Presidential Message

Saul Cooper
Washtenaw County CMH Center
Ann Arbor, Michigan

The greatest frustration for psychologists in a national organization is the lack of opportunity for dialogue and exchange with psychologists with similar interests. During this past year, the Planning Committee and the Training Committee of Division 27 have been working very hard to open up such dialogues at the regional level. As you can imagine, any attempts at defining training needs requires one to grapple with the definition of the domain of community psychology, and while I am not yet ready to report success or even consensus at the Executive Committee level, I am very encouraged by our progress to date. I am especially grateful to Joe Aponte from the University of North Carolina and to Phil Mann from Indiana University for their hard work as Chairmen of the Training and Planning Committees respectively.

While the issue of consumer participation concerns many community psychologists in their professional work, we too grapple with the same issue within Division 27. Despite, or maybe because of, being the fastest growing division in APA, we sorely lack feedback and broader involvement from our constituency, you, the members. With this in mind, I urge you to join in Montreal where we expect to have an outstanding program. My suite in the Queen Elizabeth Hotel will serve as a hospitality room for the entire convention, so please drop in and dialogue with us. If you are not coming to Montreal, write, phone, or shout loudly. We need to hear from you at this a most critical time in the growth and development of Division 27.

The New Federalism

Ira Iscoe
The University of Texas at Austin

The Nixon administration has reversed a 40 year pattern in federal support to training and research. Despite Watergate and its consequences, it is unlikely that there will be a full return to previous patterns of support. The advent of the new federalism poses a tremendous challenge to community psychology. It forces psychology to go to the local level and present a case for a share of federal revenue funds. Special revenue sharing, if it ever comes about, will be an equal or even greater challenge. Psychology has really had very little experience in organized action as can be seen by our current efforts in the area of impending health legislation. At the state, county, and city level, we may as well get used to a tough new ball game. We have to find allies and devise attractive packages that have chances of being funded. This is a great challenge and we’ve got to learn quickly how to compete with the highway contractors, the bridge builders, and the “hardware” advocates.

The first step is for community psychologists to really get to know the forces in their communities. In doing so, one may pick up strange allies. The usual “good and bad guys” scenario may not fit. In the area of training, we can no longer be certain of NIMH funds, and local support has to be sought. For community psychology this shouldn’t be such a difficult job. In my own situation for example, at the local level we have been able to quickly raise considerable funds for internships (and hopefully practicum training). The State Departments of Public Welfare, Public Health, and Community Affairs (including Child Development), and the education system have all been amenable to paid traineeships. The key to success is credibility and mutuality of interest.

It is hoped that community psychologists will take the initiative in regional meetings to hold workshops and symposia stressing increased participation in federal revenue sharing from those who are genuinely concerned with development of competent communities. Indeed it will be a test of how effective community psychologists can be in their communities. One of the effective tests of community psychology strategies will be the degree of success in obtaining local support. The issue really involves more than community psychology; it involves funds for hard-nosed researchers and theoreticians as well. In my limited experience in seeking a share of federal revenue sharing funds, I have been grudgingly admiring of the presentations of organizations and lobbies not directly concerned with human welfare. It’s evident that we have got a lot to learn, and the change from enthusiastic amateurs to genuine professionals will require skill and determination. But then community psychologists should be able to make out in communities.

Division 27 Hospitality Suite

At APA’s annual convention, the Division President’s hotel suite has traditionally served as the Division’s Hospitality Suite for informal gatherings and special conferences held between 10:00 am and 9:00 pm. For this year’s convention in Montreal, Saul Cooper has reserved a suite in his name in the Queen Elizabeth Hotel (the room number is not yet available). Please contact him directly if you would like to reserve the room for a special meeting.
# AMERICAN PSYCHOLOGICAL ASSOCIATION
81st Annual Convention—Montreal, Quebec, Canada
August 27-August 31, 1973

(Q) Queen Elizabeth Hotel  (S) Sheraton Mount Royal Hotel

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## MONDAY, AUGUST 27, 1973

**Event, Title and Chairman**
- Symposium, Victor G. Cicimlio, Follow Through: A National Experiment in School-Community Intervention
- Symposium, Joseph F. Aponte, Models of Training for Community Psychologists
- Symposium, Walter S. Neff, Acceptance or Rejection: The Mentally Ill in the Community
- Paper Session, Mary Clarke, Community Child Care
- Symposium, Roger N. Blakeney, Human Services Program Evaluation
- Symposium, Martin Sandel, The Treatment Alternatives Project
- Symposium, Saul Cooper, The Division 27 Task Force on Community Psychology and Community Mental Health: Implications and Alternatives
- Joint Meeting: Planning Committee and Training Committee, Phil Mann & Joseph Aponte
- Symposium, Richard R. Boccini, Delivery of Services to Children: Perspectives on Inter-Agency Involvement

**Outgoing Executive Committee Meeting**

## TUESDAY, AUGUST 28, 1973

- Paper Session, Barbara James, Innovative Programs and Evaluation
- Symposium, Eugene A. Cogan, How well is the Community Mental Health Centers Program Achieving Its Goals?
- Symposium, Thomas E. Bratton, Training Police in Community Relations and Emotional Control
- Paper Session, Donald Bouch, College Students and Politicians in the Community
- Presidential Address, Saul Cooper
- **Business Meeting**
- **Social Hour**

