Transitions
Some transitions come smoothly. They catch our attention after they’re in place when we realize, looking back, how profoundly our lives have changed. Others come suddenly, blowing into our lives like hurricanes, changing us and our world in major ways. This year has been one of transition for community psychology as a discipline and as a Society.

In this column I look at transitions over the last 12 months.

Transitions in our Discipline
Community Psychology, born at Swampscott in 1965, projected a vision that transformed its founders and won disciples in succeeding generations. Today’s community psychologists continue Swampscott’s focus on communities rather than individuals, prevention rather than treatment, and empowerment rather than preservation of a status quo that lacks fairness or equality of opportunity.

SCRA’s New Vision
This year for the first time the Swampscott vision of community psychology was officially revised (Wolff, 2006, p. 78). Incorporating Swampscott’s focus on communities, prevention, and empowerment, our body politic voted to expand the meaning of “community” in community psychology. SCRA’s research and action communities now include interdisciplinary and international partners, participants, and topics. A less heralded but perhaps more significant development over time will be the increasing acceptance of participatory research. This change affects our research and action programs across a widening circle of partners and topics.
A significant break from Swampscott is the unambiguous commitment to work for social justice that is a theme in the new vision statement. With SCRA’s Brad Olson as Chair, SCRA’s membership as one of APA’s 12 Divisions of Social Justice has reached a new level of leadership this year.

By the time you read this, DSJ will have completed their mini-convention at the APA Annual Convention in San Francisco. There DSJ members plan to challenge APA to re-examine their official policy of permitting psychologists to participate in the interrogation of prisoners in Guantanamo and other military prisons. APA’s policy is out of step with the policies of the American Medical Association and the American Psychiatric Association, which forbid their members to participate in military interrogation sessions. A caution: the commitment to “right wrongs” is a double-edged sword, to be pursued with unrelenting transparency, and the utmost discourse with and feedback from those affected. History has witnessed the bloody record of nations that go to war in the name of righting wrongs as a pretext to conquer and exploit other nations.

A notable return to Swampscott’s vision is the re-emergence of the practice of community psychology as a compelling and viable career option. Applied—or “real world”—community psychologists operated under the radar during the middle years of our 40-year discipline but have now returned to visibility within our guild (Wolff & Swift, under review). The “Summit on Community Practice in Community Psychology,” held prior to our biennial last month in Pasadena and chaired by Tom Wolff, was planned for 60 participants and drew almost twice that number. Enthusiastic participants came out of the summit planning actions in three areas: visibility and support for the practice of community psychology; changes in graduate education to reflect new definitions of practice and its core competencies; and expanded and relevant publication opportunities. They plan to build on this momentum at the Second International Conference on Community Psychology in Lisbon next year.

The return to visibility of applied community psychologists has been a gradual transition, beginning with the first SCRA Biennial Conference in 1987 in Columbia, South Carolina. These conferences have revolutionized the landscape of our Society for their welcoming of all-comers, their open sessions, their eclectic keynoters, and the bonding that occurs cross-specialty, cross-culture, cross-race/ethnicity, cross-gender and ability—in the halls, on the patios, and in the meeting rooms. During our fruit and bagel breakfasts and our box-lunches we are elbow-to-elbow. I believe our research and action programs benefit from the enrichment and authenticity that come out of the eclectic groups that meet spontaneously and informally at our biennials.

Transition of Generational Pioneers

The passing of the torch from the older or more experienced to the younger, or less experienced is celebrated in families, in communities, in nations, and in international relationships. SCRA performs this ritual symbolically when the gavel is passed from outgoing to incoming presidents. With our publications and biennial sessions we informally celebrate the roots and paths from our Swampscott past. So it was that our 14th Biennial in Pasadena included “Remembering Sessions” on successive nights to honor the lives and works of three eminent community psychology pioneers who died in the last year: George Albee, John Glidewell, and Robert Reiff.

On the second afternoon the normal flow of the conference was interrupted by an event that froze all of us in what seemed an endless moment of space and time. Donald C. Klein, 83, collapsed during one of the sessions and died shortly thereafter. In spite of the ensuing shock and grief, those on the scene mobilized quickly—giving CPR, notifying authorities and family, and comforting each other. Community psychologists did everything you would expect of them and more.

