Latino consumers with disabilities. This objective promoted opportunities for CIL staff to increase their understanding of the unique needs of minority consumers through training activities and focus groups with targeted consumers, to learn from the consumer’s perspectives on services and the agency, and increase agency visibility with the potential minority consumers. First, the agency staff participated in a cultural competence training led by CCBMDR staff. The training helped staff to better understand issues and concerns common to minority consumers with disabilities. The cultural competence training highlighted prevalent social biases about minorities with disabilities, best practices in cultural competence, and suggestions for delivering culturally appropriate services to consumers with disabilities. These activities helped the staff scrutinize their own practices in serving consumers with disabilities, and set goals for developing an agency-wide approach to culturally competent services for minorities with disabilities. As a result of this training, staff developed an agency-wide cultural competence policy extending to all agency programs and partnerships.

In addition to cultural competence training, staff members also conducted focus groups with consumers to better understand their needs. Focus group moderators were CIL Working Group members. Questions were created in the working group and designed to gather information about whether the agency was appropriately serving current and emerging consumer needs. Staff conducted focus groups with African American and Latino consumers with specific disabilities, including deaf consumers, elderly consumers, and young adult consumers. Focus group questions were designed to learn how consumers connected with the agency, how the agency could better reach them, and how the...
agency could better serve them. In addition, focus group participants received information about agency services and programs to share with friends, neighbors, and family members.

Revising Materials and Publicity Information

Even before the outreach initiative began, the agency used multiple channels of communication with potential consumers to spread the word about agency initiatives and events. Multiple communication venues—word of mouth, printed flyers, radio announcements—are an important method of outreach to minority population, who may not access traditional newspapers and printed materials (Balcazar, 2001). In order to further support outreach objectives, the working groups planned audits and revisions of outreach flyers, agency publicity materials (e.g., website and press releases), and other agency communication methods (e.g., radio announcements, want ads). A participatory document review method was utilized to capture working group suggestions about appropriate revisions to these materials. In this review, working group members participated in “expert” learning circles to discuss the materials and suggest culturally appropriate revisions including translation resources and design. Working Group suggestions were used to create an outreach materials checklist for developing culturally appropriate outreach materials in the future. Current outreach materials were reviewed and revised for general readability and clarity, as well as cultural appropriateness. The revised materials were featured at community events and sent to community leaders to develop appropriate links with their respective constituents.

Lessons Learned

Racial/ethnic minorities with disabilities wish to be engaged in programs and social service delivery efforts (Balcazar, 2001). Effective programming and outreach efforts to minorities with disabilities must allow them access on their own terms (Balcazar, 2001). In communities experiencing rapid racial change, participatory outreach can help the agency navigate these changes in order to more effectively serve its current constituency. During the implementation of this participatory outreach program, several early observations about successful strategies for participatory outreach were noted by working group members:

Community context: During the program year, the agency found that the African American population base—and potential consumer base—in the area had changed from aging, middle class African Americans with disabilities to African American families with disabilities. This change resulted in a critical look at the outreach strategies and needs assessment process for the new population through focus group information.

Extending staff capacity for outreach: In our model of participatory outreach, the working groups extended staff capacity for outreach by helping staff members better understand the information they were collecting on their target populations, providing user and expert advice on materials and outreach procedures, and facilitating opportunities for new partnerships between community agencies.

Agency context for learning: The agency’s approach to critical and new information helped to set the tone for the working groups. Early in the planning process, agency management decided that the participatory process would include an “open door” so staff could maximize their learning from the groups. Because they would not be penalized for missteps in establishing outreach to the minority groups, the staff openly communicated their challenges and successes to the working group members.

Monitoring of efforts: The working group’s leaders noted the importance of regular monitoring of activities. Future plans include an outcome evaluation to assess the efficacy of the four outreach strategies and provide a blueprint of outreach for the agency in the future.

Conclusion

Even the best outreach efforts are challenged when communities experience rapid demographic changes in their target areas. Improved outreach to minorities with disabilities requires open and frank communication with community stakeholders, as well as a willingness to look at agency practices. The CIL considered in this case developed beneficial partnerships with community stakeholders, allowing the agency to ultimately surpass their goals of accessing 5 new Latino consumers and 10 new African American consumers. The participatory outreach strategy—incorporating perspectives of staff, management, consumers, community leaders, and CCBMDR researchers—even led to new programming partnerships for the agency. In this way, the outreach effort was not only a recruitment “numbers game” but a way to better understand consumer needs and improve their quality of life. ☞

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References


Lesbian, Gay, Bisexual & Transgender Concerns
Edited by Richard Jenkins & Colleen Loomis

Facilitating LGBT Social Change: An Intensive International Training Institute in Portugal

~Gary W. Harper, Department of Psychology & Master of Public Health Program, DePaul University

The Second International Conference on Community Psychology in Lisbon, Portugal included intensive pre-conference training institutes which were conducted two days prior to the official start of the conference. I had been honored when the conference chair, José O. Ornelas, approached me to design and implement an institute focused exclusively on the application of community psychology principles to social change efforts with LGBT people and their communities. Given the need to expand the discussion of LGBT issues to include a more global context and audience, I eagerly agreed to serve as the trainer for what turned out to be an exciting two-day institute entitled Community Psychology and LGBT Issues.

The conference organizers’ decision to select LGBT issues as the central focus for one of only eight pre-conference institutes was a huge victory for LGBT people and their allies, and served to further give voice to a population that has, for so many years, been virtually invisible in community psychology discourse. Despite Tony D’Augelli’s call to the field of community psychology to address LGBT issues in his 1989 Journal of Community Psychology article, it was not until 1997 that the SCRA Biennial Conference included a symposium that focused exclusively on LGBT issues. It was chaired by Marg Schneider and entitled Putting Lesbian, Gay, and Bisexual Issues on the Community Agenda. This subsequently led to the formation of the first LGBT Special Interest Group within SCRA and the first LGBT-focused column in The Community Psychologist in 1998, the first LGBT-focused Special Section of The Community Psychologist in 1999, the first LGBT-focused Special Issue of the American Journal of Community Psychology in 2003, and the first LGBT-focused chapter in a community psychology textbook (Nelson & Prilleltensky’s Community Psychology: In Pursuit of Wellness and Liberation) in 2004. Just eleven years after the first SCRA LGBT symposium, we now have the first institute on LGBT issues at an International Conference on Community Psychology.

Given the interactive nature of the two-day institutes, I organized the program to include a range of participatory teaching and learning methods so that participants would have opportunities to become active agents in the educational process and co-creators of social change efforts that I had hoped would emerge. This included multiple handouts and resources that could be used in future LGBT-related efforts. I also communicated with both José Ornelas (conference chair)
and Daniel Matias (graduate student coordinator in Portugal) several times prior to the institute in order to learn more about the context of LGBT issues in Portugal. All participants in the institute were from Portugal and were diverse in terms of age, gender, sexual orientation, linguistic background, occupation, disciplinary background, and prior experience addressing LGBT issues. It was exciting to see such diversity in the room and to hear stories of struggle and success from community activists, community-based organization staff members, university professors, students, and governmental officials. This mix of LGBT people and their allies from various sectors of society assisted with the creation of a synergistic learning environment and became a critical ingredient in the creation of social change efforts that emerged from the institute.

The overarching goal of the institute was to help participants apply principles of community psychology to LGBT-focused social change contexts in Portugal. Early in the first day the group identified a range of issues that needed to be addressed in order to improve the well-being of LGBT people and communities in Portugal, and each individual began to identify focal issues that became a part of her/his individualized action plan. Participants were informed that, over the course of the two-day institute, they each would develop an action plan for social change that would include changes in programs, practices, and/or policies. After exploring the diversity of LGBT terminology and the adverse impact of heterosexism, homophobia, and oppression on people and communities, participants learned about the brief history of LGBT issues within the field of community psychology.

This was followed by a celebration of successful international, national, and local LGBT social change efforts. It was exciting to have a group that included participants who had been (and currently were) critical social change agents facilitating positive movement around LGBT issues in Portugal. This allowed for a rich discussion of “behind the scenes” stories that often are not evident in written accounts of historical movements. For example, two of the women in the group were a lesbian couple who had appeared in various media outlets promoting marriage, equality, and human rights for LGBT people. They shared stories of the challenges involved in being a “public” lesbian couple, and gave insights into the multiple hurdles they had to overcome in their fight to secure LGBT-specific social services for youth in Portugal. The first day concluded with an examination of the core values and principles of community psychology presented in Nelson & Prilleltensky’s (2004) book, *Community Psychology: In Pursuit of Wellness and Liberation*. This was followed by each participant identifying initial social change objectives focused on community psychology’s values of personal, relational, and collective well-being.

A primary focus of the institute’s second day was to provide participants with additional background and skills needed to draft individualized action plans. This began with an exploration of how to bring about LGBT-focused social change at multiple levels by targeting individuals, communities, or structures and systems in the environment. This then lead into an examination of the ways in which collaborative community-based LGBT research can facilitate multi-sectorial social change, with examples from past and ongoing research collaborations. Public policy initiatives were then explored and discussed as a means for bringing about sustainable social change. During the second half of the second day, participants learned how to utilize a strategic planning process for social change. As part of learning about structural change, participants worked, either alone or in small groups, to create social change objectives. Although some participants worked on this project with others from their home agency/organization, others joined together with other individuals in the institute who represented other organizations or sectors.

After sharing all of the social change objectives with the full group, participants were then asked to either work alone or in small groups to select one or more of the social change objectives that had been generated and to then complete an Action Plan Worksheet. The worksheet included a delineation of the steps required to achieve each objective, the key individuals responsible for the various steps, and the potential barriers and facilitators for each step. Participants also created a process for recording and tracking the progress of their objective(s), reviewing and updating the action plan, and celebrating successes.

As participants generated their various social change objectives and began to work on their action plans, they decided that all members of the group would work together collaboratively on one social change objective. This objective was the development of a community-based public awareness campaign focused on LGBT rights to be delivered in various communities around Lisbon in the form of community forums and discussion groups. This was chosen, in part, because it would involve the three major sectors involved in the institute: government, community-based organizations, and academic institutions. Representatives from the government vowed to fund this initiative and to work collaboratively with representatives from community agencies and universities to develop a campaign with accurate and impactful information that would reach communities most in need. Times and dates were established for follow-up meetings related to this objective, and representatives from the community agency and university sectors were selected to facilitate future communication.

In addition to the unified group objective, participants worked both within and across their organizations and sectors to develop a range of other social change efforts that focused on varying levels of organizational change, and that involved a range of key actors in the processes of change. At the end of the institute each participant selected their top social change objectives and wrote them on a note card and then placed the card in a self-addressed envelope. I mailed these cards to the group participants from the U.S. three months following the end of the workshop to serve as a reminder of their action plans and social change objectives. Some group participants mentioned that future planning on some initiatives continued beyond the time frame of the two-day institute, and that multi-sectorial collaborations were formed in order provide the funding and expertise needed to implement some of the social change objectives.

I can say, without a doubt, that this institute was one of the most memorable and gratifying experiences I have had in
my career as a community psychologist. The passion and energy of the participants was contagious, and their eagerness to explore various ways to improve the well-being of LGBT people and communities in Portugal was encouraging. Despite the fact that I am from the United States and had conducted the vast majority of my LGBT social change efforts in that context, I found that many of the barriers to LGBT liberation and well-being were shared across our two different countries and cultures. Although the realization that LGBT people in our respective countries are confronted with similar forms of oppression was disheartening at some level, it also suggested to me that a more unified global effort is needed to address sustainable LGBT-focused social change. This is echoed in SCRA’s most recent vision statement which calls for the field to “have a strong global impact on enhancing well-being and promoting social justice for all people. . .”

By collaborating across cultures and contexts, we can learn from the successes and challenges of our colleagues who have been fighting to improve the well-being of LGBT people and communities. Local, regional, national, and international conferences are excellent venues for the sharing of these narratives and stories, and provide opportunities for people from diverse backgrounds to unite in their LGBT liberation efforts. I challenge community psychologists from around the globe who are involved in the planning of future conferences and meetings to learn from the successes of the 2nd International Conference on Community Psychology and to include LGBT training institutes in either their pre-conference or conference programs. Community psychologists also need to expand LGBT-focused training and education efforts to include undergraduate and graduate courses that directly address issues of oppression and liberation among LGBT people and communities. It is my hope that through these collective efforts we will move closer to a day when LGBT people will share the same basic human rights as other citizens in our global society.

References

Living Community Psychology
Edited and Written by Gloria Levin
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“Living Community Psychology” highlights a community psychologist through an in-depth interview that is intended to depict both personal and professional aspects of the featured individual. The column’s purpose is to offer insights into community psychology as it is lived by its diverse practitioners. For this installment, we feature a second year graduate student in community psychology who is simultaneously enrolled in an MBA program and aiming for a practice career in the field.

Featuring:
Victoria Chien

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I first met Victoria Chien at the 2007 biennial conference, shortly before she started her PhD program in Clinical–Community Psychology at the University of South Carolina. Already plugged into SCRA online, she had registered for the biennial conference’s Mentoring Track (created to benefit students and new professionals in community psychology). We had corresponded by email about the mentoring program and then, onsite in Pasadena, she met several mentors, notably Tom Wolff, a true practitioner in the field, and participated in two mentoring small group discussions. Little did I realize at the time that I was one of the first community psychologists she had ever met. Or that we would subsequently become colleagues on SCRA’s Community Psychology Practice Committee.

Victoria was born in the U.S. to parents who were immigrants from Taiwan. Her father and his brothers had been apartment construction contractors in Taiwan. They immigrated with their families to the U.S., “the land of opportunity,” having been preceded by other family members who had earlier immigrated. The families settled in a town near Lansing, Michigan and have always lived close to each other. Initial adjustment to the U.S. and its culture was extremely difficult for them. In the beginning, her parents encountered discrimination related to their poor English skills. For well over a decade, Victoria and her two brothers, like so many other immigrant children, were her parents’ interpreters and cultural guides through business transactions. (Thirty years after immigrating to the States and by way
of self-made success, Victoria reports that her parents are living full and happy lives.)

The Chien children conversed with each other in English, but otherwise Chinese and Taiwanese were spoken in their home. She was raised in the Chinese tradition, which emphasizes collectivism rather than individualism. The expectation for many Chinese female children is to be delicate, speak softly, dress modestly, and be obedient. In contrast, Victoria preferred rough housing with her brothers and their friends and frequently challenged cultural expectations, often upsetting her parents.

Victoria did internalize the traditional Chinese value of study, estimating that she did homework 8 to 10 hours per day through high school, going to sleep in the early morning hours. She represents herself as being “domesticated” as a child. While acknowledging that her parents did not explicitly pressure her to study that hard, she assumed that was expected. “I did not resent it because I am a bookworm anyway,” she says.