## WEDNESDAY, AUGUST 29, 1973

- Symposium, David Baken, Towards New “Health Care” Models: The Implications of Social and Behavioral Science Findings
- Symposium, William Schofield, New Systems Approaches to Health
- Paper Discussion, Francis T. Miller, Treatment Program for Offenders
- Symposium, Donald Weston, Everything you Always Wanted to Know About Collaborative Research but Were Afraid to Ask: The Philadelphia Cohort
- Symposium, Nathaniel N. Wagner, Race and Profession: Perspectives from Different Settings
- **Conversation Hour: ABPP Meeting Today’s Needs in Community Psychology**
- Symposium, Anthony Brunkowski, Interdisciplinary Training for Community Services
- Symposium, Edwin S. Zelik, Consultation: Models and Outcomes in Different Systems
- Symposium, Donald C. Klein, A Macrosystemic Strategy for Community Intervention

**Incoming Executive Committee Meeting**

## THURSDAY, AUGUST 30, 1973

- Paper Session, Ronfs Pinkerton, Volunteers and Paraprofessional Workers
- Symposium, Ins Liege, Psychology for the Community: Critical Social Problems for Behavioral and Social Scientists in the 70's: Mental Health, Criminal Justice and the Aging
- Symposium, Dwight Hardtberger, Picking Up the Pieces: Disaster Intervention and Human Ecology
- Symposium, Edison J. Trickett, Psychological Consultation in Educational Settings: Models and Problems from Within and Without
- Symposium, George S. Goldstein, A Tribal Community Psychology Service on the Papago Indian Reservation
- Symposium, John E. True, The Current Status of the Paraprofessional Movement in Mental Health and the Human Services
- Symposium, Gilbert Honigfield, Systematic Approaches to Clinical Program Monitoring

## FRIDAY, AUGUST 31, 1973

- Symposium, Barry Miller, Community Participation in the Mental Health Delivery System
COMMUNITY PSYCHOLOGY: RELEVANCE FOR MINORITIES

Floyd M. Wylie, Guest Editor
Highland Park Mental Health Center
Highland Park, Michigan

The title of this article might well have been Community Psychology: Relevance for Psychology. A philosophical tradition and the scientific heritage of psychology have been talked about, written about and discussed ad absurdum. Somehow in the quest for scientific objectivity, relevance for the human condition generally, especially relevance to the condition of minority people in this country, has been overlooked.

As usual, there are one or two exceptions to this rule. One signal exception in the recent past was a spate of research activity (rip off) resulting in a group of “experts” on black folks especially, and minority people and the poor in general. The “rip off” consisted of research persons entering the ghettos and barrios in various “places across the country to investigate the deviant” poor black and brown people. After having ripped off the community, these experts returned to their research offices and institutes to write definitive articles about why the poor are poor or why minority people are so badly off. Chiefly the whys consisted of blaming the victim for his own plight. Much of the writing and speaking done by these experts was highly paternalistic and and was of the “now we have scientific data to know what’s wrong with you people.” One well-known “expert” stated that self-actualization (whatever that is) is an inappropriate and unrealistic goal when working with the poor. This statement was made in the context of community psychology and the development of hope for Negroes.

Minority psychologists have experienced the insulting paternalism of ostensibly well meaning non-minority colleagues who make confident statements about black people after having read Black Rage or Man Child in the Promised Land. This superior attitude was exemplified dramatically in a recent statement made by a white psychologist who alleged that it would not take him more than 10 or 12 days to learn all that he would need to know about working in the black community. Presumably this same psychologist might require a day or two more to learn all the necessaries about a Mexican-American since there is, after all, a different language used in the barrio.

As a practitioner-academician I feel that I am able to see some important facets of both sides of that picture. From the academicians generally rather myopic point of view, students must be trained as first rate psychologists and then secondly as practitioners. In my experience there is a general continuation of the traditional staff resistance to new approaches to learning and training. One frequently hears that faculty must be "substantive." We minority psychologist practitioners often feel that substantive may be a code word for white. Ostensibly, "substantive" has to do with number of publications and the usual other paraphernalia of academia. Frequently, minority psychologists suspect that the overwhelming majority of academically based community psychologists are fearful of any but superficial involvement in the community, especially where the communities in question are black or brown. This apparent fear is sometimes expressed as a protest by students who become contagted and experience serious dilution of their commitment to community and social change as well as more than the usual scratching, denting and bending of their idealism. Sometimes there is lip service to real involvement in learning, but precious little activity and actual presence in order to experience or re-experience the sights, sounds, smells and frustrations of the ghetto.

I have listened all too frequently to academicians and graduate students wrestling the problems of “entry” into the community when what is clearly needed is leadership from faculty and others who stand off and view the problems from afar. However, their departmental politics are frequently heavily engaged in by both faculty and students when the real lessons to be learned, as far as community psychology practice are concerned, are in and around real politicians doing real things in the real world. Drug programs with “real dope fiends” seldom see faculty or students. Jails and other places of detention are typically ignored or shunned.

Scientific factual knowledge in a great many cases in psychology turns out to be what has been termed a collection of “certified non-facts.” The Jensen position has been argued at great length and perhaps too much attention has been given to it. The same might be said about the Moynihan “deviant” position. Blaming the victim from a diplocic and astigmatic frame of reference is an all-too-frequent occurrence. This victim-blame stance arises not only out of misinterpretations, certified non-facts and lack of information, but is a direct function, in my view, of a parochial Euro-American racist, uncultural, ethnocentric posture.