Hours later, President-Elect Anne Bogat led the 600 subdued participants in a celebration of Donald Klein’s life. Many people spoke of Don, who was a much beloved founder and Past President of the Division of Community Psychology, co-editor of Swampscott proceedings, and a dear friend and colleague for over 35 years. SCRA Historian James Kelly chronicled Don’s major achievements and along with others shared personal stories of his generosity, friendship, and wisdom. The service was framed spiritually by Kerry Cronan, a community psychologist from Australia, and Tom Wolff, who sang the Jewish Shemah. It was a moving, healing experience. There was a sense of ancient wisdom in our release of anguish, and in our instinctive embrace of renewal in the midst of profound loss. It was our heightened sense of intimacy for what we shared together there, and our sense of history, that enabled us to go on with the traditions of our conference after our rituals for Don that night.

The awards banquet turned out to be a fitting ceremony for passing the torch forward. We followed the celebration of the life of one of our earliest pioneers with the celebration of the outstanding achievements of our award winners this year. It is a tribute to Anne Bogat’s leadership that she hosted the banquet with a heartfelt joy that gave us all permission to clap and shout in praise of those we honored. A stranger passing our banquet at the end of the evening would have wondered at the extraordinary jubilation reverberating throughout the hall. Shock and grief were transformed in our triumphant celebration of the lives of all the outstanding leaders we honored that night. The names of the awards and their winners are given below. More information will be found in the next issue.
Distinguished Contributions to the Theory and Research of Community Psychology:
Abe Wandersman, 2005, Ken Maton, 2006

Distinguished Contributions to the Practice of Community Psychology from an Academic Base: Gary Harper, 2007

Distinguished Contribution to Public Policy:
Leonard A. Jason, 2007

Outstanding Educator: Patricia A. O’Connor, 2007

Excellence in Education Programs: Depauw University Community and Clinical-Community Doctoral Programs, 2007

Community Psychology Dissertation of the Year:
Branda Nowell, 2006

Emory L. Cowen Dissertation for the Promotion of Wellness:
Lisabeth Finn, 2006

Seymour B. Sarason Award for Community Research and Action: Ray Lorion

Presidential Award in Recognition of Outstanding Performance as SCRA Manager: Susan Kistler, 2007

Presidential Award in Recognition of Outstanding Contributions to the 2007 Biennial: Raymond Scott, 2007

In Recognition of Their Generous Support of SCRA Biennial Conferences: The Haworth Press, 2007

A long overdue award was presented to The Haworth Press, represented by Michelle Savory. Haworth has been a consistent supporter of SCRA and of our vision. It has donated generously to this and past biennials, and has published many significant books by SCRA’s authors, most recently James G. Kelly’s and Anna V. Song’s two-volume work (Kelly & Song, 2004; Kelly & Song, in press) on the lives of community psychologists. It also publishes the Journal of Prevention and Intervention in Community, edited by Joe Ferrari. We want to extend appreciation to Michelle and to Haworth for their continued generosity to SCRA, and look forward to working with them for many years to come.

Although not on the official Awards list, two SCRA media “firsts” were noted at the biennial Awards Banquet. Two valued members of long standing, James Emshoff and Leonard Jason, were honored for taking leadership in defining and promoting our discipline through the popular media. Although there was no direct relationship between the timing of these two events, they resulted in the sudden—if fleeting—spotlight of this nation’s media on community psychology. Jim responded to one of this country’s earliest media forms, the daily newspaper; Lenny responded to one of its latest and most popular, the website streaming “news-trivia-video,” YouTube.

James Emshoff was honored for his immediate, eloquent, and passionate email response to an Op-Ed article in the Wall Street Journal attacking community psychology. Although his response was never published, it went out on our SCRA-L listserv, leading to a lively increase in emails dealing with the issues raised. This message can now be found on SCRA’s website. Leonard Jason and his DePaul team were honored for posting a creative “first-ever” video of a promotion of community psychology on the overwhelmingly popular website YouTube. Short as it is at two minutes, it aroused a firestorm of commentary on our listserv, bringing us together in our varying reactions to its content, its process, and what this introduction of our discipline into the burgeoning electronic media means for the future. This video is also now available on SCRA’s website.