Acknowledging an obligation to her parents (whose immigration was primarily motivated by the wish to improve their children’s opportunities), Victoria initially acceded to their wish that she become a physician. Not only was a physician-child high status among her parents’ peers, but she had excelled in science and math in high school. She volunteered in a medical setting during high school and entered college at the University of Michigan as a pre-med student. However, she soon realized her interests rested in other fields, prompting her to switch her major from pre-med to English in her freshman year. Her parents’ disappointment at her decision was palpable, including the rebuke that her “good potential has gone to waste.” At this point, Victoria was determined to liberate herself from her parents’ expectations and chose to become financially independent.

In college, the last field I was interested in was business. I stereotyped business only as the pursuit of money, but it’s actually so much more. For example, the business curriculum includes study of management styles and how to motivate people to meet the organization’s goals. Also, business school emphasizes the application of knowledge from the classroom to outside organizations.

She received some scholarship support for college, but most of her expenses were paid for by the 2-3 jobs she held simultaneously and taking six years to earn her bachelor’s degree. Meanwhile, she had transferred to Emory University (Atlanta, GA), where she thrived academically and socially.

During her years in college, Victoria participated in two overseas service learning experiences via Emory’s inter-religious program, Journeys of Reconciliation (JoR). In her first trip, she spent two weeks in Guatemala, which included building a women’s shelter in the remote village of San Miguel Acatan; she was exposed to both rural and urban life there. Guatemala was an eye-opening experience for Victoria, increasing her understanding of how oppressive environments can have adverse consequences on communities. “It seemed that every corner of Guatemala City was manned by persons with machine guns, and armed personnel cruised the streets in open bed trucks.” For her second JoR experience, she traveled to India for one month—a country with a rich tradition of multi-culturalism. There, she explored tolerance for other cultures, made complicated when ingrained practices conflicted with her own values, such as India’s caste system which values some members of society more than others simply by birth right.

Another detour from college studies was a six-month visit to Taiwan (combined with visits to Thailand and Japan). “I wanted to see the world, study the language and learn more about my background.” In East Asia, she observed how families in both rural and urban settings worked together to achieve shared goals. In the villages, families worked together to grow food and to educate the children. Urban residents in an apartment unit would cook meals for one another, take turns looking after the elders or house pets, and grocery shop for each other. Ironically, she encountered some unexpected racial discrimination in Taiwan. She cites her unsuccessful attempts to obtain a job there teaching English. “I needed a job, and it is common for Westerners in Taipei to teach English.” English schools are especially popular in Taipei. In the entry way of many schools are displayed photos of the school’s teachers, from which parents select a teacher for their child, often largely on the basis of the posted photos. “After 3 months of applying and being turned down by many schools, I learned from talking to the locals that my face did not ‘advertise well.’ Parents regarded overseas Chinese as inferior to Caucasian teachers. This was an upsetting experience but, once I understood their rationale (they were unable to judge if the teacher had native fluency in English), I became more compassionate, more sympathetic to their point of view.” Since the Chinese culture avoids conflict, potential employers saved face by “beating around the bush, rather than telling me why I was not employable.”

Upon earning her BA in psychology, Victoria worked for two years as a research specialist in Dr. Michael Compton’s research lab at Emory. There, she worked on two studies: One investigated risk indicators of psychosis, and the other examined the effect of Crisis Intervention Team (CIT) training on law enforcement officers in dealing with mentally ill persons.

In the summer before entering graduate school, Victoria participated in a 10-day meditation retreat. The meditation program was highly structured, and the codes of conduct were strict. Shemeditated for an average of ten hours per day and observed complete silence for the mandated nine full days. Sitting still for such extensive periods of time was painfully challenging for Victoria, but the experience taught her a new level of
discipline. “Just when I felt like I couldn’t sit for another minute, I made myself do it and showed myself that I could.”

In the fall of 2007, Victoria entered the PhD program in Clinical–Community Psychology at the University of South Carolina. From her first community psychology course, she discovered that she had been “doing community psychology through my volunteer work without knowing it had a name.” She was ecstatic to learn that the field’s values were a perfect fit with her own, especially the field’s focus on empowerment. Her Chinese culture predisposed her to a holistic perspective, akin to community psychology’s large systems approach. She gives much credit to Abe Wandersman in stimulating her thinking. “He has been tremendously supportive and phenomenal for my growth.” Victoria commends the USC faculty (especially her advisor, Brett Kloos, who continually encourages her to explore and discover new opportunities) and her fellow students Sara Mijares and Jason Katz. “I am blessed to be surrounded by so many supportive individuals.” Included notably in her support system is her partner, Tommy, whom she describes as a major strength in her life. She met Tommy at Emory.

Victoria realized that her doctoral training (heavily oriented to research) would not emphasize the application of knowledge to community settings that she would need for her career aspirations as a practitioner. She discovered the many parallels between business and non-profit organizations and realized that an education in the principles of business administration could be valuable to her. Victoria applied to USC’s competitive masters of business administration (MBA) program, although it typically requires a bare minimum of two years prior experience working in a corporate or other large organizational setting. Nevertheless, she was accepted and is pursuing both MBA and PhD degrees. “In college, the last field I was interested in was business. I stereotyped business only as the pursuit of money, but it’s actually so much more. For example, the business curriculum includes study of management styles and how to motivate people to meet the organization’s goals. Also, business school emphasizes the application of knowledge from the classroom to outside organizations.”

Victoria has applied her newly-learned knowledge and her organizational skills in her own neighborhood. Soon after purchasing a house in Columbia, SC in her first year of graduate school, she was alerted to an increase in home burglaries in her neighborhood. When “for sale” signs began appearing around her, she worried, “what have I done?!?” But rather than panic or isolate herself behind layers of security, she set about learning about crime and safety in her neighborhood, starting with attendance at monthly community council meetings. To learn more about the role of police in Columbia, she completed a 3-month course with the Citizen’s Police Academy. From this experience, she learned the many substantive ways that citizens can collaborate with law enforcement to increase safety in the community. She has shared this information with her neighbors and encouraged their enrollment in the academy.

Upon learning that her neighborhood association was inactive, Victoria set about revitalizing the South Kilbourne Neighborhood Association, gaining credibility from local government officials along the way. She commends, in particular, Belinda Gergel, the district councilwoman, for her constant support and encouragement. Alongside Tommy and another resident, she went door to door in the neighborhood, inviting her neighbors to an organizational meeting that would discuss a broad range of measures for improving the neighborhood. She was gratified (and stunned) when approximately 40 residents showed up (“a number beyond my wildest expectations”) as well as a number of city officials and staff. Subsequent meetings have been well attended also. Having sparked the revitalization of the neighborhood association, including approximately 2,220 homes, she now serves as its president, as well as serving as a co-chair on the city manager’s Advisory Board. Throughout this work, Victoria has been guided by the principles of community psychology. For example, in her survey to assess the needs and concerns of the local residents, she asked questions not only about perceptions of neighborhood problems but also about what respondents liked about their neighborhood. And instead of focusing on what the neighborhood was lacking, she used a strengths-based approach by focusing on community capacities and individual and community assets.

Victoria has become a valued member of SCRA’s Community Psychology Practice Committee. Her membership on the committee was a result of her response to an SCRA survey that was intended to document and evaluate graduate student training in community psychology practice. She later learned, from Tom Wolff, that she was the only SCRA student who had replied to the survey. He invited her to join the practice committee. Since then, she has become a central figure in the group, having volunteered to work on several of the committee’s initiatives. She was recently named by the group to be managing co-editor of their forthcoming Global Journal of Community Psychology Practice.

Hard working and talented, Victoria Chien is an active student, promising professional and local community leader. Considering community service “a core part of me, a top priority in my life,” she hopes that her contribution to community psychology will be to promote greater civic participation among citizens within their communities and to encourage that value within the field of community psychology. She concludes: “We all need to play a role in bringing about change. It’s not enough for the already committed to be active. True positive social change requires collective concern, collective commitment, and collective effort.”

We all need to play a role in bringing about change. It’s not enough for the already committed to be active. True positive social change requires collective concern, collective commitment, and collective effort.

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If you haven’t already heard, a new interest group in SCRA was approved. The interest group is called Organization Studies and is a home for scholars and practitioners who are interested in the intersection between community action and organizational issues. For several years, I have contended that many concepts, models, and theories exist in the organization studies literature that might aid community researchers. This is especially true considering that knowledge in organization studies focuses on multiple levels of analysis (micro, mid, and macro), and that community researchers work in and with organizations while attempting to help others who live in “organizational communities” (Boyd & Angelique, 2002). In addition, community researchers study such things as empowerment, ecological analysis, sense of community, diversity, and prevention. These (and other) topical areas are important in a world where managers and organizations consider humans as “resources” for profit accumulation and for the achievement of goals that may deflect attention away from supporting and helping people in their quest to live satisfying and enriching lives (Boyd & Angelique, 2007). There is much to explore and share between the fields of organization studies and community research and action, and I believe that this effort will lead to new theoretical developments and will practically aid us in our work with and in the organizations where we reside.

The most exciting thing about creating the interest group is that many people have a shared interest in the connection between organization studies and community action. When I asked for petitioners to appeal to the executive board for the new interest group over forty individuals responded. During the past few years as we have worked together on panels, sessions, papers, and in informal conversation, it has been exciting to see the number of ways that people conceive this area of scholarship.

For those of you who are new to the idea of organization studies in community research and action, the following list of activities highlights some of recent things that have transpired in this area: Holly Angelique and I wrote an article in 2002 that rekindled the debate that organization studies and community psychology have a lot to share with each other, but the literature didn’t capture the potential in this area (see Boyd & Angelique, 2002).

In the summer of 2005, I organized two sessions at the SCRA biennial in Champaign–Urbana, Illinois. These sessions brought together a number of people who were interested in the intersection of community psychology and organization studies and set the stage for the group to move forward. The sessions were titled Resuming the Dialogue on Organization Studies and Community Psychology, and The Future of Organization Studies and Community Psychology.

In 2007, I guest edited (with Holly Angelique) a special issue of the Journal of Community Psychology on organization studies in community psychology. Several great papers were included in the special issue:

- Chris Keys: Foreword
- Neil Boyd and Holly Angelique: Resuming the Dialogue on Organization Studies and Community Psychology: An Introduction to the Special Issue
- Derek Griffith, Erica Childs, Eugenia Eng, and Vanessa Jeffries: Racism in Organizations: The Case of a County Public Health Department
- Doug Perkins, Kimberly Bess, Daniel Cooper, Diana Jones, Theresa Armstead, and Paul Speer: Community Organizational Learning: Case Studies Illustrating a Three-Dimensional Model of Levels and Orders of Change
- Scot Evans, Carrie Hanlin, and Isaac Prillwitzsky: Blending Ameliorative and Transformative Approaches in Human Service Organizations: A Case Study
- Sarah Chilenski, Mark Greenberg, and Mark E. Feinberg: Community Readiness as a Multi-Dimensional Construct
- Stephanie Townsend and Rebecca Campbell: Homogeneity in Community-Based Rape Prevention Programs: Empirical Evidence of Institutional Isomorphism
- Keli Bryan, Dena Schoenholz, and Maurice Elias: Applying Organizational Theories to Action Research in Community Settings: A Case Study in Urban Schools
- Louis Brown, Matthew Shepherd, Scott Wituk, & Greg Meissen: How Settings Change People: Applying Behavior Setting Theory to Consumer-Run Organizations

In the summer of 2007, several of us gathered at the SCRA biennial in Pasadena, California and presented our work in a panel. The panel was titled Forward we March: Organization Studies and Community Psychology, and we used our time to share our work and discuss future directions of the group.

In the summer of 2008, Branda Nowell, Cécile Lardon, Kimberly Bess, and I presented our work at the Academy of Management meetings in Anaheim, CA. The session was titled Bringing Community Action and Research to the Academy of Management, and it gave us a chance to share how community psychology can aid management researchers and practitioners in their work.

Would you like to join us?

Now that the organization studies interest group is official, would you like to join us? If so, please join the interest group when you pay your SCRA dues and/or register for the biennial conference in New Jersey.

At the New Jersey biennial this year, we have organized two events. First, we will be presenting a panel titled Forces of Change which will showcase several papers that use organization development theories or methods at various levels of analysis. The session is a true intersection between community psychology and organization studies issues, so please join us for this exciting panel. Second, we will be hosting an organization studies interest group lunchtime workshop where we invite you...
to attend and share your work with us and discuss the future of the interest group. 😊

Hope to see you there! ~Neil

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Please contact me or Kimberley if you are interested in submitting a paper to The Community Psychologist for one of our upcoming columns. We plan to use the column to showcase our work in this area and keep interest group members up-to-date with new things that are happening with our members.

Thanks to all of you who signed our petition to create the organization studies interest group!

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Prevention & Promotion
Edited by Monica Adams & Derek Griffith

The Development of an Innovative Method to Identify and Disseminate Evidence-Based Practices for the Prevention of Child Maltreatment in Puerto Rico

~Kathleen M. Kelly, Betzaida Santiago Rodríguez, & Marizaida Sánchez Cesáreo, Center for Evaluation and Sociomedical Research, Graduate School of Public Health, University of Puerto Rico, Medical Sciences Campus

The decision to implement a new program or treatment within an organization or community is influenced by a variety of factors including those involved in financial, political and organizational agendas (Rosenheck, 2001). However with the recent advent of mandates related to grant accountability, the selection of community intervention programs is ever more influenced by factors that support the efficacy of the proposed ventures. Funders now require proposed projects to be based on solid scientific justification and strategic planning (Department of Health & Human Services, 2007). Program evaluation, cost effectiveness, evidence-based practices and cultural competence have become essential components of any community health endeavor on both fiscal and practical grounds. Implementers must select interventions which will provide efficient results when employed in specific environments and within conscribed populations, while at the same time maintaining a reasonable level of financial expenditure. In addition to these practical and financial elements, the popularization of empirical research linking the use of specific practices to improved outcomes has underlined the ethical obligations of service providers to optimize program benefits for the community through the selection of appropriate practices.

A solution offered as a means of assistance in the selection process is to base decisions on the level of empirical support that is demonstrated by these interventions. Planners and providers of mental health interventions now have the opportunity to align program resources with community needs based on information gathered through the evaluation of prior implementations (Blase & Fixsen, 2003). Given that goals, costs and outcomes of selected program must match those of the community (Blase & Fixsen, 2003), planners are required to bring a greater level of expertise and accountability to this process. The dissemination of evidence-based practice (EBP) literature in various human service arenas has risen in response to this need.

What are EBPs?
The EBP movement originally surfaced due to impetus by proponents in the field of medicine who wished to emphasize the importance of founding interventions in the accumulation of existent scientific evidence (Sackett, Rosenberg, Gray,
Haynes & Richardson, 1996). This movement has its origins in the mid nineteenth century cultural debate regarding the nature of medicine as a science versus an art form. However, the idea of basing clinical practice in scientific evidence was not fully embraced until the twentieth century with the campaign to disseminate medical EBPs spearheaded by Archibald Cochrane in the nineteen seventies (Bedregal & Cornejo, 2005).