How should this be changed? What are the tasks before us as community psychologists? To begin with, well-meaning non-minority psychologists must be retrained. They must be deconditioned, to paraphrase Kelly, from their arrogance. Elitism in the training of graduate students in community psychology must disappear. Faculty must provide leadership toward more solid re-
search which must be directed toward improvement in the human condition. Model building for the sake of it or for the sake of intellectual game playing must be abandoned. Entry problems into the community must be solved and resolved by entering the community. Practitioners of community psychology in its various forms must be accorded equivalent status with pure academicians.

Now that many of the negative (I almost said dark) sides have been discussed, what are the more positive developments in community psychology? First, more minority faculty are being recruited although without even "deliberate speed." Black, Chicano, Nisei and other minority students are being recruited affirmatively for community psychology programs. Many of these students are among the more mature ones and bring with them survival skills and sufficient psychic scars to be able to withstand the problems of graduate study and to influence less seasoned or toughened faculty persons.

Research formerly very easily "ripped off" some ghettoes and barrios; it is no longer so easily accomplished. Inner city residents have become more sophisticated and appropriately hostile to half-baked and potentially derogatory researchers. Research in the future will more frequently have to have community sanction, control and community involvement.

One final word about reality which I feel community psychology and psychology generally tend or wish to ignore. My own introduction to community psychology, although it wasn't called that then, was during a two year teaching stint in the University of Rochester, New York. Fortunately, I was assigned to the physical medicine-rehabilitation section. Naturally, most of the patients had serious physical disabilities, many of them permanent, including amputations, hemiplegia and other spinal cord and brain damage. A colleague, also a psychologist who worked in the psychiatry section of the hospital medical school complex, finally, after many invitations, came to visit me at my work site. After a brief tour of the rehabilitation section, my colleague was very depressed and said "how do you stand this reality?" I am sure he wasn't aware of the implications of that statement at the time he made it. However, I think it is a good question that all psychologists should begin to ponder, particularly community psychologists.

Minority people are here, are real, and have problems as well as positive inputs which we must recognize. Community psychology must seriously address itself to social inequities, especially racism. The white psychological community has been particularly reluctant to address those problems. Clearly, minority people are in a position to teach and to help the majority non-white psychologists to learn how to "stand all that reality."

The articles selected for this issue are at first glance somewhat different in perspective. However, only a brief second glance reveals a very important central theme, that of power, or the lack of it, and reality as compared to self-deception. These authors are aware of the self-deception that psychology has practiced and we hope that the readership will become aware of it and its levels and implications.

Community Mental Health and the Black Community
A Position Statement

Committee on Mental Health
Association of Black Psychologists

1) We strongly support "community control" of community mental health centers' policies, monies, and activities in the Black community. An operational and functional concept of community control involves more than consumer participation merely on "advisory boards," but also involves power and participation on policy-making bodies, such as "boards of directors." A major responsibility, then, for ensuring that there is, in fact, a meaningful participation of the Black community in decision-making rests with the Black professional. Obviously, implementing an effective relationship between the needs of the Black community and the professional mental health staff is longitudinal and developmental.

2) Black mental health professionals should move to insure that we are adequately represented at all levels of policy-making in mental health, local, state, and national bodies and associations, especially the National Institute of Mental Health. The Association of Black Psychologists and "The Black Caucus" may be valuable support in this effort.

3) We feel that our greatest priority in terms of education and training is on the development of mental health professionals, hopefully, at the Ph.D. level of functioning. We are quite aware of the need for mental health technicians and aides and support the "new careers" movement. However, we are aware of the implication of the thrust toward "paraprofessional" development in the Black community, while the emphasis in a middle-class white community is toward increasing the mental health professionals. Obviously, this position is necessitated by a history of the least skilled personnel providing services in the Black community. In fact, we hope that existing and proposed programs for "training" paraprofessionals will also be utilized to identify promising Blacks and to provide the necessary support, financial and otherwise, for further training toward a high level of professional competence and credentials. The latter proposal is offered as one solution to the problems of low entry, limited mobility and inadequate salary scales, the almost inescapable fate of Black paraprofessionals in mental health.

4) We strongly urge that Black mental health professionals that are involved in the day to day delivery of mental health services assume a major responsibility for the education and training of Black students in mental health. This responsibility relates to their academic, clinical, and research experiences.
5) We urge that Black mental health professionals and their agencies, consistent with a preventive approach, become a necessary vehicle for social action and social change. It is imperative that community mental health programs in Black communities play an advocacy role.

6) While there currently is an increasing emphasis on preventive approaches, there remains a tremendous need for quality direct services in the Black community provided by Black professionals. We, therefore, affirm the need in training programs and every day practice for a high level of mastery of basic clinical skills essential to providing quality mental health services to the Black community that are relevant in terms of style and content. In fact, we feel that a number of professionals, currently functioning under the guise of “community psychologists,” display a blatant lack of clinical skills which we feel are necessary and a prerequisite to effectively utilizing more innovative therapeutic modalities. Recognizing that there is a range of psychological skills and expertise needed in community mental health (i.e., clinical, social, experimental, educational, organizational), which at times overlap, we feel a real need to more clearly differentiate and define the primary functioning of each sub-specialty.

7) We strongly feel that research and evaluation, despite the present controversy of its uses and methods, is a necessary and essential aspect of a community mental health program. However, all research should be subject to the “community control” of the Black consumers, as a means of halting the history of research exploitation of the Black community. This research should be deprived from and directed to service needs of the community and may be viewed as a mechanism for justifying and, thereby, increasing the quantity and quality of the services.