Transitions in our Society (SCRA)
Real World to Virtual World

The ease with which we flip the “on” and “off” switches and manipulate the channels and websites of our electronic devices masks the reality of our dependence on those who work behind the scenes to make it all happen. This year has seen a major change in our management that has brought many benefits. Past President Ana Mari Cauce contracted last fall to bring SCRA’s first professional manager, Susan Kistler, on board. This management change has brought a year of notable electronic firsts for SCRA. Last fall the traditional membership renewal forms were sent electronically for the first time. This included the Call for Nominations of new officers, and the Call for Nominations for SCRA’s awards. Later the Call for Reapportionment for APA’s Council seats was also emailed to our membership, resulting in a response that came close to winning SCRA two seats on APA’s Council (we’ll do it this year!). Susan Kistler’s expertise and broad experience has brought SCRA to a new level of sophistication in our organization’s management.

An unsung hero in SCRA’s affairs is Scot Evans, SCRA Website Manager since 2004. Scot has turned SCRA’s website into a vibrant site for breaking news, conference announcements, listings of officers and award winners, and other features. He was responsible for providing the website as a channel for candidates in last spring’s election of officers. They were able to post their statements and photographs for members to view prior to the election—again a first for SCRA. The election website resolves what has been a major crunch each spring, when SCRA’s election cycle clashes with TCP’s publication schedule, making it difficult if not impossible to print election material in TCP before the mail-in vote. Scot is a valuable resource whose dedication has been a major factor in SCRA’s capacity to set up its own virtual world.

With the American Journal of Community Psychology already on line, the Executive Committee voted at the biennial to put The Community Psychologist on SCRA’s website as well. By the time you read this you should be able to access this current issue there, along with recent past issues. Ultimately all issues will be accessible on line.

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### EXECUTIVE COMMITTEE 2006–2007

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**LATIN AMERICA:**
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**SOUTH PACIFIC:**
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**LESBIAN/GAY/BISEXUAL/TRANS GENDER (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.

**PAST PRESIDENT:**
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**NOMINATIONS:**
David Fryer, University of Stirling

**INTEREST GROUPS**

**AGING**
The Aging interest group focuses on the productive role of aging in the community and the prevention of mental health problems in the elderly.

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

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

**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.

**COMMUNITY PROMOTION**
The Community Promotion interest group seeks to enhance conceptual and methodological issues, and promote rapid dissemination and discussion of new developments and findings in the field.

**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.

**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.

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

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

**SCHOOL INTERVENTION**
The School Intervention interest group addresses theories, methods, knowledge base, and setting factors pertaining to prevention and health promotion in school.

**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.
I am pleased to share this Summer 2007 issue of *The Community Psychologist* with you. Thanks to all of the column editors and contributors to this edition.

In addition to the regular columns, this issue features an article written by Don Klein, “A Transformative Agenda for Community Psychology: From a Psychology of Projection to a Psychology of Appreciation.” I am very grateful for this generous gift he has given us. Thanks to Carolyn Swift and Professor Klein’s son, Alan Klein, for their lovely introduction as well.

Columns in the Summer issue provide readers an opportunity to learn about exemplary teaching, research, and practice across diverse contexts. Just a few examples: Brigida Hernández reflects on a collaborative study with university, local government, and business partners that examines the economic costs and benefits associated with hiring people with disabilities. Caroline Watts and John Buckner describe Children’s Hospital Neighborhood Partnerships, a university/hospital collaboration with schools, community health clinics, and community organizations. Jean Hill offers a wonderful summary of her introduction to community psychology in an Introductory Psychology course.