Psychology officially entered the EBP arena in 1995 with the publication of a report on empirically supported psychological treatments by the Society of Clinical Psychology Task Force on Promotion and Dissemination of Psychological Procedures (Ollendick & King, 2004). The task force developed a threefold paradigm for categorizing treatment efficacy: (1) well established treatments, (2) probably efficacious treatments, and (3) experimental treatments. This division was based on the quality and quantity of evidence that had been gathered in support of a given therapy. Quick on the heels of the release of this document came questions as to whether practices should be evaluated solely in terms of treatment efficacy or also in regards to clinical utility (Huppert, Fabbro, & Barlow, 2006). These authors pointed out that data regarding treatment efficacy and empirical research support must be combined with information about the clinical utility of a practice in order to determine the level of evidentiary support of a given intervention. However, empirical support, the gold standard of evidence developed in a research facility, remains highly desirable as evidentiary support for a practice.

Although many community-based practices are in current use, developing a scientific knowledge base regarding such programs is hampered by the high economic and time investments required by these efforts in addition to the low priority status held by research in some community organizations. Further, most EBPs do not offer evidentiary data specific to various cultural, racial or ethnic groups although non-majority children are currently over-represented in community service settings. (Blase & Fixsen, 2003)

Challenges in the Utilization of Information Regarding EBPs

During the last ten years there has been a push to institutionalize the use of EBPs among service providers in fields related to prevention and behavioral health. The federal government has launched various EBP promotion initiatives through the Centers for Disease Control and Prevention (CDC) and through the Substance Abuse and Mental Health Service Administration (SAMSHA). These initiatives provide funding for the implementation, dissemination and institutionalization of EBPs in the areas of sexual violence prevention (Getting to Outcome for the Primary Prevention of Intimate Partner Violence and Sexual Violence), HIV-AIDS prevention (Diffusion of Effective Behavioral Interventions Project) and substance abuse prevention (Strategic Prevention Framework). Additionally, several organizations at the national level such as the Society for Prevention Research, the Cochrane Collaboration and the Campbell Collaboration are dedicated to the promotion of EBPs across fields. Further, over fifteen websites that serve as an information clearinghouse of EBPs are in current existence. Some of the more prominent sites include the California Evidence-Based Clearinghouse for Child Welfare, SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) and Blueprints for Violence Prevention.

In spite of the great effort to disseminate and promote EBPs, service providers in community-based settings face many challenges in the institutionalization of their use. A hurdle frequently encountered in the dissemination of EBPs among service providers and community-based organizations, as consumers of this information, is the need for decision makers to possess a greater base of technical competence in order to adequately select EBPs. Therefore, there is great need for capacity building efforts which will assist service providers and community-based organizations in the selection, adaptation, implementation and evaluation of EBPs.

However, given the youth of the EBP movement in regards to community-based practices, currently the demand for such interventions surpasses their availability. Few interventions exist which have developed an evidentiary foundation to support their efficacy. Although many community-based practices are in current use, developing a scientific knowledge base regarding such programs is hampered by the high economic and time investments required by these efforts in addition to the low priority status held by research in some community organizations. Further, most EBPs do not offer evidentiary data specific to various cultural, racial or ethnic groups although non-majority children are currently over-represented in community service settings (Blase & Fixsen, 2003).

Bridging the Gap to EBP Use

In an effort to provide assistance to community stakeholders in surmounting obstacles to the selection and implementation of EBPs, the Center for Evaluation and Sociomedical Research (CIES for its initials in Spanish) at the Graduate
School of Public Health–University of Puerto Rico, Medical Sciences Campus undertook an exploration of the status of the EBP movement in Puerto Rico and used this information in the development of a web-based dissemination tool for island practitioners. The ultimate goal of the project was to create an accessible tool which disseminates community prevention and intervention practices as well as providing essential information including cultural components, costs, available training, materials, strength of empirical support and other indications of value. In its first generation, the tool focused on child maltreatment prevention as a central EBP topic.

Method

The pilot study design began with an extensive review of the literature on EBPs in child maltreatment and included three strategies: (1) traditional literature review, (2) non-traditional review and (3) classification of the identified interventions.

This methodological design was informed by a comprehensive literature review on child maltreatment prevention EBPs in Puerto Rico which revealed that little had been published on the topic and few empirical studies focused on the effectiveness of prevention practices conducted on the island. In fact, a 2007 taskforce organized by the Puerto Rican Psychological Association to assess the status of EBPs on the island reports that currently no documents exist which provide compilations of research and application findings regarding the effectiveness of psychological practices on the island. The deficit of information available through traditional sources gave rise to the development of the non-traditional review technique.

Traditional methods of literature review employed included searches of resources such as the electronic portals of organizations which support the dissemination of EBPs for child maltreatment or violence prevention, electronic databases (ProQuest, PubMed, PsycINFO), and non-electronic media (catalogs, dissertations, Puerto Rican journals dedicated to the social sciences and health).

The non-traditional review included a focus group consisting of local experts in child maltreatment which helped to identify both interventions that had been developed on the island as well as organizations providing such services. This information was then used as the basis for telephone contact and interviews with local service providers in order to confirm the existence of the child maltreatment interventions as well as to obtain further details.

Information gathered through both the traditional literature review and the non-traditional methods were used in the development of the classification scheme for the identified practices. Based on this dual input, a template was created for the categorization of the practices according level of scientific evidence, type of maltreatment, population impacted, type of intervention, protective and risk factors among others.

The resulting classification format consists of six categories including four levels of empirical support and two classes for those interventions that have proven either non-effective or potentially detrimental. Practices classified as well supported or effective, at the top of the evidence hierarchy, must provide some written guide for training and implementation, and have the support of at least two random controlled trials (RCT) in differing environments which have been published in peer reviewed forums. In addition, at least two of the RCTs supporting the practice must demonstrate that the treatment has a prolonged effect, a duration of no less than one year, without evidence of substantial deterioration. Supported or efficacious interventions, at the second highest level, must comply with the same criteria as level-one practices. However, the RCTs supporting these interventions are not required to have been replicated in various settings. Promising practices, the third level of evidence, must provide a written guide and have the support of at least one study utilizing some type of control which has been published in a peer review journal. Acceptable or emergent practices, at the lowest level of evidentiary support, must have a written guide and be generally accepted as appropriate within the professional community although the practice lacks the support of empirical research.

Findings

The traditional literature search was exhaustive including:

- An examination of interventions found in 10 electronic portals of organizations specializing in prevention of child maltreatment or violence
- The review of 3,080 potential titles uncovered in searches of 9 social science and behavioral health electronic databases
- The analysis of 40 theses from the four major Puerto Rican universities offering advanced degrees in related fields
- The revision of 11 Puerto Rican peer reviewed journals dedicated to social science, psychology, social work and education

In addition, 68 Puerto Rican agencies or organizations providing child maltreatment prevention services were contacted for interviews.

One hundred and ninety three child maltreatment prevention interventions were identified as a result of this review. Supporting the assertions of Martínez–Taboas (1999) regarding the scarcity of local literature on EBPs, the majority (72.0%) of identified practices was obtained via mainland-based electronic media resources, 17.6% emerged from local theses and dissertations, 9.9% was located in interviews with island service agencies and only 0.5% was found in Puerto Rican professional journals.

As expected, most child maltreatment prevention interventions identified had little empirical support; 60% met the criteria for acceptable or emergent practice while 24% were classified as promising or supported by one study. Only 9% of the practices provided evidence of efficacy and 6% were categorized as effective. More encouragingly, several child maltreatment prevention practices demonstrate endeavors within the field towards cultural competence. Of all the interventions cataloged, 11.5% were designed for Latinos or other minority populations, 25.2% were implemented with Latinos and 28.1% were implemented in other minority populations.

Dissemination

The Center for Sociomedical Research and Evaluation (CIES for its initials in Spanish) team developed a user-friendly,
interactive database for consumers of child maltreatment prevention information. Users can search the classified practices along a number of criteria including level of evidence, type of intervention, target population, type of maltreatment and cultural sensitivity. Additionally, essential information as to references, costs, training, necessary materials and publishing house contacts is provided along with summary information regarding the practice as well as supporting literature. Furthermore, users may search exclusively for interventions developed in Puerto Rico. All information is presented in a condensed format showing essential facts with access to more extensive explanations provided under drop down titles. This database will be available for public online access through the Department of Family of Puerto Rico homepage in spring of 2009. It is our hope that this tool will help bridge the gap between research and practice and that its format is accessible for the diverse group of professional and paraprofessional users working at the community level. Once the tool becomes publically available, CIES will document the usage and gather feedback from visitors to the website in order to improve the application in its second generation.

Lessons Learned

Although a considerable quantity of child maltreatment prevention practices exist in the United States, few demonstrate empirical support. Further, Puerto Rico is currently in a germinial stage in regards to the development and implementation of EBPs. In addition, the lack of publication on the effectiveness of current practices by Puerto Rican professionals has been detrimental to the dissemination of the few child maltreatment prevention practices developed on the island (Martínez-Taboas, 1999; Martínez-Taboas & Pérez, 2006). Encouragingly, the team uncovered some child maltreatment practices developed specifically for Latinos or other minorities.

The study process supported assertions by Blase and Fixsen (2003) that many programs exist which both practitioners and consumers have found valuable although empirical evidence to support these interventions continues to be lacking. Further, community and cultural ways of knowing a program is effective must be included along with scientific information in evaluating the usefulness of a specific practice for a specific population.

Perhaps the most salient finding from the project was the recognition of the gap in the translation of knowledge gathered in traditional research to community-based practice as well as the lack of research to support currently community-based practices.


References


Perhaps the most salient finding from the project was the recognition of the gap in the translation of knowledge gathered in traditional research to community-based practice as well as the lack of research to support currently community-based practices.
I am excited to report that there are regions that are reviving community psychology!! Many individuals are making efforts to gather others interested in community psychology related issues in their area!! I feel spoiled—and take for granted—living in Chicago, where there are so many community psychology-identified individuals in my university and city alone. However, individuals interested in community psychology are sometimes isolated and/or spread out geographically in other regions, such as Australia/New Zealand/South Pacific, Hawaii and the Southwest-Rocky Mountain region of the U.S. And there are individuals, such as Katie Thomas, Mariolga Reyes, and Maria Chun who are making an active effort to hold virtual and in-person exchanges with others interested in community psychology so they can collaborate. Many are doing stimulating work in these regions, particularly in collaboration with indigenous populations. Further, some are interested in developing community psychology programs and/or organizing regional conferences in community psychology. The excitement never ends!!! If anyone is interested in getting involved in those regions, please contact the respective regional coordinators or feel free to contact me for more information.

**Australia/New Zealand/South Pacific**

Regional Coordinator

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This quarter we had an open meeting and strategic planning session entitled, *Collaborative and Cooperative Motives for Community Psychology: How Can They Be Achieved?* in order to discuss how to advance cooperative community practice in the region. In Australia, community psychology is facing funding challenges as a result of changes that have been made at the federal level on how education funding is allocated for psychology. These changes have funneled most of the available funds for psychology into the domain of clinical psychology with the effect of putting many other psychology sub-disciplines at risk. This means that linking and networking to promote the profession and the social justice goals of SCRA has become even more imperative in our region.

One of the important outcomes of the planning meeting was the resolution to create a website where members from Australia, New Zealand and the Pacific could post their current research applications and project invitations in order to link us better with northern hemispheric colleagues and to enable more global collaboration. This would be of great interest and assistance to our regional members. To give U.S. members the challenges we face and some idea of the scope of our region—Perth (which is where I am based) is as far from Melbourne and Sydney as Los Angeles is from New York and even further from Auckland and our Pacific members. This means that linking and networking of members is mainly virtual. The assistance, comments or advice from SCRA members with expertise or from their own experience in the development of this type of website would be welcomed. We hope that a regional research listing may foster a greater sense of a global pool of SCRA researchers which can be drawn upon when international grants are being developed.

The first step of profiling the expertise of members across Australia, New Zealand and the South Pacific still continues. Any members, including practitioners, academics and students, who would like to be involved in this profiling are invited to send their name, a 100 word bio and a brief description of their research background and interests (also 100 words) to the regional coordinator. Members are also asked to give their permission in their message so that their email and other contact details can then be circulated to other collaborative community practitioners as part of the listing.

**Europe/Middle East/Africa**

Regional Coordinator

David Fryer: d.m.fryer@stir.ac.uk

The Conference of the European Community Psychology Association (ECPA) will take place on 29th and 30th October, 2009 at the Catholic Institute of Paris, in the very center of the city, near the Quartier Latin and the Luxembourg gardens. One keynote speaker has already been announced: Professor Denise Jodelet, Director of Studies at the École des Hautes Etudes en Sciences sociales in Paris, author of the classic *Madness and Social Representation: Living with the Mad in One French Community* and an eminent social representations theorist. The conference is expected to bring together European social psychology, European community psychology and distinctively French scholarship and practice in relation to psychiatry as well as community practices in civil societies, policy and critical thinking. Further details are available from Thomas Saïas at <t.saia@psychologie-communautaire.fr> and further information about community psychology in France can be found by visiting: <http://www.psychologie-communautaire.fr/cmsmadessimple/>.

SIPCO (Société Italiana di Psicologia di Comunità) elected Professor Bruna Zani President of the Italian Community Society at its General Assembly in Florence on Friday 25th September, 2008. Further details about community psychology in Italy can be obtained from Professor Zani <bruna.zani@unibo.it>.

The 2008 UK Community Psychology Conference was held at Napier University, Edinburgh, on 18th and 19th September, 2008. As always at conferences there were myriad themes but a key theme for me from both the floor and the platform was discussion as to whether community psychology is becoming part of the problem rather than part of the solution for many members of communities.

Plenary speaker, Ian Parker, led the way by arguing that community psychologists, like all psychologists, collude with contemporary neo-liberal manifestations of capitalism responsible for untold global oppression and misery, apply the same old problematic pathologizing, normalizing, controlling approaches as any other psychologists but apply them to the “community” instead of to the “individual,” uncritically take for granted dominant discursive constructions of what constitutes a “good” community, and promote agendas for change which originate in and serve the interests of interest groups external to the commu-
nities with which they work. Community psychologists are thus, according to this argument, part of the apparatus of control intervening to bring about change serving the interests of external stake holders.