Dr. William D. Pierce, Chairman, Westside C.M.H.C., San Francisco, California; Dr. Thomas Hilliard, Westside C.M.H.C., San Francisco, California; Dr. Floyd Wylie, Highland Park C.M.H.C., Highland Park, Michigan; Mr. James Dobbs, Psychology Dept., University of Pittsburgh, Pittsburgh, Pa.; Dr. Mildred Buck, St. Louis, Missouri.

Preventive-Intervention for Black Children

Ralph G. Horton, Jr.

Morgan State College
Baltimore, Maryland

There is a widespread belief that minority children, especially blacks, have emerged from environments which create deprivation, negative self-concepts, and undesirable values. Further, it is believed that unless some form of early intervention occurs, the child’s negativism becomes irreversible. Thus, over the past decade, preventive-intervention became formalized through the establishment of compensatory and remedial pre-school educational programs. These programs are largely based on a “deficit-deviant” model. The model suggests that there are sub-groups of people such as blacks who need programs that will intervene at critical periods of development, so as to prevent unprescribed behavior.

W. E. B. Du Bois and Samuel Yette have described historical events which directly relate to the present characteristic and prevailing philosophy of pre-school education for the so-called “culturally and environmentally deprived child.” Even though there is approximately a 70 year lapse between their writings, we readily observe the same general theme—that programs for the “culturally deprived” are in reality designed for blacks and that such programs are more generally failures than successes.

In his Souls of Black Folk (1903), Du Bois’ assertions indicate that in a real sense the Freedmen’s Bureau, a post Civil-War Program a preventive-intervention program, was a failure. It failed to guard its work from paternalistic methods which discouraged self-reliance and determination; it failed to allow for cultural relativism and ethnic group coexistence. Specifically, it failed to promote the heritage and value system of black people as an African people. In the same vein, after more than a half century since Du Bois’ original assertion, Samuel Yette, in The Choice (1971), makes a similar accusation. Yette contends that blacks began to discover or to at least suspect that the so-called war against poverty, contemporary model for Freedmen’s Bureau, was equally a war against the poor. This suggests that as poor people, and as especially poor, black people, they must begin to challenge the inconsistencies and inequities of the American society. It becomes necessary for the prevailing majority to design programs for the expressed purpose of maintaining and, if necessary, altering the socialization, control, and communication systems of black people.

Pacification has become the “order of the day” and programs such as Head Start exemplify the historical fact that continued colonization and economic and cultural exploitation of a minority people bring about the need for the prevailing majority to pacify. Thus, in light of how most “pre-school education preventive-intervention programs” operate to control the behavior of black children, it appears that blacks have yet to become more than “wards of a racist nation.”

Today, there are a large number of black people questioning the role of “special” programs for blacks designed by whites. Blacks, during the last few years, have found themselves faced with the same problems that faced their forefathers—slavery and degradation. In this assertion lies the basis for the emergence of “black oriented!” programs which insist upon a reconstruction of the prevailing value structure. The intent of any program controlled and operated by the black community should be to alter the negativism inherent in preventive-intervention.
With the above contenptions in mind, it becomes of paramount importance that the nature and direction of programs for blacks, such as pre-school intervention, be viewed from a perspective that considers historical and contemporary factors coated in the social, political, and economic realities. This perspective suggests that if black children are to be saved from the shackles of white supremacy, there must be a counter system which will redefine and restructure black people's values, goals, and attitudes.

This writer asserts that this counter system must first consider: (1) the child in relation to the family; the child and family in relation to the black community; and the community, family, and child in relation to a racist society; (2) the black community must serve as the social referent for the child as he formulates his value system. This indicates that, via the community, black children must evolve meaningful syntheses of their African origin, their historical past (slavery), their present crisis and struggle (survival), and their future meaning and purpose (maximum development).

The inescapable conclusion at the root of the American social scene is the reality of racism (white supremacy). Because white supremacy is so pervasive, some black people have internalized the characteristics of "self-hate," "self-denial," "group-destruction," and "ancestry-rejection." It can never be forgotten that black people in America are devalued and labeled as inferior to whites. Historians, political scientists, behavioral scientists, and anthropologists continue to contribute to the racist milieu of America. It is obvious that the ideology, organizational structure, and theoretical basis of programs for black children and their families must be rooted in independence from the white American value structure.

One, community is a social unit of which space is an integral part; community is a place, a relatively small one.

Two, community indicates a configuration as to way of life, both as to why people do things and what they want—their institutions and collective goals.

A third notion is that of collective action. Persons in a community should not only be able to, but frequently do act together in the common concerns of life.

Thus community can be defined in terms of location/locale (geographic), as well as in terms of life styles and institutions (cultural), and as well as in terms of behavior. Hence, one could separate the types of communities into various entities and thus be dealing with different facets of psychology; for example, behavior in prisons could be contrasted to behavior in middle class suburbs; behavior in urban ghettos could be contrasted to behavior in Trappist monasteries. Community psychology, then, can only be defined in terms of a particular "community." In dealing with the term "community," however, it is necessary at this point to concretize it, to delineate it, so that this term, "community," will have specific meaning for community psychologists. I see the term "community" as meaning a relevant constituency or constituencies who are to be serviced at particular locales within given areas. Hence "community" is defined for the community psychologist by the relevant constituency/constituencies to be served as well as by where, with whom and for whom he works.