Column readers are also asked to participate in a variety of ways. Again just a few examples: In the Cultural and Racial Affairs column, Jonathan Livingston and Ronald Hall urge us to learn more about Islamic traditions and spiritualism as experienced and practiced by Muslim families living in the US. Students and faculty from DePaul University’s Center for Community Research invite us to contribute to a study examining the work of Community Action Research Centers across the US. Gary Harper, who is finishing his term as Regional Network Coordinator, asks those who live in the Rocky Mountain/Southwest Region of the US or Latin America to volunteer as regional coordinators. Marco Hidalgo, SCRA Student Representative, calls for student submissions to future issues of TCP, and SCRA’s Executive Committee seeks nominations for fellows and a number of awards.

In the Living Community Psychology column, Gloria Levin offers yet another fascinating profile of the life and work of a community psychologist. Thanks to Richard Jenkins for sharing his story. In additional articles, Colleen Loomis and Jody Brown offer an appreciation of the lifework of Joseph Zins, and Eric Mankowski and Greg Meissen provide an update on the reactivated SCRA Council of Education Programs.

Thanks again to all of the column editors and contributors for their fine work.
“From the President” continued from p. 3

APA’s Archive

There is one more resource I’d like to share with you. Jean Ann Linney some years ago contacted APA’s Archive and set up a repository for SCRA’s documents. In subsequent years various presidents have been in contact with this archive, most notably Andrea Solarz. The APA’s Arthur W. Melton Library & APA Archives are located at APA’s headquarters in Washington, DC. Recently, I contacted Jay Staton, the archives’ Administrative Assistant (202-336-5640, astaton@apa.org) looking for the earliest issues of TCP. He sent me copies in record time. On request he will email a list of their SCRA/community psychology archive contents, along with forms to deposit or request materials, and a handbook instructing you on the uses of the archive. It has many—not all—issues of TCP, along with other valuable papers for Division 27 back to its earliest days, as well as documents dating from the adoption of our current name, SCRA. It is a tribute to our wired world that these resources can be accessed from home or office.

I want to express appreciation to Wil Edgerton, Division of Community Psychology Past President, 1973–74, and winner of the Distinguished Contribution to the Practice of Community Psychology Award in 2000. Due to his generous donation of documents and papers the APA Archive is blessed with a large collection of our society’s most valuable early documents.

Personal Transition

In sum, it’s been an exciting year. I want to thank all of you for the warm welcome and cooperation you’ve given me. The one wish I want to leave with you is that community psychology return to its early leadership role in diversity as “the active conscience of American psychology” (Jones, 1978).

I’m proud, at 75, to have struck new ground as your oldest president and your first retired one. I hope that inspires other senior members to renew their involvement in SCRA. I thought briefly that I must be the oldest of any of APA’s divisional presidents. Then I met an 85-year old woman on one of the connector buses at last year’s APA convention in New Orleans. In the seven minutes it took to go from the convention center to her hotel she recruited me to her division (which shall remain nameless), of which she is president. What a political firebrand! I couldn’t turn her down! My regret is that I didn’t manage to recruit her for SCRA. Maybe when I’m 85.

‘Til then . . .

References


COMMUNITY ACTION RESEARCH CENTER NETWORK—

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

Evaluating Community Center Values and Interventions

~Nicole Porter, Lauren Rzepka, Mary Benton, Ben Graham, & Leonard Jason,
The Center for Community Research, DePaul University

Community psychology takes a systemic approach to community health, focusing on the health of populations as opposed to individuals. This systemic approach is nowhere more apparent than in the “center” structure which creates community among those intervening to create social change.

It seems clear that underlying the infrastructure of the network of centers and within individual centers are the value systems that support them. These value systems may be guided by mission statements, the types of interventions undertaken, and the dynamics between opinion-leaders and individuals attracted by these goals.

The relationship between individuals in academic communities, centers and the public sector is a dynamic one, in which each system interacts bidirectionally to affect reciprocal change in the other. This interaction has effects at all levels of the system: from center-individual coactions, to center-community effects, to university-center interactions, to influencing the policy and perceptions held by these individuals, centers, universities, and communities. In addition, the emphasis of a systemic approach to community support that recognizes individuals and the contexts in which they are embedded contributes to the effectiveness of community centers (Warren–Adamson, 2001). This is one reason that understanding the structures, interventions, and values of our community centers is important.