Plenary speakers on the second day could hardly have provided clearer examples of the problematic vision of community psychology which Ian Parker had laid out the day before. One reported on a massive exercise in social marketing which was having the consequence of saturating the Scottish public with a problematic, acritical “recovery” discourse and subjugating all other discursive resources in relation to “mental health” and the other reported on the colonizing “psy-complexification” of some of the poorest people in one of the most unequal parts of Europe through the vigorous proactive promotion of a watered down, patronizing but still noxious version of acritical clinical psychology within the community. In both cases this was “community psychology” only in the sense that the community was positioned as a target for psychologizing or a problem to be managed by deployment of psychology.

The conference thus provoked vigorous debate about whether community psychology is becoming increasingly, if not already, productively complicit with an oppressive status quo and the term “community psychology” being routinely hijacked to refer to projects which problematically psychologize the community in the interests of the status quo. Although raised in the European context, it seems likely this concern is as justified in the wider international—and particularly U.S.—context.

U.S. Midwest Region
Regional Coordinators
JoAnn Sobek: ab1350@wayne.edu
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The Midwest regional coordinators would like to welcome the first-year regional coordinator, Shaun Cowman. Shaun currently serves as the Assessment Coordinator at Rock Valley College. Shaun received his associate’s at Highland Community College, his bachelor’s at Rockford College, and master’s degree in Psychology and PhD in Community Psychology from DePaul University where he served as a faculty member in the Psychology Department. His current interests include how community colleges may serve as agents of change for communities that seek to connect individuals from impoverished areas/backgrounds and the post-secondary education system. His current job requires him to work with different members of the assessment committee, faculty, and staff to coordinate current and future assessment activities while providing transparency in the process for internal and external stakeholders. Shaun also serves as a consultant for the Freeport community providing technical assistance implementing the SAMHSA Strategic Prevention Framework State Initiative Grant (SPF-SIG) for preventing underage drinking.

U.S. Rocky Mountain/Southwest Region
Regional Coordinator
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The SWRM region kick-started this fall reconnecting and getting to know one another. We have 28 registered SCRA members and other community-oriented practitioners interested in SCRA. One of the things we learned about the region from our email exchanges is that there is a great need to establish connections among otherwise isolated colleagues dispersed throughout the region (some states, like Texas, have only two SCRA members). On the other hand, quite a few members are engaged in exciting applied work in the areas of program evaluation, prevention, and health issues specifically affecting American Indians and other indigenous populations, refugees and women in prison, among
other initiatives. Additionally, some of us are interested in creating CP programs in New Mexico and Texas.

We established three initial goals for the regional coordinator:

1. Establish an e-group to share information, questions and ideas specific to the region
2. Hold an informal regional meeting (or meetings within each state) to get to know each other and talk more in detail about our work. These meetings could also be open to other people doing akin work, independent of SCRA membership status
3. Hold a regional meeting during the next SCRA biennial (June 18th-21st, Montclair, NJ)

To facilitate communication among members, an e-group was created for the region <SCRA-SWRM@googlegroups.com>. The regional coordinator is also looking into creating a special interest group within the University-Community Partnership for Social Action Research Network (UCP-SARNet).

In terms of informal meetings, SCRA members from the SWRM Region, Michelle Bloodworth, Susan Wolfe, Joanne Baste and Cady Berkel, attended the American Evaluation Association meeting held on November 5th-8th in Denver, Colorado and began talking about coordinating a joint regional meeting for next year. SCRA members in New Mexico, Jessica Goodkind, Michelle Bloodworth and Mariolga Reyes, met for the first time in Albuquerque on November 19th. They are planning to hold monthly meetings for the NM folks to exchange information, collaborate and support each other. They also agreed to submit a proposal for the upcoming biennial for a roundtable on initiatives to create new CP programs. Finally, Mariolga made arrangements to hold a regional meeting at the 11th biennial in Montclair, NJ.

SCRA-SWRM members are looking forward to increased contact among colleagues in the region. Active SCRA members live in Arizona, Colorado, New Mexico, Oklahoma, Texas and Utah. SCRA records show no registered members in Arkansas, Idaho, Montana or Wyoming. Any SCRA members interested in getting involved at the regional level are encouraged to contact Mariolga Reyes directly.

U.S. West Region
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Bay Area Region
The network of Bay Area community psychologists and colleagues from other fields with interests in community-based research and intervention continue to meet once a semester for an informal colloquium. The Fall Colloquium, held October 24th at University of California at Berkeley, had two very interesting presentations. Sita Patel, a postdoctoral scholar at the University of California at San Francisco presented about her interesting work on *Acculturative Stressors among Recent Immigrant Adolescents*. This was followed by Megan Dunbar, a public health scientist at RTI International presenting on her global efforts regarding Integrating HIV Prevention, Care and Treatment in Sub-Saharan Africa: The Testing and Scaling-up of Intervention Models Involving Women and Youth. Both presentations sparked interesting group dialogues and were well attended. For those interested in attending and/or presenting please contact Marielka Schotland or Gina Langhout (see email addresses below). The goal of our network is to provide a forum to informally discuss work in progress, network with other community practitioners, and provide an exchange of ideas related to community intervention work. The larger group meets twice a year while encouraging smaller groups to form around particular interests. If you would like to be on our mailing list, please email Marielka Schotland, <mss286@nyu.edu> or Gina Langhout <langhout@ucsc.edu>

Hawaii Region
The University of Hawaii Community and Cultural Concentration (CCC)—Psychology Alumni Group held its first meeting in November. We invite both terminal master’s and doctoral graduates of the program to join us. To learn more about the program, please go to: <http://www.psychology.hawaii.edu/pages/graduate_programs/community.html>. Currently, we are an “informal” group with the following objectives:

1. Serving as a support group for community psychology alumni (e.g., assisting each other with possible employment needs, research and project collaborations, professional development opportunities, the tenure and promotion process)
2. Promoting community psychology at the university (both students and faculty) as well as to the larger community
3. Encouraging participation in multidisciplinary collaborations with other university departments and the community at large

Hawaii Regional Meeting, from left to right: Jennifer Graf, Susana Helm, Lisa Watkins–Victorino, Maria B. J. Chun, & Dale Fryxell.
School Intervention
Edited by Paul Flaspohler

For this issue of the School Intervention Interest Group column, I invited Laura Hurwitz of the National Assembly on School-Based Health Care and Melissa Maras of the University of Missouri to provide an overview of School-Based Health Centers (SBHCs). SBHCs represent an important trend emerging in the provision of comprehensive physical and mental health care for children, adolescents, and families. While SBHCs traditionally provide primary health services, the scope of activities coordinated through SBHCs includes health and mental health promotion, prevention, and intervention services and programs. The article provides history, background, and rationale for SBHCs along with discussion of challenges faced by SBHCs. The article concludes with areas of mutual interest and benefit between professionals working with SBHCs and community psychologists working in and with schools.

School-Based Health Care and Community Psychology: Potential Partnerships for Building Capacity

~Laura Hurwitz, National Assembly on School-Based Health Care & Melissa A. Maras, University of Missouri

Over the past few decades, schools have emerged as the preferred context for the delivery of health and mental health care services for youth and their families. Schools are uniquely positioned to address many barriers to health and mental health access; however, schools need support in these endeavors as they are asked to do more with less and produce positive results. School-based health care grew out of the notion that schools by themselves cannot—and should not—be expected to solve the nation’s most serious health and social problems (Center for Disease Control and Prevention, 2008). Started in the early 1980s with a few dozen centers, today more than 1700 school-based health centers serve nearly two million people across the U.S. every year (W. K. Kellogg Foundation, 2007). School-based health centers are part of a wide range of health services offered in schools to address the comprehensive and complex academic, health, social, and behavioral needs of students. These services are provided by a variety of health, mental health, social service, and community providers in collaboration with educators and school staff. In this paper, we describe the history of the school-based health care movement, the need for and growth of school-based health centers, and current trends and challenges in building capacity among school-based health centers. We conclude with a brief discussion of shared goals and values between school-based health centers and community psychology.

School-Based Health Centers

School-based health centers (SBHCs) operate on the premise that youth have the right to high quality, accessible, confidential, culturally-competent, and comprehensive health care. Using the school as a setting for health care—the defining attribute of SBHCs—rests on the notion that schools are the place where school-age children spend most of their time. Services provided by SBHCs vary according to school and community needs and capacities. At a minimum, a SBHC offers primary care services defined as having a staffing profile of at least one nurse practitioner, physician’s assistant, or physician on school grounds. Primary care services consist of comprehensive health assessments, anticipatory guidance, screenings, immunizations, treatment of acute and chronic illness, and prescription and laboratory services. Health centers also offer additional services on site, including mental health, dental, reproductive health, and a range of prevention, early intervention, and risk reduction activities. More than half of all SBHCs are engaged in population-based health promotion activities delivered in small groups, classrooms, and through school-wide forums. These activities focus on topics like obesity, alcohol and drug use, violence prevention, and STD/HIV prevention (Juszczak, Schlitt, & Moore, 2007).

SBHCs are interdisciplinary. SBHCs are staffed by a combination of health and mental health providers including physicians, nurse practitioners, nurses, health educators, and mental health providers. According to a national survey conducted by the National Assembly on School-Based Health Care in 2004-2005, around 65% of all SBHCs have mental health staff (Juszczak, Schlitt, & Moore, 2007). Of those with mental health providers on site, 81% had a licensed mental health provider (counselor, social worker, or therapist), 93% had a drug or alcohol counselor, 11% had a psychologist, and 10% had a psychiatrist. SBHCs offer a variety of on-site mental health services by both the mental health and primary care staff, including, screening and assessment, diagnosis, crisis intervention and referral.

In order to coordinate these services, many school districts have adopted a coordinated school health program model (CSHP), as promoted through the Center for Disease Control and Prevention (CDC, 2008). The CSHP model includes eight interactive components: physical activity, nutrition, mental health, health services, family and community, staff development, and school environment. For years, a variety of stakeholders, including research, practitioners, school personnel, families, and students, have called for school-based services to be comprehensive and coordinated (Greenberg et al., 2003). Like the CSHP model, SBHCs emphasize the importance of coordination and integration of services, partnering with diverse stakeholders, use of evidence-based practice, and establishing effective and sustainable systems.

The Need for SBHCs

Not only is the school setting a sensible, convenient, and appropriate site in which to deliver health care and mental health care, it has proven to support students academically, increase access by reducing barriers to health care, and be cost effective. Like all school health services, SBHCs promote the well-being, academic success, and life-long achievement of students. It’s intuitive that good education predicts good health and vice versa: a healthy child is a better student, a student who is not healthy is difficult to teach, and a student who succeeds in school is more...
likely to enjoy lifelong health. Geierstenger and Amaral (2005) proposed a number of ways SBHCs could be of potential value to schools, emphasizing the positive impact of good health and academic achievement, attendance, behavior, and school retention.

While there is insufficient research to support a direct link between SBHCs and academic performance, there is compelling research that demonstrates an indirect link to academic outcomes through influencing intermediate outcomes such as health status (e.g. pregnancy), school attendance, resiliency, and school climate (Geierstanger, Amaral, Mansour, & Walters, 2004). In one study, decreased absenteeism and tardiness was widely reported among adolescents who received counseling services in a SBHC as compared to adolescents in schools without centers where there was an increase in both absenteeism and tardiness (Gall, Pagano, Desmond, Perrin, & Murphy, 2000). Inequities in health care access and educational achievement are also linked. For example, children with fair to poor health status are six more times likely to have learning disabilities and are absent 11 or more days of school per year as compared to their healthy counterparts (Federal Interagency Forum on Child and Family Statistics, 2007).

SBHCs are well-positioned to improve access to health care, particularly for uninsured, underinsured, low-income, and minority children, and studies show that SBHCs are focused on serving this population. Approximately 69% of SBHCs report that more than half of their student population is eligible for the free and reduced lunch program, a marker for underserved children, and schools with SBHCs have higher proportions of minority youth (Juszczak, Schlitt, & Moore, 2007). Approximately 40% of the students using SBHCs have no other medical home, largely because they live in communities with limited access to health care for youth (W. K. Kellogg Foundation, 2007). Because school-based health care services are typically subsidized through public and private grants, there is low or no cost to students and their families. According to Guo, Wase, & Keller, (2008), students with public health insurance or no health insurance are more likely to utilize the SBHCs and had significantly higher rates of utilization compared to those students who had private insurance. SBHCs often fill a gap for students with private insurance as well, as managed care also has limited ability to reimburse for all types of services, particularly mental health.

Low-income families are able to access care earlier and more easily from a SBHC, and research indicates that SBHCs attract harder-to-reach populations, especially minorities and males (Juszczak, Melinkovich, & Kaplan, 2003). Low-income and uninsured adolescents who use SBHCs were more likely to have had regular checkups, flu and tetanus shots, and less likely to visit emergency rooms than adolescents who used community clinics (Allison, Crane, Beaty, Davidson, Melinkovich, & Kempe, 2007). The school setting is not only convenient and comfortable for students, but it is often more culturally compatible with a family’s needs. For working families for whom transportation to off-site appointments is difficult, accessing health care in the school is likely to be preferable. The school as a service delivery site is perceived by students to be less threatening than the mainstream community centers. Similar to offering mental health within the primary care health setting, research suggests that students feel less stigmatized when accessing mental health services in a familiar setting such as the school (Nabors & Reynolds, 2000). Moreover, as compared to traditional outpatient care and community health sites, SBHCs have improved access to care not only for underserved groups, but for children with chronic health problems such as asthma and for children with mental health problems (Webber, Hoxie, Odlum, Ouwariye, Lo, & Appel, 2005).

In addition to addressing students’ primary health care needs, the majority of SBHCs also provide some form of mental health services (Juszczak, Schlitt, & Moore, 2007). Research suggests that SBHCs may improve access to mental health services in schools and the quality of those services. For example, Kaplan, Calonge, Guernsey, & Hanrahan (2004) showed that adolescents with access to SBHCs with mental health services were ten times more likely than students without access to initiate a visit for mental health or a substance abuse concern, and 98% of these visits were at an SBHC. Students were twenty-one times more likely to make mental-health related visits to SBHCs than to community health centers (Juszczak, Melinkovich, & Kaplan, 2003).

The quality of care in a SBHC is also enhanced by being integrated into the school environment and providing an integrated strategy for addressing health and mental health issues (Allison et al., 2007; Brown & Bolen, 2003). The school setting offers many advantages for assessing, diagnosing, and intervening with the health and mental health problems of students. Screening and early intervention is more prevalent when mental health, physical health, and teaching staff work collaboratively to identify children at risk. Assessment and diagnosis are likely to be more thorough and therefore more accurate when providers are able to observe students in their own social context and consult with teachers and others who may have access to information about the student. Interventions can be more effective when access to students is more immediate and integrated into school environment, when academic and behavioral problems are addressed together, and when providers can follow up with students directly. By using an integrated care model, the primary care staff have a critical role in offering behavioral health screening, referral, and brief interventions within a primary care visit thus addressing students’ mental health and health needs simultaneously.