On the Emergence of The Community Psychology Area

I see community psychology as being a synthesis of such fields in psychology as clinical, social, developmental, organizational. I see community psychology as being inclusive of anthropology, economics, sociology and political science.

I see community psychology as representing a fusion of the social sciences. I see this fusion as being a holistic approach on the part of psychologists to deal not only with symptoms but also the causes of those symptoms.

A fusion of the social sciences is nothing new. Lewin (1947) wrote of a new development which the social sciences had reached:

... the war has accelerated greatly the change of social sciences to a new developmental level.

The scientific aspects of this development center around three objectives:

1. Integrating social sciences.
2. Moving from the description of social bodies to dynamic problems of having group life.
3. Developing new instruments and techniques of social research.

On Community Psychology: A Student's Opinion

David Guzman
University of Michigan

On the Meaning of Community

There are many perspectives as to what constitutes a community. One can view community in terms of human ecology, urbanization, economics, localities, interactionality, etc. Community connotes many different entities (e.g., scholars, blacks, chicanos, business, student, etc.). Thus, the term community takes on a variety of meanings.

In defining community, one can focus in on three categories, "ecological, structural, typological." Kaufman in his essay on the term "community" defines community in reference to three elements:

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A Further Comment on Community Control

William D. Pierce
Westside Community Mental Health Center, Inc.
San Francisco, California

The Federal Legislation that governs and regulates the development of community mental health centers in this country is intended to make possible the provision of quality mental health services to those segments of the population which, for whatever reasons, have previously been denied them. In addition to this primary objective, it is clear also that the purpose of the legislation is to create services in local communities which are responsive to community needs. The regulations further require a commitment of the community through financial undertakings and otherwise to establish and maintain mental health services appropriate to community needs. These guidelines then have in a sense forced a much closer, functional relationship between mental health service providers and the community in which those mental health services are to be provided. This relationship between community mental health centers and the community have been labeled in a variety of ways: "community participation," "community involvement," "community organization," "maximum feasible community participation," and in some circles, "community control." However labeled or identified, the relationship between community mental health centers and the community represents a new state of affairs for both the mental health delivery system and the community. Hence, many efforts have been made; some positive and encouraging, others temporary and faiiling. Given the range of success experiences and failures, there have been attempts to conceptualize the relationship between the mental health delivery system and the community in more meaningful and generalizable ways, in order to more easily operationalize it.

Though there is little disagreement that the community should be involved, there is a range of opinion and positions as to how the community should be involved. In other words, community involvement appears to be a generally acceptable concept. Questions and disagreements arise around how community involvement manifests itself. Yet, from this observer's review, there is little thought given to what makes up community involvement? What does community involvement subsume? What are the basic ingredients of community involvement?

Community involvement requires at least two basic ingredients. Community involvement can be broken down into (1) community participation, and (2) community control. By differentiating participation from control, it is being indicated that the two have different functions. When these functions are both operative, one then has the necessary and sufficient conditions of community involvement.

It is clear that one can be a participant without having control or without having decision-making power. Participation indicates that one can advise, one can raise issues, one can be familiar with and conversant with and interested in the operations of a community mental health center. On the other hand, community control indicates that the community has power, that the community has the ability and the vehicle by which to make decisions, set policy and enforce and monitor priorities. It is this latter variable, the variable or concept of community control, that usually creates emotional reactions and a range of disagreements. Therefore, let us take a closer look at the concept of community control.

When we speak of community control, we are indeed talking about community power. Power itself means that there is control of resources and decision-making authority about resources. Having power does not necessarily insure that the use of the power will be in response to community needs—it may or may not. If not, this certainly becomes an important issue. However, in order to more clearly assess whether or not there is community control, one must take a closer look at the level of power, the degree of power. In other words, how far removed are the power, the control of resources, and decision-making from the community? The issue then is one of proximity of power to the community. If the decision-making and the control of resources are far removed from the community, one can still have community participation in the community mental health delivery system. For example, the concept of community advisory boards attempts to address the maximum feasible participation idea in a community mental health center. However, the community advisory board idea does not necessarily address itself to the proximity of control issue. It is in fact can perpetuate it and become a facade for decision-making. Generally, an advisory board which may have high participation is indeed only advisory. Generally, the function of an advisory board where there is no power, or control of resources, eventually results in the board being able to say "yes" to issues. It does not result in the board being able to exercise veto power or being able to say "no" to issues. When that board or that community participation results in the ability to say "yes" and "no," especially the ability to exercise veto power, then that advisory function becomes more a control function. Simply then, when the community has the power to say "no" and make it stick, then they have come into contact with the function of community control. When they have the power to decide about, and the authority over, the primary resources, or participate significantly in that process, then and only then is community control achieved.

The primary resource in terms of community mental health centers obviously becomes the money—the public funds which make it possible for community mental health centers to exist. Therefore, the community in some way must be significantly involved in such committees as finance and budget committees, significantly involved with the board of directors, and significantly involved in the ability to vote on allocations of resources. In a very serious sense, public funds equal community funds; therefore, the community has the right to demand accountability for the use of those funds. Thus, community control is a vehicle by which accountability to the community can be rendered.