Finally, reducing barriers to care not only helps students and their families but has societal benefits as well. By focusing on prevention and intervening with students’ health and mental health problems earlier—especially those that could later incur large public expenditures (e.g. pregnancy, hospitalization, emergency room care, and incarceration)—school health care can cut costs. Low-income, minority youth are disproportionately uninsured and often lack access to quality services at a primary care site. These youth and families may use an emergency room rather than a primary care site for regular care, thus leading to higher costs and diminished quality of care. In a study in Cincinnati schools, the total annual cost of hospitalizations decreased by 85% for children who attended schools with SBHCs (Guo, Jan, Keller, McCracken, Pan, & Cluxton, 2005). Children from low-income families are at greater risk and have higher prevalence of mental health problems than other children and treating them can be costly (Wade, Mansour, Guo, Huentelman, Line, & Keller, 2008). SBHCs can provide more timely and cost-effective services, particularly when calculating in the positive impact of early quality care on long-term outcomes.
The Growth of SBHCs and Mental Health Services

Based on proven effectiveness in improving access to health care, improved quality of care, and long-term health outcomes, SBHCs have increased in the past decade as evidenced by new centers opening and fewer closing their doors. Around 67% of the nation’s SBHCs are five years or older, up from 41% in 1998. According to data collected by the National Assembly on School-Based Health Care, some 152 new centers opened since the 2001-2002 school year (Juszczak, Schlitt, & Moore, 2007). The demand for SBHCs continues to grow with increasing popularity among parents, teachers, and school administrators. In a 2003 survey conducted by the Center for Health and Health Care for Schools, 83% of parents support health care delivery in schools (Center for Health and Health Care in Schools, 2007). Two-thirds of voters supported providing health care in schools, and this support that crosses demographic, partisan, and regional boundaries (W. K. Kellogg Foundation, 2007).

Mental health services are the fastest growing component of SBHCs, and the presence of a SBHC itself can lead to an increase in mental health utilization. In one study looking at access and utilization patterns, over a three year period mental health visits accounted for less than 1% of visits in year one and almost 22% in year three (Wade et al., 2008). As demand for mental health services grows, so does the staff. The percentage of SBHCs with mental health staff went from 30% to 65% in ten years, and expansion of mental health services was the first priority for any expansion of program funding (Juszczak, Schlitt, & Moore, 2007). SBHCs are rapidly becoming an important component of school-wide efforts to address the mental health needs of youth.

Unfortunately, even when combined with mental health services in schools, SBHCs are still insufficient in meeting the mental health needs of youth. Over the last decade there has been a growing disconnect between the need for quality mental health services for youth and the availability of those services (Weist, Evans, & Lever, 2003). Research suggests that about one in five children has symptoms of a diagnosable mental disorder in a given year (U.S. Public Health Service, 1999); three-fourths of these children will not receive any treatment and of those who do, only half will receive quality care (Paternite, 2005; Ringel & Strum, 2001). This paucity of quality mental health care for youth is one of the major reasons schools have been identified by researchers and federal policy as the context for the delivery of these services (President’s New Freedom Commission on Mental Health, 2003). Unfortunately, schools often lack the capacity to serve as the solution for the broken health care system in this country. Without cultivating the knowledge, attitudes, skills, and abilities necessary to develop, implement, and evaluate mental health services and programs, schools will ultimately mirror the current health delivery system and fail to meet the needs of young people in this country. Fortunately, SBHCs could have a pivotal role in supporting schools in these capacity-building efforts.

The Role of SBHCs in Building Capacity in Schools

SBHCs have tremendous potential to build the capacity of schools to promote and advance school mental health services. SBHCs have effective leadership, a range of internal and external supports, effective systems, and access to resources and professional development—all necessary conditions of capacity for health-promoting schools (Hoyle, Damek, & Valois, 2008). The SBHC model provides unique opportunities for effective leadership as SBHC providers participate in coalitions that focus on advancing the fields of adolescent and child health and school mental health. At the federal and state level, SBHC providers advocate for the resources necessary to increase access to physical, mental, and dental health services for adolescents and children. They also inform elected officials, policy-makers, health professionals, educators, and the community-at-large of the benefits of the SBHC model. Most recently, SBHC providers around the country have been advocating for the passage of a national bill—the School-Based Health Clinic Establishment Act of 2007. This bill would authorize a grant-based program for the operation and development of SBHCs, thus significantly expanding the number of SBHCs and providing necessary resources for existing SBHCs to improve services, see <http://www.nashbc.org/site/c.jsJPKwPfJrH/b.3083789/> for more information on NASBHC’s policy advocacy efforts.

At the local level, SBHCs have demonstrated capacity by building on both internal and external supports through the pooling of resources and expertise. By partnering with the school, bringing together leaders in the school and community, and involving a diverse range of stakeholders, the SBHC is able to generate human resources as well as financial and advocacy support for mental health services. In many schools, the SBHC has an advisory council comprised of members of the community, parents, school administrators, teachers, and youth. This council makes recommendations for the operations and policies of the SBHC but can also address school-wide and community health concerns. SBHCs have also been successful at developing stable and sustainable funding mechanisms by leveraging external resources and using blended funding mechanisms. Most SBHCs use third party payers for health center visits with 72% of health centers billing Medicaid and 45% billing SCHIP. Non-revenue based funding sources used by SBHCs include state governments (72%), private foundations (62%), county/city governments (42%), and corporations/business (38%) (Juszczak, Schlitt, & Moore, 2007).

As discussed earlier, schools must have the capacity to not only provide mental health services, but also demonstrate the capability to deliver quality services in schools such that activities demonstrate positive outcomes (Weist et al., 2007). SBHCs are committed to delivering quality services and incorporate accountability mechanisms and performance improvement practices. Often established with support from state departments of health, SBHCs adopt and use necessary policies and procedures, training manuals, and memoranda of agreement. As part of standard practice, SBHCs establish systems for utilizing data, reporting health outcomes, and integrating evidence based and quality improvement practices. Most SBHCs have access to a human resources system for hiring, credentialing, training, and retaining high quality, competent staff through their sponsoring agency (e.g., hospital, health care system). These resources help SBHCs promote quality care in schools.

SBHCs have many opportunities to provide technical assistance and professional development to their schools and communities. About 20% of SBHCs provide direct services to the school faculty, thus contributing to their wellness and staff morale.
(Juszczak, Schlitt, & Moore, 2007). Other SBHCs offer in-service, lead walking clubs, or sponsor health fairs for the school. SBHCs that become part of an embedded and ongoing professional development structure at the school have even more impact, as professional development is the “cornerstone of any reform effort designed to increase teachers’ capacity” (Wisconsin for Education Research, 2007, p. 1). Furthermore, the SBHC can be a training site for health care professionals interested in working in schools, thus building a workforce that can ultimately increase school mental health capacity.

In recognition of these assets, the Center for Disease Control and Prevention has funded the National Assembly of School-Based Health Care (NASBHC), the national organization promoting SBHCs, to provide school mental health capacity-building assistance to state departments of education and school districts. Through a five-year cooperative agreement, NASBHC is able to bring its expertise, knowledge, collaborations, partner organizations, and resources to the education field in order to enhance mental health services for children and families. NASBHC’s School Mental Health Capacity Building Partnership <http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.3012657/> has been able to gather information on best practices nationwide at both the state and local level from several “early adopter” states who have demonstrated advances in building SMH capacity. Based on these findings and other national best practices, the SMH-CBP is currently developing a pilot training and technical assistance initiative for a state education agency and its partners. The curriculum used for this training will focus on assessing statewide capacity, marketing school mental health to educators, developing quality improvement processes, and delivery of mental health in a coordinated school health framework. Training materials will eventually be shared more broadly with both educators and other school mental health stakeholders.

**Capacity-Building Challenges for SBHCs**

In spite of SBHCs demonstrated ability to build capacity, SBHCs alone are unable to support the mental health capacity needs of schools. The staffing of a SBHC is insufficient to meet either the volume or intensity of mental health needs of students, and mental health providers in SBHCs are often expected to play a variety of roles—supervisor, administrator, consultant, educator, and therapist. While most mental health providers are prepared and certified for their mental health role in SBHCs, they may not have experience working in the school setting and therefore could lack the unique set of competencies necessary to navigate the school environment. In order to maintain necessary staffing levels SBHCs sometimes partner with community mental health agencies for their mental health services. While this can be an effective strategy in building capacity, SBHCs may have to face issues of lack of continuity and gaps in service if the provider is co-located at a second site. Workforce preparation at the pre-service and in-service levels will be an ongoing need for SBHCs.

In addition, funding restrictions in public revenue sources (i.e. Medicaid) as well as private grants inhibit SBHCs’ ability to provide mental staffing or to offer a full continuum of services. While SBHCs may be reimbursed through a “fee-for-service” model, this model does not cover prevention or early intervention activities (i.e. services for students who do not meet criteria for a mental health diagnosis are not reimbursable). Mental health providers therefore may be required to serve in a more traditional therapist role by providing billable services, limiting the time they can devote to providing prevention and early intervention services or capacity-building efforts. Currently, only some states Medicaid and SCHIP (State Children’s Health Insurance Program) policies recognize SBHCs as an eligible “primary care service type,” resulting in lower reimbursement rates for SBHCs in comparison to other primary care settings. Nor does Medicaid consistently cover all mental health providers. SBHCs may have to hire less-qualified providers who may not have the skill set or experience needed to provide direct services and build capacity or may have to raise separate, less-secure funds in order to cover the mental health provider’s position. While many SBHCs apply for and receive public and private grant monies, grants are subject to priorities determined by the funder and may not be affiliated with those set by the SBHC. Relying on grant funding requires SBHC staff to expend valuable resources in applying for and managing grants rather than service provision or capacity-building efforts.

Finally, the differing cultures of education and mental health can also be a barrier to the SBHCs ability to build mental health capacity. The school environment can be chaotic and therefore not conducive to planning and follow-up, both important aspects of quality care. While schools have increased pressure to raise test scores, federal legislation like No Child Left Behind can undermine schools’ efforts to address factors that impede student achievement. Although NCLB provided some promise for addressing emotional and behavioral needs of the general education population, the legislation has not made necessary accommodations or provided schools with the sufficient resources (Cooper, 2008). This puts a greater burden on partner organizations to take on this role. Schools and health care and mental health providers are often required to follow differing, and sometimes conflicting, regulations regarding confidentiality and sharing information (Maras, Reiger, Rokusek, & Green, 2006). This can make collaboration difficult and diminish the value-added for school-based services (e.g., access to teachers, coordination of care).

Finally, schools have limited access to appropriately trained and credentialed staff, and teachers are ill-prepared to address the mental needs of students. (Foste, Rollefson, M., Doksum, Noonan, Robinson, & Teich, 2005) The move toward evidence-based practice in schools requires more training, supervision and resources, and some schools lack even the basic health and mental health infrastructure, generally supported by school nurses and counselors (Evans & Weist, 2004). This limits their ability to provide the necessary services, nevertheless they must spearhead school-wide health and mental health promotion and prevention activities. Schools that move toward broader initiatives often lack the capacity to select evidence-based programs that fit with existing programming, build the necessary capacities to implement programs, implement those programs with fidelity, and employ ongoing process and outcome evaluation improve programming and demonstrate outcomes. These gaps in capacity lead to unsuccessful and fragmented programming in schools which is ultimately a disservice to youth who desperately need support (Ringiesen, Henderson, & Hoagwood, 2003). SBHCs have the potential to support schools in addressing these barriers to success but also face their own unique challenges.
Community Psychology and SBHCs

Fortunately, the field of community psychology shares many of the values and goals of SBHCs discussed in this article and possesses a wealth of knowledge and experience that could help SBHCs in achieving their ultimate aims. Both community psychology and SBHCs hold a strong commitment to addressing disparities in access to health and mental health care particularly among low-income, minority populations; emphasize health promotion and prevention as part of a public health model; understand the integration of policy, programs, and practices within a systems perspective; value the vital role of stakeholder involvement in developing consumer-driven and culturally-relevant health and mental health services; appreciate that young people are influenced by complex and interconnected contexts; and believe that all children possess the right to high-quality health and mental health care. Of note, community psychologists are currently struggling with many of the same challenges faced by SBHCs, for example: coordination of care across complicated systems, dissemination of evidence-based practice, and building individual, organizational, and community capacities. Community psychologists could lend their growing expertise in research and action related to these shared struggles.

For example, community psychologists could support SBHCs in their mission to build capacity among the broader school environment to more holistically address students’ needs through health promotion and prevention activities. There is a growing literature within the field related to capacity-building, particularly as it relates to fostering more generalized skills to develop, implement, and evaluate health and mental health programming (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008). Rather than exclusively emphasizing the specific skills, resources, knowledge, and attitudes necessary to implement one program, these efforts focus more generally on the capacities necessary to collect data about local needs and resources, establish goals, identify best practices related to those goals, modify programs to ensure local cultural fit and current capacities, and, importantly, to establish mechanisms for ongoing evaluation to ensure that programs are demonstrating outcomes. Building the capacity for “best practice process” (e.g., Getting to Outcomes; Chinman, Imm, & Wandersman, 2004) allows SBHCs to both evaluate and improve their current programming and integrate new innovations. As advocates for change in the school environment, helping SBHCs build these types of general capacities could have a positive impact on the broader context.

Perhaps the most significant contribution community psychologists could make to support SBHCs is to include SBHCs as important stakeholders in research and action already happening in schools. Increasingly, schools are becoming interdisciplinary contexts with diverse practitioners committed to supporting the healthy development of all young people. The rich blend of research and action in schools spans health, mental health, and education, and community psychologists have unique expertise in collaborating across existing disciplinary divides to create shared visions and establish common languages. Community psychologists can contribute to the ongoing engagement of important stakeholders who are not traditionally included in the policy or program decisions that affect their children and families. Community and school-based research can help SBHCs aide schools in decision-making based on local needs and resources, allow SBHCs to leverage for more funding for expanded roles, and help SBHCs empirically support health promotion and prevention as vital components of school-wide initiatives.

Conclusion

The school-based health care movement began several decades ago with a commitment to support the healthy development of all children through the provision of high-quality, culturally-competent health care services to youth in school. Armed with this mission, SBHCs have grown in prevalence and relevance as part of a national movement in school improvement. As SBHCs expand to include school-wide health and mental health promotion and prevention as a major component of their mission, they are catapulted into a realm of research and action familiar to community psychologists. SBHCs are tackling gaps in capacity, both in their centers and in the larger school environment, and struggling to align policy, programs, and practice to address a number of challenges including funding, professional developments and increasing accountability demands to produce positive results. Community psychologists have a wealth of knowledge and experience regarding many of these challenges, and SBHCs would benefit from ongoing and mutually beneficial partnerships with community psychologists in the future. 