About Sex

A new film, "About Sex," developed under the educational leadership of Dns. Saul Scheellinger and Sol Gordon, won a Blue Ribbon Award as the best film in the field of sex education at the 1973 American Film Festival in New York. Information about the film can be obtained from the distributor, Texture Films, Inc., 2600 Broadway, New York, New York 10019.
EPA Convention: May 3-5

David Stein
Sound View—Throgs Neck CMH Center
Bronx, New York

During the EPA Convention in Washington, D.C., the Division of Community Psychology again sponsored a series of informal conversation hours in order to increase communication among regional Division members. These sessions were held in a suite at the Sheraton Park Hotel, headquarters for the EPA meetings, and were scheduled in competition with the regular EPA program.

Discussions ranged through a wide variety of topics, although in contrast to last year, a greater degree of focus on the announced topic was maintained. Bob Reiff actively participated in the sessions and often raised the level of discussion to profound and sophisticated heights. Of particular note is Bob’s emerging conceptual framework based in part on 6 levels of operation (individual to societal) and the policy and program implications for these levels when they are examined from the perspective of both locus of intervention and goal of change.

As was true last year, the main benefit from these sessions seemed to be that psychologists and students had an opportunity to discuss similar interests with each other. Highlights from the sessions can be summarized as follows:

(1) A special 3-hour session on Training was geared to first having a panel summarize 12 papers which had been invited by Division 27; second, discussing these papers and other training ideas; and finally preparing recommendations to the Division for consideration at the National Conference on Professional Training in Psychology (July 26-30 in Vail, Colorado).

These papers had been written during the last decade and included contributions by Ira Isece, Jim Kelly, Lester Libo, Bob Newbrough, Rodney Nurse, Jerry Osterweil, Bob Reiff, Bernard Saper, and David Stein. Because of the varied scope and orientation of these papers, it was impossible to develop any consensus regarding a series of training recommendations. Those in attendance, however, unanimously agreed to submit the following statement to Division 27 to be raised at the National Training Conference.

It is socially wasteful to use the Ph.D to provide direct service delivery. The Ph.D. level of education should be directed toward the development of leadership capability through research and teaching, administration and/or policy making responsibilities. The M.A. level should be directed toward producing service delivery professionals who could, if they desired, go on to a Ph.D. after a few years of experience, as a means of career advancement.

(2) Participants were painfully aware of the bleak funding picture for training and hoped new avenues for resources could be actively explored.

(3) Most people felt that a community psychologist should be trained in a multiplicity of skills (e.g., therapy, consultation, research, organizational development, administration, advocacy, etc.) so that he would be prepared for the variety of situations confronting him in the community.

(4) The conceptual distinction between clinical (e.g., therapy, community mental health) and community (e.g., public policy planning and evaluation, community development) was reinforced and its implications discussed throughout the sessions.

(5) Bill McKeel of Bowie State College and the Individual Psychology Association of Greater Washington, Inc. demonstrated, with his staff, an interviewing technique for family counseling based on the theoretical framework of Alfred Adler and Rudolf Dreikurs.

(6) Steve Danish of Penn State University discussed a model for training paraprofessionals and informed us of a new book he has written based on his experiences during the past years.

(7) Representatives from Montgomery College talked about their undergraduate Mental Health Associate training program which is oriented toward producing a well-rounded care-giver who could work in a variety of human service areas. Particular attention is given to training in the various arts, e.g., dance.

(8) Emory Cowen reported on his excellent graduate training program through the Center for Community Study of the Department of Psychology, University of Rochester.

(9) Stan Imber of Johns Hopkins University described his unique graduate level internship program in Public Psychology wherein students receive a year placement in a major public facility such as the mayor’s office.

(10) Edna Meyers of the Northside Clinic in Harlem explained and demonstrated her cognitive enrichment training techniques for youngsters.

(11) Gus Sosa of the Bureau of Child Guidance of the New York City Board of Education addressed himself to the failures of our major institutions and suggested an administrative and ecological rapprochement among universities, social service agencies and the public schools in urban areas as a means of recapturing the tribal tradition of many minority group members so as to make education and life a more enriching and positive experience. This theme elicited a lively and stimulating discussion.

In sum, this year’s Community Psychology Program provided a good exposure to ideas and issues for those who participated. The concept of using regional meetings for meaningful interchange among Division members and students is a good one, but more thought needs to be given to increased participation.

Creative Growth

Elias Katz, Ph.D., and Florence Ludins-Katz, M.A. are collecting examples of the creative work of the mentally retarded in art, music, dance, and writing. If you have any material or know where such activity is taking place, please contact them % CREATIVE GROWTH (A non-profit corporation), 2839 Ashby Avenue, Berkeley, California 94705.
Status Quo Agentry
(or How to Feel Good While Nothing Happens)

Peter R. Mattis
University of Michigan

In recent years we have been subjected to increasing calls for change directed at most of our institutions such as schools, hospitals, police and even the institution of professionals. Worse yet, actual attempts at change have challenged the basic structural properties of these institutions amidst a cry that the processes of change are more important than any particular outcome. The professional change agent is supposed to possess a metabolic balance of patience and zeal (Kelly, 1971), be able to assume an insecure and marginal role and exhibit a commitment to risk-taking and deferring personal gratifications for those of the target system (Bennis, Benne and Chin, 1961).