References


Social Policy
Edited by Nicole Porter

In this issue’s social policy column, guest contributor Dr. Heather Kelly of the APA’s Government Relations Office (GRO) provides a concise yet effective overview of the policy opportunities available to community psychologists through her office. She begins with an organizational summary of the office’s six directorates and proceeds with a review of their recent (and diverse) policy activities. Dr. Kelly then concludes by stating the office’s current and future priorities, which she notes must be attuned to the workings of the new executive administration. Overall, Dr. Kelly makes clear that the policy opportunities open to community psychologists are plentiful and—contrary to popular assumptions—it is rather easy to become involved. The article highlights and provides examples of critical skills and functions in collaborative planning, service integration, and capacity building that both parallel and complement the perspectives and values of community psychology.

Opportunities for Collaborative Advocacy Through APA’s Science Government Relations Office

~Heather O’Beirne Kelly, APA Science Government Relations Office

One of the strengths of community psychologists is your ability to identify and use mechanisms for action in the various settings in which you work. For those of you interested in advocacy, particularly at the federal level, one of those mechanisms is the American Psychological Association’s (APA’s) Government Relations Office. As a fellow psychologist with community “roots,” I know what a passionate, dedicated group you are. I invite you to become more involved with our office and collaborate as individual scientists and as a division on advocacy initiatives as we enter a new year with a new congress and a new administration.

APA Government Relations Office

APA is the largest and most visible national advocacy presence for psychology on Capitol Hill and in the federal agencies. Headquartered in Washington, DC, APA is organized into four directorates—Science, Practice, Education and Public Interest. Each directorate has its own staff within the Government Relations Office that focuses on working with congress and the federal agencies to advocate for our discipline and its ability to address pressing societal challenges such as health, national security, education, and innovation in a global economy. One of our primary goals is to train and empower APA member psychologists to advocate on behalf of their research alongside our lobbying staff.

Many of you have ties to more than one APA directorate based on your training and current work focus. Some of you may be more involved with our Public Interest Directorate because of its focus on the needs of special populations (including people with disabilities; children, youth and families; ethnic minorities; women; lesbian, gay, bisexual and transgendered individuals, etc.). Others may be more familiar with the Practice Directorate’s advocacy on behalf of mental health insurance parity or with the Education Directorate’s focus on training issues in psychology. Within the Science Directorate, our six Government Relations Office staff focus on three annual priorities in addition to training APA members in advocacy:

• Enhancing psychological research funding
• Strengthening the scientific infrastructure
• Sharing the results of psychological research with policymakers to influence relevant legislation and programming

We each have a portfolio that includes specific federal agencies, so that our advocacy efforts on the executive branch side are targeted and our legislative branch lobbying matches up with Congressional committees with oversight over those agencies. We cover the psychological research programs within the National Institutes of Health (NIH), National Science Foundation (NSF), National Aeronautics and Space Administration (NASA), Departments of Defense (DoD), Veterans Affairs (VA), Education (DoEd), and Justice (DoJ), and the intelligence community.

Involving Psychologist Members in APA Science Advocacy

For APA Government Relations staff, advocacy is our day job. For many of you, particularly in Division 27, it may be an important though not primary focus of your work in psychology. We advocate for psychology in a variety of ways—from oral and written presentations of official APA testimony to topical briefings on Capitol Hill to “Hill visits” with members of congress and their staff. We work individually on behalf of APA and as a member and leader of multiple coalitions to educate policymakers and influence federal legislative activity. At each step of the way the involvement of APA member psychologists is crucial—you are not only constituents of important legislators we seek to reach, but scientists with specific expertise of interest to congressional offices and committees. Here are specific examples of recent collaborations with divisions and individual psychologists to advance APA priorities. We have:

• Regularly met with division executive committees at APA conventions to share initiatives and hear from you regarding your priorities
• Asked division leadership for input regarding specific bills making their way through congress (such as the reauthorization of the Juvenile Justice and Delinquency Prevention Act)
• Invited APA members to testify on behalf of APA before congressional committees and subcommittees regarding annual appropriations (funding) bills
• Highlighted APA scientists as speakers at congressional briefings on topics as far ranging as caring for America’s veterans to gender differences and similarities in math and science education
• Worked with congressional staff to place APA members as witnesses on Senate and House committee hearings regarding behavioral science’s role in (for example) health and in national security
• Signed up thousands of APA members for our Public Policy Action Network (PPAN), through which we email action alerts requesting phone calls to Capitol Hill during relevant votes
• Trained hundreds of graduate students and psychologists in advocacy through APA convention sessions, “on-the-road” trainings at APA division mid-year meetings and conferences, and grassroots advocacy webinars
• Set up meetings for APA scientists with their Capitol Hill representatives to push for improvements to the peer review process and to ask for increased psychological research funding

Because of your training, community psychologists tend to be more experienced and sophisticated grass-roots advocates. You also may be more likely to respond when called to action on a piece of legislation. There is no need to wait until invited to become involved in APA advocacy—we want you to call or email us about issues, we want to train participants and speak at your smaller meetings, and we want you to draft consensus “white papers” on topics within your realm of expertise. In short, we urge you to be creatively and proactively collaborative with us to ensure that your concerns are front and center in our advocacy portfolios.

Current Science Advocacy Priorities and New Opportunities

In some ways, the priorities of our office will not change, even as congress enters a new session and the White House welcomes a new leader and a change in party power. The Science Government Relations Office will continue to push for more funding for psychological research across the federal science agencies, and for an appropriate infrastructure that supports behavioral science (e.g. peer review processes set up to guide funding decisions and IRBs that support psychological science while safeguarding participants).

In other ways we are poised to meet new opportunities and challenges. We have been monitoring the administration transition and highlighting APA priorities for incoming executive branch personnel. We are tracking shifts in congressional committee leadership and positioning our advocacy strategies to take advantage of these changes. As January brings clearer agendas both at the White House and on Capitol Hill, join us in advocating for our mission to promote psychology as a means of benefitting society and improving people’s lives.

In short, we urge you to be creatively and proactively collaborative with us to ensure that your concerns are front and center in our advocacy portfolios.

Women’s Issues
Edited by Lynette Jacobs–Priebe & Pamela Mulder

There has been a recent change in editorship for this column. Michèle Schlehofer, the much appreciated previous editor, is stepping down. Attempting to follow in her footsteps are two new co-editors, Lynette Jacobs–Priebe, Assistant Professor of Psychology at Bluffton University in Bluffton, Ohio and Pamela Mulder, Professor of Clinical Psychology at Marshall University in Huntington, West Virginia. The new co-editors have similar research interests. Lynette Jacobs–Priebe’s research interests include prevention of violence against women, feminist activism on campus, feminist pedagogy and LGBT (lesbian, gay, bisexual, transgender) issues in educational and religious settings. Pamela Mulder, who is also the senior editor of the Journal of Rural Community Psychology, has research interests related to the mental and behavioral health care needs of women in Appalachia and other rural regions of the United States. To facilitate introductions, this issue and the next will each include a brief article by one of the two new co-editors.

Appalachian Women and the Aftermath of Community Trauma: A Qualitative Analysis

~Marianna Footo–Linz, Pamela L. Mulder, & Jean Battlo, Marshall University

McDowell County, West Virginia was devastated by severe flooding in both 2001 and 2002. Residents who were still rebuilding their community after the first flood watched their efforts wiped away by the second flood barely one year later. Both floods were considered to have been highly improbable events and each was referred to, in turn, as the “flood of the century.” These natural disasters were not the only challenges facing this impoverished region. The closing of coal mines resulted in unemployment, significant loss of tax revenue, loss of social and community resources, decline in the educational system and a tremendous outmigration of the population in search of better opportunities. As we viewed the nationally televised images of the two devastating floods adding immediate injury to the economic losses, we began to ask questions about who would choose to stay or return, to rebuild instead of seeking a new start far away from the site of their personal and collective losses, and about how those choices would be made.

As part of a larger, multifaceted, ongoing investigation, the authors (including a participant observer) conducted a focus group and individual follow up interviews with several rural West Virginia women. These women not only chose to stay in the economically distressed, flood devastated area, they have worked together to rebuild and revitalize the region. Each of these women has experienced unanticipated positive personal and professional changes following their traumatic losses, taking on leadership roles they had never actually prepared for as they strive to achieve community oriented goals and meet responsibilities they had never expected to have.

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Our respondents include a talented artist and playwright who has been instrumental in opening up new avenues for the arts and related businesses in the region. Her theatrical writing has helped to give the community a voice and the opportunity to both examine and share their experiences through various artistic media. Another respondent unexpectedly found herself at the helm of the family business. Her story is of particular interest because although she had worked in the business with her father and brother, the men of the family had dominated in decision making and had rejected our respondent’s suggestions for modifications and expansion. Following the flood of 2002, making the modifications became both possible (because extensive structural rebuilding was needed) and also absolutely necessary for the family’s survival.

Other respondents include a woman who suddenly became a successful grant writer, one who had to become a major force in the local building industry to meet the needs of the homeless families and the battered women and children she wanted to help, and a woman who discovered that her willingness to help her community ultimately meant being elected to a high political office. Our respondents told us:

“Ignorance was my greatest asset . . .”

“I didn’t have the sense to know it was impossible . . .”

“You don’t question ‘how?’ You just do it.”

“I got into this to plant flowers and put in benches . . .”

“I don’t necessarily know what I’m doing, but I have always been willing to ask. ‘I’ve never thought it was bad to say ‘I don’t know.’ That has been an asset. You go from starting out to being the expert in the state. You take it a step at a time.”

“I look for the day when someone more talented will take over my job. I want that to happen.”

“I’m not a real politician. I wish someone would run against me.”

“Just the statistics of 50% substandard [housing] and 75% over 50 years old . . . Nobody else would step up to the plate. I know people ask how a DV [domestic violence] program got into housing, it’s because nobody else would. No one else could because of different issues.”

“You have to get in and roll up your sleeves and get to work.”

Taking on new roles and challenges after traumatic events is not unique to the women of McDowell County, West Virginia. Following hurricane Hugo, Cohan & Cole (2002) suggested that natural disasters which impose tremendous material changes on communities and their residents may also inspire life altering individual changes and willingness to take on new challenges in the recognition of how fragile and fleeting life actually is. In multiple publications, Tedeschi and Calhoun (2004a; 2004b; 2008) have described “posttraumatic growth” as a not uncommon aftermath of trauma as a result of the interactions of increased perceptions of vulnerability with similarly increased perceptions of one’s own capacity for survival and compassion.

Our respondents also demonstrate some of the most positive aspects associated with psychological ownership of place and community (Furby, 1978, 1991; Pierce, Kostova, & Dirks, 2003). Furby points out that ownership of place and possessions can produce a sense of security and home; alternatively, Pierce, et al. note that losing these may result in significant vulnerability to depression and anxiety. However, Pierce, et al. (2003) also note that this ownership tends to lead to “the assumption of responsibility, caring, protection, nurturance, stewardship, and a willingness to make personal sacrifices and assume risk” for the sake of a place or possessions (p.102). Furby (1991) also notes that being able to control places and possessions represents a form of mastery over the environment.

The cultural milieu is also likely to have influenced these women. Helgeson (1994), in a discussion of gender and power, states that responsible nurturing could be a representation of the power motive among women. Nurturance and caregiving are greatly valued feminine attributes in this area (Mulder, et al., 2000). The strong family ties and “kin keeper” philosophy that are characteristics of rural Appalachia make it very likely that the community which had been a source of security and home would, itself, fall into the category of things that were “psychologically owned.”

The comments made by our respondents support the proposal that these women feel a strong sense of psychological ownership and are choosing to master a challenging environment in a manner which is entirely consistent with their own cultural values (including nurturance, sacrificing for the sake of others, and the assumption of responsibility for others).

Natural disasters which impose tremendous material changes on communities and their residents may also inspire life altering individual changes and willingness to take on new challenges in the recognition of how fragile and fleeting life actually is. (Cohan & Cole, 2002)
“It had to get better and we had to make it better . . .”

“If it is broken, you don’t leave it . . . you fix it . . .”

“Southern WV women are caretakers, always giving and wanting to heal . . . What better place to do that than McDowell County?”

“I was afraid that if I went somewhere else, I would not have that reservoir to write from . . . It’s me . . . it’s my life . . .”

“The city took over my life . . . it’s like another one of my kids . . .”

“My first thought when I looked in here [after the flood] was that my dad and my grandfather had worked this for more than 60 years and I had to rebuild it . . .”

“Men are comfortable letting women use their strengths. They haven’t insisted that women play like men . . . I bring a gentler side to the project . . .”

“But it is women who seem to nurture this deeply broken area, there is the grief and the sense of loss, and the sense of home . . . men may say ‘I am going to have to go somewhere and build’ and it may be that women say ‘No, let’s heal this.’”

“The consciousness that I, and these other women, have is that rather than leave home because it is broken, fix it, heal it.”

In addition to taking on new challenges and making personal challenges, common themes which emerged during the focus group and interviews are consistent with posttraumatic growth as described by Tedeschi and Calhoun (2004a; 2004b; 2008). These include spiritual attachments, a sense of purpose and efforts to regain psychological health.

“I didn’t feel like my work was done. I think you have to think ‘Where should I be? What is my purpose?’”

“Our lives are similar and we sort of wound up in these positions almost as a fluke . . . almost as though this is what God intended.”

[In describing her childhood] “I felt like God had made a mistake in putting me there. There had to be more . . .”

“Whatever I can do . . . whatever little part I can do . . . I’m going to do to make this place better.”

“I was afraid I would die without ever having an impact on my family . . . what did I bring back to them?”

“I don’t really feel the freedom or the release to leave . . . I don’t feel like my work is done . . .”

“I was attracted to them because they thought they could change the world. I liked the idea that I could be part of a group making a change.”

“Blessings come in mixed packages.”

“You have to work within yourself to heal yourself and make improvements.”

In conclusion, the women of McDowell County turned their pain, anxiety, and loss into motivators. They held on to the broken places, people and objects over which they experienced a sense of psychological ownership and for which they felt a deep sense of responsibility, choosing to remain while others left in search of better opportunities, striving to nurture and heal what is “theirs.” They are also powerful women who are asserting themselves, in the fullest sense of the communal and feminine self, to take back their world and to master their environment. As they expand their personal capacities in a supportive network of their own creation, they are likely to discover that they have healed not only the community, but themselves as well.

References
Freedom, Sex & Research: Unlikely Bedfellows?