However, in spite of these exhortations, it is clear that change is not always for the good. It goes without saying that change can cause losses of power, status and roles and that change can make things worse. Therefore, I shall attempt to make visible and respectable the art of status quo agentry. As a convert from change agentry to status quo agentry, my feelings of psychological well-being have been enhanced by an increased sense of competency, security and being on the winning side. (In spite of the status quo agent’s lack of published visibility, they usually win with only a few cosmetic changes conceding to the change agenda.) These feelings of well-being are in distinct contrast to the “downers” of change agentry which include ineffectiveness, overextendedness and working hard for change only to fail most of the time. My conversion from change agentry has bought me not only personal but also systemic rewards from my more experienced and hence more knowledgeable elders. It is from this euphoric vantage point that I present my notions on the rationale, methods and contexts for effective status quo agentry; it is hoped that these ideas will lead to nothing.

Rationale

A status quo agent must continually challenge the rationale of change agents that “change is synonymous with better.” In fact, one can cite much relevant research and nostalgia to show that change makes things worse. The descriptive approach must be supplemented by the predictions of doom (the chicken-little effect) that are central to the functioning status quo agent. It is important to delineate all the terrible things that could happen if change was attempted, such as “we might fail,” “we would prevent us from doing . . . .,” “we could lose our outside funding,” and most importantly “my God, if we do that well, our system will be overloaded.” By taking the philosophic position that you are morally right, you will be able to withstand the slanderous attacks of change agents who will call you rigid, closed, obstructionist, conservative, authoritarian and boss. Remember that one who takes a morally righteous position does not have to heed the uninformed, inappropriate, impulsive outbursts of emotionally regressive change agents. (Note the effective use of labeling in ignoring and controlling your enemies, the change agents.)

A companion to the assumption that change will make things worse is the assumption that change will lead to a loss of power. Your greatest allies in status quo agentry are, of course, the powers that be. Align yourself with the leaders of the “haves” since that is where the greatest source of energy for the status quo resides. Be sure to document all threats to power, whether they are real or not (unreal ones may actually be a bit advantageous since they are so much harder to fight). If the specific power loss is not clear in a given change attempt, emphasize the instability inherent in open (or chaotic) systems.

Along with the goals of preventing worse things and power loss via the change process, the status quo agent is afforded the chance to prevent new problems. Change tends to produce new systems and new groups who define old problems in a new light and, in turn, formulate new responses to these problems. This cycle is very damaging to the status quo, so special attention must be given to working on the same problems in preferably the same way. Procedural manuals, historical analysis, and continual references to unsolved problems are aids in preventing damaging new definitions of a problem.

Methods

The day to day tasks of facilitating nothing happening require that the communications of the status quo agent should be vague, ambivalent, binding, abstract or nit picking (either extreme will do), and pleasant. Being pleasant and civilized, and verbally valuing these traits, makes it more difficult for change agents to either confront or dislike you. Conflict is to be avoided since it often leads to change. Thus, being supportive of change agents is to your advantage. Inquire about their tiredness, sympathize with their overextendedness, give them “prized” information that they must keep secret (this hides directness) and express concern over the risks they take (this is more effective than threats). The subtle hints of supporting ideas while simultaneously delineating their impossibility is an old standby for the status quo agent.

Another strategy for dealing with good ideas that might lead to effective action is to avoid any action if possible since mere doing can often lead to change. If ignoring a creative suggestion is not feasible, don’t fight it—just offer another creative idea. Let me explain this strategy. A plethora of good change proposals on the table or floor at one time makes it difficult to act on any one of them. Also, if they are all acceptable, much effort and time can be spent in listing priorities and dealing with the “basic value questions” which underlie discussions about priorities. By employing “status quo politics,” you can turn the energies of the change agents against themselves. It is the change agents’ fervor for good proposals that allows them to be seduced into the “one good idea deserves another play” Using their desire for change at all levels combined with the ecological principle that “everything is related to everything,” the status quo agent can effectively prevent change by employing a tactic commonly known as The Defense Department Plan. The Plan goes like this: wait until the group has focused upon a solution to a problem; when they start dealing with the constraints on the proposed program, you note the obvious lack of funds for their worthy change proposal and then link this lack of funds to our messed up national priorities which uses two-thirds of our national budget on defense;
and finally, if done well, you have set the stage for a highly emotional discussion on how to change the Defense Department. This, of course, takes the energy and focus away from the doable change project.

The greatest resources for status quo agency are always available—right in front of you. As Sigmund Freud (note the use of authorities) stated: "sex and aggression are very important." Your mission as a status quo agent is to facilitate, emphasize and escalate those feelings in the group you work with. The skillful deployment of sex and aggression can keep the energies of any agency, committee or person directed inward, thereby preventing any energy going outward toward change. As noted before, the work of change agents does not often allow them to feel effective and competent and may lead them, instead, to feel lousy about themselves. Two choice ways of coping with this frustration is "making it" (sex) with co-workers and/or power struggles; there is no telling how much change could potentially be accomplished. Rumors about sex and aggression are useful in starting intrigues and getting people trapped into that energy-draining dimension. Being able to deal with sex and aggression on the job is one of the fringe benefits of the role of the status quo agent.