~Sarah VanHooser,
Vanderbilt University

Consider Tam, a 54-year old graduate of a two-year residential community for women who are recovering from drug addiction and have recently left prostitution: Tam grew up in a home where her alcoholic step-father, a well-regarded psychiatrist, was at once emotionally abusive and revered. Tam started drinking when she was eleven, was addicted to alcohol and using other drugs by the time she was in high school, and was married and divorced three times by the time she was 19. Growing more ill and less financially independent with each divorce, Tam eventually ended up on the streets in a mid-sized city in the southeastern United States. Tam spent nearly 30 years on the streets, prostituting herself to the men who frequent the city’s “strip,” and using the money she earned for drugs, alcohol, food, and, when available, shelter. Three years ago, with over 100 arrests and more than a dozen felonies, Tam entered the residential community, which provides women with free housing, food, health care, dental care, psychological services, job training, education, and gainful employment. The residential “facility” is comprised of four houses in which the women live, unsupervised, in the practice of a healing community. Paradoxical discourses of healing that come from brokenness, security gained through vulnerability, and independent selves made possible by commitment to others, mark the ethos of the community. When asked their mission, the staff, residents, and volunteers who belong to the community are quick to tell you: women’s freedom.

Though this community is something of a local icon, their views on prostitution and approach to women’s freedom do not go uncontested. The topic of prostitution is one that carries a considerable amount of weight, and more than its fair share of clichés. Some proclaim that “prostitution is the oldest profession,” and others note “nothing divides feminism like prostitution.” Though both are, perhaps, overstatements, they convey the magnitude of the historical, economic, political, and ideological debates around the practice of trading sex for money. Sex work is a topic that garners considerable attention because it is, well, sexy, but also because it engages multiple other debates that persist as some of the great questions of personhood and society: questions of gender, sexuality, masculinity, and femininity, and how these constructs relate to questions of autonomy and freedom.

Although some women disagree that “choice” and freedom are fruitful ideals around which to organize debates about sex work, most see freedom and choice as the crux of the argument (Chapkis, 1997). The debates about sex work often turn around the axes of what constitutes “freedom” for women in the context of sexual relationships, in working arrangements, and in the processes of identity and representation. We would be hard-pressed to find any sane person willing to argue that involvement in sex work under conditions of overt coercion is legitimate. What is less clear, and more frequently disputed, however, are the far more prevalent situations in which “coercion” is embedded in overarching social, economic, and political systems that shape the contexts of our lives and influence our formations of selfhood.

With this in mind, it is important to recognize that debates about freedom that rely on ideal notions of “free” and “unfree” are not particularly useful because no one is ever truly and totally unrestrained, internally or externally. Indeed, multiple forms of oppression and domination are operating at all times and in multiple ways on the basis of race, class, and gender, on men as well as women, and on some women more than others. Similarly, debates about precise definitions of “freedom” are perhaps less important than the ways in which individuals and communities understand freedom, and employ the concept in their pursuit of lives worth living. The more important questions, then, seem to be about what contexts allow people to be more or less free? What are the conditions of freedom? How do people understand freedom and what participates in that construction?

In order to explore these questions, I have recently embarked upon a qualitative, ethnographic study of the recovery community described above. I am aware that these women represent a very particular subset of women involved in sex work, and that their experiences do not speak for all women. Later studies, perhaps, will examine similar issues in organizations of women who are pro-sex work or who work to support women who are actively involved in sex-work. Still, the stories and experiences of the women in this community are important and tell us much about the conditions of freedom.

As a feminist methodologist who believes whole-heartedly in the practice of reflection, I began to develop my research methods with painstaking awareness that research itself has played an important role in infringing upon the freedom of women involved in sex work. The ways in which women are represented by well-meaning researchers and activists often produce images and beliefs that prove to be restrictive, to the point of being detrimental. For example, Mulia (2000) describes how research and programmatic emphasis on health concerns (particularly HIV) of drug-abusing women has resulted in essentializing these women as disease vectors and dangerous women. These misrepresentations are important for practical and ideological reasons: they influence the type of care (or punishment) the women incur, but also perpetuate deep-seated beliefs about the appropriate bounds of female sexuality and stand as justification for regulating it (Ringdal, 1997).

To the extent that research informs advocacy and activism, it participates in the creation of other (potentially) oppressive im-
ages as well. A sex worker interviewed by Wendy Chapkis (1997) claimed, “Maybe what they [pro-sex work activists] were doing was glamorous. But they acted like their experience spoke for us all. Well, for the people in my group, it was not glamour” (p. 127). The woman went on to say, however, that anti-prostitution activists also used sex workers as a trope to support their activism more than to help women who were being exploited. “There are others who say that prostitution is evil because it contributes to violence against women and they’ll have their ‘Take Back the Night’ marches right through the Red Light district without even dealing with the sex workers as other women...[t]hey just turn us into symbols” (p. 127).

Hirschmann’s (2003) account of women’s freedom requires us to pay attention to the very powerful role of language in constructing the material and political possibilities that exist for women’s lives and choices. For Hirschmann, the way we talk about things constructs the available options for who women can be and how they can live. These ideas have tremendous importance for the field of sex work, because it helps us to see how research, activism, and advocacy around a topic that has deep-seated historical meanings can play on existing images to silence other possibilities for the women involved (Brinson, 2006).

With this in mind, I have set out to develop a methodology that promotes freedom for my participants even as freedom is the subject of interrogation. Thankfully, methodologists who pay careful attention to issues of voice, power, and participation in the research process have proven to be useful guides. Exploring the contexts that allow people to be more or less free in the context of sex work requires research that is committed to privileging women’s accounts of their experiences in such a way that they are represented with adequate complexity: agental and constrained, solitary and in relationship, as people in process...in a word, as human. Additionally, this work requires that I continue to ask myself and my informants the questions of freedom posed by debates over identity and representation include ideas such as: How do representations of women work to limit their opportunities to create identities in which they are seen as humans as opposed to stereotypes? In an environment that often fails to recognize differences between women, how do women represent their own interests without silencing the interests of others? How do we create environments in which women are more free to voice their concerns without doing damage to other women? And finally, in what ways do women participate in shaping the contexts of freedom? ☯

References

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The Community Practitioner
Edited by David A. Julian

Nola Butler–Byrd provides an interesting review of the Community-Based Block (CBB) multicultural counselor preparation program at San Diego State University in this issue of “The Community Practitioner.” Her article continues our discussion about innovative ways to train community practitioners. Nola poses several questions about training issues in the summary of her paper which I encourage readers to consider. In addition, her review raises a number of critical questions related to practicing community psychology. One particularly compelling question concerns the relationship between direct service delivery and efforts to modify communities in ways that enhance well-being. Of course, both approaches are essential in efforts to address the well-being of community residents.

From an ecological perspective, addressing issues at multiple levels may yield the best chance for sustained and beneficial change. Nola’s article adds a critical piece of the puzzle in examining the role of counselors and other direct service providers in providing culturally relevant services embedded in a social justice framework. This emphasis on social justice and the experiential nature of the CBB program are elements that may be quite appropriate for incorporation in community training programs. Nola provides a thorough description of a counselor preparation program guided by values highly consistent with the values of community psychology.

She reviews the CBB program in light of the Puerto Rico definition of community psychology practice. In addition, she assesses the CBB curriculum in terms of the practice competencies that have been put forward by Raymond Scott. It appears that the intervention and training strategies referenced in Nola’s article are complimentary to system and community change efforts. Such approaches may also extend the range of tools available to practitioners to assist communities in meeting the needs of constituents and helping community members realize their dreams.

As always, I would like to extend the invitation to readers to develop articles for inclusion in future issues of “The Community Practitioner.” Subject matter is flexible but should be related to a practice issue(s). The conversation about innovative training programs and competencies has stimulated considerable interest. In particular, I would like to encourage training directors and students to develop short articles describing unique aspects of your programs and training methods related to practice in the community. If you would like to develop an article, please direct your inquiries to Dave Julian at <julian.3@osu.edu>.

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Linking the Academic with Practical Application for Community Practice Competence from a Counselor Preparation Program’s Perspective

~Nola Butler–Byrd,
San Diego State University
I’ve spent most of my life working with disenfranchised individuals and communities as a community-based practitioner and activist. After many years in the nonprofit sector, a year-long public affairs fellowship and doctoral studies in Multicultural Education, I accepted a position as an assistant professor in 2003 to work with my alma mater, the Community-Based Block (CBB) multicultural counselor preparation program at San Diego State University. I immediately felt frustrated by the segmentation and territoriality of the professions and the academy when so many individuals and communities are in dire need of transdisciplinary, systemic approaches to address their many needs.

In my search for a group of like-minded community practitioners committed to working for social justice, I attended the SCRA Biennial Conference in June 2007 and found some common ground that my program shares with community psychology in terms of professional identity clarification, the development of core competencies and social justice. This paper discusses some of these common issues and describes how the CBB program links the academic with practical application for community practice competence. I hope that our experiences may provide some implications for community psychology and expand the common ground between our disciplines.

The Fall 2006 and Winter 2007 issues of *The Community Psychologist* featured several important perspectives on community practice competence and highlighted the need to link the academic with practical application. David Julian’s introduction to the Fall 2006 issue provided an overview of definitions and a consensus definition that was developed at the Puerto Rico conference. This definition (Julian, 2006, p. 66) described the aim of community psychology practice as strengthening “the capacity of communities to meet the needs of constituents and help them to realize their dreams in order to promote well-being, social justice, economic equity and self-determination through systems, organizational and/or individual change.”

The Winter 2007 issue featured a paper by Raymond Scott which articulates 11 core competencies and domains. It also featured responses and comments from several other practitioners with questions about the connection between these competencies and community psychology’s core values; the need to articulate meta-skills and abilities, personal characteristics, dispositions, attitudes and motivations; as well as, their implementation in training and practice. These were also pressing issues in the field of counseling psychology which lead to the development of multicultural competencies. Such concerns continue to be issues in the field today.

Flashpohler and Maras (2007) stated in their response to Scott’s competencies that the field of community psychology may have emerged through recognition of the limitations of technical training focused on the application of psychological knowledge. Meta-skills and abilities transcending technical training are notably absent from the current list of Scott’s competencies. Similar limitations in training and practice in counselor education were the impetus for the development of the Community-Based Block Program in 1973.

The 35-year-old CBB program offers an MA degree in Education with a concentration in Counseling. The mission of the program is the preparation of diverse counselor-change agents to serve marginalized individuals and communities while developing a socially just culture of peace. The one-year program is housed in the Department of Counseling and School Psychology (CSP) at San Diego State University and has over 800 alumni who work in diverse communities throughout Southern California and the U.S. Each year, the program attracts more than three times the number of learners than it can accommodate. In addition to the CBB program, the department includes nationally and/or state accredited or approved programs in Marriage & Family Therapy (MFT), School Psychology, and School Counseling. School Counseling and Marriage & Family Therapy culminate with the MS degree and School Psychology awards both the MA and the EdS degrees. The department also administers the Center for Community Counseling, a community-based clinical facility where CBB and MFT learners fulfill their clinical training requirements.

Faculty and learners in the program are ethnically very diverse although the demographics of the field indicate that the majority are European American females. For example, 105 learners accepted the invitation to join CBB learning communities between 2002 and 2006. Fifty percent were first or second generation immigrants; 55% were bi- or multilingual; 30% were Latino/Chicano; 24% multiracial; 18% African American; 14% European American; 6% other; 60% were female; and 40% male. Of the over 800 program graduates, the majority were from marginalized communities.

After matriculating in the program many have gone on to serve disenfranchised communities as academic counselors, psychologists, social workers, educators, administrators, politicians and in other leadership roles in communities. The program has always had at least one full-time tenured or tenure-track Latino/a and one African American faculty member. (Currently there are one of each ethnicity; both are females.) The demographics of faculty shifted over the years from a majority male to female. Current part-time faculty include: two Ph(F)ilipino/as (one is bi-racial Ph(F)ilipino-European American), four Latino/as, one European American and two African Americans: four are male, six are female.

High percentages of the over 800 CBB alumni are accepted into further graduate training and doctoral programs. Typically, over the years, some 40% to 50% of graduates go on to receive school counseling and school psychology credentials or MFT licensure preparation. Approximately one third of alumni have gone on for doctoral degrees. Longitudinal outcomes studies demonstrate that CBB graduates often emerge in leadership positions: alumni include a college presidency, deanships, presidency of a faculty union and public elected officials. The majority work with disenfranchised communities in various capacities.

### CBB Core Competencies

Table 1 provides an overview of CBB’s community practice competencies and emphases contrasted with Scott’s 11 competencies. This table is modeled after Julian, Ross, Crawford, Hutcherson, Panzino & Spring’s (2008) table in the Spring 2008 issue of *The Community Psychologist*. Of Scott’s (2007) 11 core competencies and domains, CBB strongly emphasizes four of them: cultural diversity, group process, collaboration and communication as part of the program’s “Partners-in-Learning and Responsibil...
CBB strongly emphasizes these skills and abilities as well as self-awareness and personal insight that support professional growth and development in the interest of clients and communities. Additionally, the program emphasizes working with learners to clarify their values and develop a counseling/community practice theory which guides their work with clients and communities. The need for a theoretical orientation or knowing what you’re doing and why you’re doing it serves as a compass for CBB counselor development. A European American male faculty member described the program’s commitment to the development of practitioner self-awareness, knowledge and application of counseling theories:

The program will continue to work with the national intellectual community as this external review team suggested with the goal of developing culturally responsive, socially just assessments of professional competence.

Exit surveys over the past three years have demonstrated high levels of learner satisfaction. On the assets scale of CSP’s exit interview, 19 of the 19 learners in 2005 and 18 of 20 learners responding in 2006 made comments. Common themes expressed were: appreciation for the diversity in the learning community and among the faculty [15]; the personal growth [21] and sense of empowerment they felt they achieved [6]; the opportunity to

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Table 1. Community practice competencies and emphasis in Community-Based Block program.

<table>
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<tr>
<th>COMPETENCY</th>
<th>SCOTT’S COMPETENCIES</th>
<th>CBB COMPETENCIES</th>
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<tbody>
<tr>
<td>Advocacy—Lobbying for change, political skills</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Assessment—Collecting data and providing feedback</td>
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<td>Capacity Building—Organizational development, sustainability</td>
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<td>Collaboration/Consultation—CBB Partners-in-Learning and</td>
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<td>Responsibility Model: Working with communities,</td>
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<td>leadership, management</td>
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<td>Communication—Public relations and presentations</td>
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<td>skills</td>
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<tr>
<td>Computer Literacy/Report Writing</td>
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<tr>
<td>Cultural Diversity—Knowledge base related to diversity</td>
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<td>Group Process—Facilitating large and small groups</td>
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<tr>
<td>Interventions—Applying knowledge to practice,</td>
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<td>implementation</td>
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<td>Professional Development—Assisting others in their</td>
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<tr>
<td>professional development</td>
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<td></td>
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<tr>
<td>Research—Designing, conducting and evaluating research</td>
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Our goals are to provide learners with an opportunity to pick up from their experience during CBB what I didn’t get in my graduate program as I prepared myself to go out into the helping field. And more specifically, what I didn’t have that I found out I really needed was a workable model of counseling together with a deep and intimate and personal knowledge of my own dynamics, as these dynamics interact with the model that I use in working with other people. I didn’t have that. I was thrown out into the helping professional field lacking in the knowledge of and the ability and the confidence that I could make it work. If I could interact with learners and have them pick up some of our simple philosophy and understanding of themselves and they can work better in the field, then the program will have been a success this year. (Butler–Byrd, 2004, p. 103)

CBB conceptualizes the training of these competencies from a developmental orientation and culturally responsive pedagogy. Training in each competency domain varies according to a learner’s professional stage of development as a beginning community practitioner. These assessments integrate formative (corrective feedback for further development) and summative (conclusive evaluations for progression) evaluations. Qualitative and quantitative performance appraisals are used extensively in CBB. However, at this time, they are not linked with state and/or national professional performance standards because the program does not have an obvious national accrediting organization.

According to a recent external review team’s report for the CSP Academic Review:

Modifying the program to fit existing requirements would force changes that would eviscerate CBB . . . Rather than focusing on national accreditation, CBB program faculty should be supported in greater levels of participation in the growing national intellectual community focusing on social justice education issues and practices. (Counseling and School Psychology, 2006, pp. 3-5)

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work with clients under direct supervision in practicum [5]; the expertise, caring and commitment of the faculty [9]; the opportunity to learn through a group process [8]; the experiential aspect of the program [8]; the responsibility/opportunity for learners to shape their learning [6]; learning to use research to achieve social justice [4]; and the opportunity to learn counseling skills and theories and to be able to apply them in their work with clients [6] (Counseling and School Psychology, 2006). Two outcomes assessments based on employer surveys have also been conducted. They demonstrate high employer satisfaction with graduates’ counseling and professional skills, sensitivity to issues of diversity and cultural brokering, advocacy for social justice issues, and leadership.

Theoretical Framework

Since its inception, the program has navigated the colonizing terrain of the traditional western world view and academia guided by its founder’s person-centered, democratic “partners-in-learning” theory and “responsibility model.” These models are a synthesis of critical, multicultural and affective experiential learning theory. Dave Malcolm, the founder, developed this theoretical orientation because he was very frustrated by traditional counselor education and felt that it failed to prepare effective, culturally responsive community practitioners who were committed and competent in supporting the health and well-being of marginalized individuals and communities. Further, he developed and operated CBB under the assumption that our society needs people who are responsible, not merely accountable as our dominant culture often dictates.

Learners who are schooled in functionalist or “banking” forms of education spend their educational lives accountable to and relying on others (faculty, administrators) to tell them what to do and how to do it. Therefore, it is not surprising that counselor/community practitioners tend to continue to look to others (supervisors, senior staff, administrators) to tell them what to do. Malcolm designed the CBB program to use a “responsibility model” that is grounded in critical theory where learners share responsibility for their individual and community learning experiences with faculty including what they want to learn and how they want to learn it. Through this experiential process, they learn to become more empowered, responsible counselors, community practitioners, leaders and citizens. This orientation provides a real opportunity for learners and faculty to share power and build a learning community using collaborative decision-making skills and other democratic processes (Malcolm, 1982).

CBB believes that everyone has knowledge. Therefore, learners who enter the program are filled to overflowing with information, attitudes, understandings and beliefs, a great number of which are in part, if not wholly, in error. The CBB curriculum is designed on the premise that multicultural matters are most effectively learned, not as a subject matter, but experientially. Given this perspective, the program has always had a strong commitment to diversity and multiculturalism and puts great effort into recruiting and retaining faculty and learners from diverse backgrounds to work on a common task in a collegial environment of shared ownership rather than in a hierarchical environment of content imposed from above. Learners’ experiences working and making decisions together contribute to working comfortably and confidently in the future with people who are different from themselves.

Outcomes study data for 2004 (Robinson–Zanartu, Cook–Morales, Terry, & Senour 2004) reflect the experiences of a Ph(Filipina college counselor under age 30 who works with people 50-75% of color related to community building and voice:

I work with college-level students and more often than not I find myself discussing life concerns other than the academics at hand. My training with CBB in understanding myself, thus being able to understand and connect with others, has been extremely critical in allowing me to connect with individual students and make a positive impact and to help facilitate their own self-understanding and empowerment. I directly apply everything I learned in CBB in my everyday life and not just my work environment. I have learned that when you talk from a heart level, the community responsiveness is present and maximized. I am also comfortable enough in those situations to be able to become engaged in being part of the solution as opposed to remaining frozen, immobile or becoming part of the problem. My level of competence has greatly increased because I live by one fundamental rule which guides my work and that is the following: know what you’re doing and why. As long as I can answer this question, I know that I am keeping true to helping increase social justice, awareness and addressing concerns and needs from each of the communities in which I participate.

Learning Environment

Vargo (2007) argued in her response to Scott’s competencies that it is critical for community psychology learners to observe and practice skills within “real” community settings so that their critical thinking and problem solving abilities are developed within the context of complex and interactive community systems. CBB uses a “block” format where learners meet together for all of their classes with faculty member teams teaching as a learning community. The program also meets off-campus in two of San Diego’s most diverse, challenged communities. This format provides a great deal of curricular and programmatic flexibility.

Using collective decision-making and other democratic processes, learners collaborate with faculty to determine what core content will be covered and how it will be learned and assessed, making the process culturally relevant and responsive to individual and group needs and goals. Through large and small group processes, academic instruction, scholarly inquiry, counseling practica and field placements, knowledge is co-created while learners engage in real-life activities and experiences parallel to those they will experience as counselors, educators, cultural brokers and change agents (Butler–Byrd, Nieto, & Senour, 2006; Butler–Byrd, 2004; CSP Academic Review, 2006).

Table 2 presents some of the topics that are typically covered each year. A recent Native American learner describes her experience in this excerpt from her “Self-of-the-Counselor” Comprehensive Examination:

Realizing now that the transformative force I felt in the community was love has enabled me to slowly accept love from others. Developing personal relationships from this context has furthered my ability to accept love’s
Table 2. Typical components of the CBB program.

| 1. Individual Counseling | a. Basic counseling and communication skills 
|                          | b. Therapy and individual change 
|                          | c. Counseling theories and counseling process models 
|                          | d. Adapting conventional procedures to diverse populations 
|                          | e. Utilizing basic skills in non-traditional settings 
|                          | f. Crisis intervention skills 
|                          | g. Ethical and legal issues 
|                          | h. Self of therapist 
| 2. Group Process/ Counseling | a. Group counseling theory 
|                             | b. Group facilitation 
|                             | c. Growth groups 
|                             | d. Conflict resolution 
|                             | e. Ethnic groups, gender groups, sexual orientation groups 
|                             | f. Community meetings/decision making 
| 3. Practica | a. Client interviews, skill building practice, audio and videotaping 
|                             | b. Observing and critiquing sessions and tapes 
|                             | c. Reviewing tapes between sessions 
|                             | d. Assessing clients 
|                             | e. Developing treatment plans, keeping case notes, summaries, managing client files 
| 4. Diversity Issues | a. Cross cultural issues, cultural mores, cultural differences 
|                             | b. Psychology of prejudice, psychology of oppression 
|                             | c. The “isms”: racism, sexism, ageism, elitism, heterosexism, lookism, classism 
|                             | d. Ethnicity 
|                             | e. Sociocultural determinants of behavior 
|                             | f. Community involvement, community resources 
| 5. Research or the Study of Inquiry | a. Process of research 
|                             | b. Survey methods 
|                             | c. Descriptive and inferential statistics 
|                             | d. Critique of research in counseling 
|                             | e. Cross-cultural application 
|                             | f. Research projects 
|                             | g. Evaluation techniques and skills 
| 6. Special Interest Study Groups | a. Race or ethnicity-specific groups 
|                             | b. Gender-specific groups 
|                             | c. Growth groups 
| 7. Field Placements | a. Supervised field experiences at approved sites e.g., schools, colleges, CBOs 
|                             | b. Meeting special credential or licensure requirements 
| 8. Additional Workshops | Examples include: 
|                             | a. Counseling issues of immigrant populations 
|                             | b. Using humor and play in counseling 
|                             | c. Counseling victims of domestic abuse, etc. 
|                             | b. Third World Counselor’s Conference 
|                             | c. American Counseling Association Conference, 
|                             | d. American Educational Research Association, etc. 
| 10. Collaborative Decision-making/ Democratic Process, Skills, Knowledge | Examples include: 
|                             | a. WebQuest: Community-Based Block Partners-in-Learning: Developing a Multicultural Counseling Learning Community 
|                             | b. Democracy’s Challenge: Reclaiming the Public’s Role: Kettering Foundation National Issues Forum 
|                             | c. Experiential group decision-making process and syllabi development 
| 11. Values & Theory Clarification | a. Values continuum activity, written reflection and group dialogue 
|                             | b. Counseling theory comprehensive examination 
| 12. Self-Awareness, Knowledge | a. Autobiography of emotions, genograms, group dialogue and feedback 
|                             | b. Written and verbal reflections 
|                             | c. Self-of-the-Counselor Comprehensive Exam 

Throughout CBB love has been present: the intent to nurture the growth of another. Conceptualizing love in this way, I realize that I am capable of receiving and giving love. Furthermore, this notion of love is grounding. [. . . ]

This awareness, the mirror that the group is, once again led me to the part of myself that I was not embracing. Reflecting and examining my fraction confirmed that I did not have a sense of entitlement to space. I realized that this personal craziness represented my cultural context. I thought of people like me. I made the connection to reservations and the idea that Indian people were deemed unentitled to the space they had always known. Being forced onto reservations with clearly demarcated boundaries was a silent reminder. Reservations are known for being the land that white settlers did not want, far away from white settlement and water sources. The message conveyed, the space deemed undesirable by others, was where Indians belonged. Furthermore, being bi-racial and inter-tribal entails a sense of not fully, completely fitting into designated categories. This reality is a part of how I function in the world. Part of my professional quest is to demonstrate and instill sense of entitlement to Indian youth.

In 2004, CBB joined the Department of Counseling and School Psychology in developing a departmental assessment plan and individual program plans to develop our own self-determined, culturally relevant core competencies/student outcomes. A generic outline was developed from the organizing “transition points” from the National Council for Accreditation of Teacher
Education’s Transition Plan for the Implementation of NCATE 2000 Standards (NCATE Website Archive, 2000). These transition points establish the time when major assessment of candidate performance occurs: (a) at admission to the program; (b) mid-program benchmarks; (c) at program completion; and (d) during the first five years of professional practice.

CBB performance appraisals include rubrics that describe candidate attitudes, knowledge, and behaviors during the admissions process and interview and learner behaviors in the program and the field. These attitudes, knowledge and behaviors parallel core competencies and learning outcomes and reflect applied knowledge in the areas of core competence. These appraisals allow for overt demonstration of skills in authentic situations; assess skill development and attainment; and evaluate the application and generalization of knowledge and skills to specific settings and situations. Examples include live faculty and supervisor evaluation of counseling practica with individual clients and supervisor evaluation of fieldwork. CBB uses written comprehensive examinations and an oral comprehensive examination with rubrics as an outcome measure evaluating the integration of knowledge and experiences.

Summary

While the methodology CBB uses has been beneficial for our program, it may not be appropriate for everyone. However, I hope that what I have shared about my experiences and the program will inspire creativity, thought, collaboration and action for the development of competent community practitioners. Here are a few issues to ponder about yourself, your program and the communities in which you work:

1. Where is your program on the continuum from purely academic to experiential training?
2. How do your current competencies compare with Scott’s? With other’s?
3. What would it take to scaffold your program to a deeper level of community competence?
4. Are your students and faculty diverse?
5. Have they had community-based experiences?
6. Are you willing to invest in developing a multicultural environment?
7. What is your program’s stance on the promotion of self-awareness and democratic power-sharing processes like collective decision-making?
8. What is your program’s philosophical position regarding helping students clarify their values and developing theory to guide their work based on the individuals and communities they will be serving?
9. What is the multicultural competence of your faculty and what are their abilities to work in a non-traditional, community-based program?
10. How might your institution’s politics such as retention and promotion processes impinge on your ability to have a non-traditional program?
11. What about standardization and licensing requirements?

Reflecting on these issues has been extremely beneficial for me and my program because it has helped me know myself, my program and my community even better. I commend community psychology for developing a set of competencies for community practice and for initiating this important discussion.

However, I also caution the field to remember its social justice values and be careful about rigidity and imposing these competencies on individuals and programs. Without great care, thought and compassion, these competencies could become the latest form of institutional oppression. The methods discussed in this article may enhance training in community psychology by effectively linking the academic with practical application for community practice competence. The author and the CBB program welcome inquiries about our methods. Please feel free to contact the author to express your feedback, thoughts and interests.

References

SCRA is issuing a final call for sites for the 2011 Biennial. Now is the time to get in touch with the 2011 Biennial Committee so we can work with you to develop your application.

Past hosts of biennials have found it challenging and exciting to see their mentors, their colleagues and students, members of their communities, and internationally known experts in diverse fields come together within the host community to advance our society’s goals. It’s an honor and privilege, as well as a major responsibility, to assume the role of SCRA biennial host. Working with the 2009 biennial in NJ, I can tell you that it has a galvanizing effect that is quite remarkable, for the host site and the surrounding community. In fact, it is a unique chance to create community.

If you’re thinking about the prospect, it may help to know the requirements and guidelines; the current information in the Policies and Procedures Manual on the SCRA website is the best place to access these. Here are some of the considerations you should be thinking about:

**Spatial:** The capacity to provide enough meeting rooms for conference programs (75-100, with two large spaces such as auditoriums, ballrooms, or gymnasiums) located with convenient access to available and economical housing (hotels, motels, dorms) and accessible restaurants, coffee shops, and cafeterias sufficient to feed 500-600 participants.

**Partnerships are welcomed:** More and more, successful applications involve partnering, either between one or more institutions of higher education or an institution of higher education and a community organization or agency. The biennial can be an attraction for a municipality.

**Transportation:** Accessible and economic transportation to the site.

**Considerations for participants with disabilities**

**Affordable and accessible childcare:** Many participants bring their families. Also, there should be surrounding areas with sites of interest—natural, environmental, historical, and/or recreational, so participants can relax, learn, and enjoy in their downtime.

We intend to announce the 2011 biennial site at the 2009 biennial in Montclair, NJ, in mid-June. So, if you are considering inviting the Biennial Conference to your own home-town or university, or if you have questions or seek more details about the application process, please contact Mo Elias at <SCRA27mje@aol.com> without delay. Applications are accepted on a rolling basis, and often an expression of interest now will translate into a successful future biennial, even if not in 2011. But we are still looking for sites for 2011. Thank you!
The Division of Community Psychology (27)
of the American Psychological Association:

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

Four broad principles guide SCRA:

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

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

Who Should Join:

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

Interests of SCRA Members Include:

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

SCRA Goals:

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

SCRA Membership Benefits & Opportunities:

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