**Context (Time and Space)**

Strategic use of the variables of time and space can foster environments particularly conducive to status quoing. Unfortunately, mere passage of time may lead to change so the status quo agent must devise ingenious tactics to overcome this inherent disadvantage. Time can be used to our advantage, however, since longevity (the passing of time) is one prime predictor of status and power. And better yet, many settings use an accountability system based on "time spent" rather than "work done." Since your job as a status quo agent requires you to do nothing, it is mandatory (as well as delightful) that they count your hours and not your functions. Thus, status quo agents must appear to be using their time well and, in fact, the image of having "no time" leads many to assume you're very busy doing good work. Some hints about how to look busy while doing nothing are:

1. *Lung around in visible spaces called "work";*
2. *Arrive mildly late and breathless for appointments;*
3. "Work" those hours that the boss or critical others do—solitary work is not often counted;
4. *Schedule appointments in public while constantly fretting about your busy schedule and agonizing about all those things you'll have to rearrange;*
5. *Facilitate meetings wasting time by bringing up those priority issues which take so long to resolve such as: a better and fairer way to collect the coffee money; rearranging next week's meeting due to your busy schedule (see #4); discussing why those not present are not present; and, of course, carrying on inconsequential private conversations and checking out rumors (making up good ones) which will have to be explained for the group.*

Now that we've dealt with time, let us move on to space: how to choose places that are conducive to applying the trade of status quo agency. The following are some dimensions to investigate when assessing systems you wish to maintain:

- **(A) Prestige:** Often high prestige is correlated with rigidity. Once successful, systems usually maintain a constant plan of action, even if conditions are changing.
- **(B) Size:** The larger, the better. Try for systems and groups that are large enough to create the atmosphere that individual effort won't make a difference.
- **(C) Policy Manual:** The bigger and more detailed but unintelligible the better. An exhaustive policy manual can be authoritatively cited at any time against any attempt at change i.e., "that's against the rules" or "there's no precedent for that in this system."
- **(D) Organizational Structure:** Look for systems with many chiefs and no clear lines of authority or with one out of touch chief and explicit lines of authority.
- **(E) Explicit Program Statements:** Look for agencies that state they are open to change and suggestion. They are a good risk since this explicit tolerance of change is often a sign of sophisticated status quo agency.
- **(F) Criterion:** The lack of criterion is essential for inequitable reward systems. This inequity seems to be good for status quo agency since, with no measure of effectiveness, people tend to either give up their functions or develop "myths" that enhance their feeling that something good is happening. An example of this is when therapist Y says "My patient cried" and therapist Z says, "Gee, that's great—you're really getting into it."
- **(G) Personnel Practices:** Agencies and organizations in which a person's identity is fairly fixed in his/her role are excellent career opportunities. Staff perceiving a change in the organization as a threat to their identity will become intense and irrational allies in protecting the status quo.
- **(H) Handling of Deviance:** Places that value conformity and actively mistrust deviance are easy places to maintain the status quo. If people with ideas, high risk-takers, do-gooders, etc. are isolated, you know you're in a conducive environment.
- **(I) Record-keeping:** Look for agencies that require extensive record keeping under the guise of evaluation. Change agents' efforts can be diluted when they have to spend half their time filling out forms.

**Conclusion**

This paper has been an attempt to describe the working of status quo agency. Further learning can be obtained by watching the expert status quo agents around you, who may not label themselves as such but who are the ones who thrive when nothing happens. Becoming a status quo agent permits one to give up the sisyphusian struggle, pain, joy and commitment of rolling a rock up the hill and having it roll down again. This myth can be replaced by the narcissistic complacency of effectiveness, status and power. Also, status quo agency is a unique field in that no further research is needed to facilitate doing nothing. I ask, what more could a professional want?*

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This paper was edited and revised by Prudence Brown before the recent death of Dr. Mattin and is presented now as a tribute to the author, a great change agent and friend.
Call For Articles

As a result of the new affiliation between Division 27 and the American Journal of Community Psychology, the Division can publish more material of interest to its members. Therefore, I want to invite any group or individual member, affiliate, or student member of the Division to submit items for publication.

There is no required format. We are more interested in communication than in form. All submissions must be relatively brief, but use enough space to make your point. Theoretical, conceptual, action-research, and experiential articles should be designed so that their basic content can be elaborated upon in subsequent correspondence between the author(s) and interested readers.

Announcements, general news, comments, etc. will be published in the order received from Division participants. Announcements from sources other than Division participants will be published as space permits.

Our publication lag presently is about two months from date of submission. Items will be published either in the Newsletter or the AJCP, depending upon the timing of your submission, type of content, quirks of fate, and whims of the editor.

General deadlines are October 15, January 15, March 15, May 15. Materials should be mailed to:

Edison Trickett, Editor
Division 27, Newsletter
Psychology, Yale University
333 Cedar Street
New Haven, Connecticut 06510

Community Action

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

ADDRESS LIST
An address list of the members of Division 27, arranged according to state, is available on request from:
Ms. Gayle Hill
Psychology Department
The University of Texas
Austin, Texas 78712

TRAINING OPPORTUNITIES IN COMMUNITY PSYCHOLOGY AND MENTAL HEALTH
available at $1.50 per copy from:
Bernard Bloom, Ph.D.
Department of Psychology
University of Colorado
Boulder, Colorado

SECRETARY-TREASURER ADDRESS
Ms. Gayle Hill is serving this year as Acting Secretary for Division 27. Please address all correspondence appropriate to the Secretary-Treasurer to Ms. Hill at the Psychology Department, Mezes Hall 404, The University of Texas, Austin, Texas 78712.

CHANGE OF ADDRESS
This Newsletter is published by the Division of Community Psychology for distribution to its members and affiliates. Applications for Division membership should be addressed to Francis T. Miller, Ph.D., Community Psychiatry Division, Memorial Hospital, University of North Carolina, Chapel Hill, North Carolina 27514. Change of Address notice should be sent to APA central office and to the Division secretary, Ms. Gayle Hill, Psychology Department, The University of Texas, Austin, Texas 78712.

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