It is also a central goal of community psychology to bridge the gap between academic investigation and community intervention. Ideally this occurs by using academic research to inform action, which facilitate positive change where social change is needed. Community projects are critical to the field of community psychology when they function to build a connection between the worlds of scientific investigation and informed action. This building can be done in many ways. One can use research to enforce legislation through media exposure, or by employing research to change legislation by providing data to legislators, lobbyists, and activists. Another avenue is changing values via education, such as classroom teaching opportunities or by systemic academic intervention opportunities, such as changing textbook content, influencing course curriculum and required course material, or through mentoring. There are also organization techniques involving grassroots intervention, such as
empowerment, providing professional support for disenfranchised populations, letter writing campaigns, or demonstrations (Jason, 1991). To what extent any of these techniques and tactics are employed in community research centers remains largely unexamined.

Community-based organizations such as community mental health centers, women’s health organizations, youth centers, and public advocacy groups are invaluable social institutions. Community centers across the country are committed to a broad range of goals, including but not limited to research, teaching, public health, and direct community outreach. The interdisciplinary approach of community centers is one critical factor enabling them to respond to community and individual problems with flexibility, using the appropriate technique or tactic for a variety of intervention goals (Viana, Sousa, & Matos, 2003).

Moreover, community centers dedicated to supporting community driven projects are more permanent and wider in scope of activities than individual community projects. By offering essential long-term commitments to communities, research issues, and specific values, they serve an essential stabilizing function for community psychology and facilitate more impactful research interventions (Jason, 1997). In addition, an emphasis on a systematic approach to support that recognizes individuals and the contexts within which the individual is embedded, contributes to the effectiveness of community centers (Sanders & Munford, 2006, Warren–Adamson, 2001).

Despite the importance of community centers and their projects, there has been very little information collected about the projects employed at community centers, their underlying missions and values, or the ways in which community centers operate. For many theorists the highest goal remains maximizing the positive systemic changes. However, the question becomes: do the interventions employed by community psychologists simply target first-order change that amounts to temporary improvements for a number of individuals? What are the values underlying community research centers and what techniques are employed to meet these goals?

Our group is presently distributing a survey to a sample of community centers listed on the member directory of the Society for Community Research and Action community toolbox. The evaluation will ask questions with the goal of investigating seven areas of individual-center interactions: cooperation, cohesiveness, structure, values, satisfaction, levels of access, and research involvement. The survey will be given to a sample of individuals at each community center who hold a variety of positions ranging from volunteer to principal investigator. The results of this study will examine the data comprehensively, between and within centers, in each of the seven areas of interest. Identifying the values, intervention types, activities and structures, and the effects of these factors in various centers will help us better understand how community centers function.

If you are interested in participating in this research please contact Lauren Rzepka at lrzepka@students.depaul.edu at The Center for Community Research. All information will be kept strictly confidential and anonymous and we would be grateful for your input.

References

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Religion, Faith, and Social Change: Reconciling our Relationship with Islam

~Jonathan N. Livingston, North Carolina Central University & Ronald E. Hall, Michigan State University

Given the events of September 11th, 2001, spiritualism and how it impacts identity and family have become of critical import to mental health practice with Arab families (Kilpatrick & Holland, 1990; Hall & Livingston, 2006). Negative media coverage and shifts in attitudes regarding the Islamic community should be of concern for the mental health community. Moreover, given the influx of Muslims from Northern Africa, Southeast Asia, and southeastern Slavic countries, the need for those in the healing profession to grasp the complexity of Islam is overdue. However, in the aftermath of 911, many political opportunists as well as well-meaning neo-patriots, have created a context of fear, which has lead to military action in two separate countries and a context of considerable fear for Muslims living in America.

In light of the current perceptions of the Islamic community, mental health practitioners will have to be better informed and maintain objectivity allant to its Code of Ethics (Gambrill, 2001) if, in fact, they are to adequately serve Muslim families. Cultural understanding with a great deal of patience will have to prevail. The inability of the helping profession to provide understanding and solace to Arab families will further create a context of fear and isolation among Arab families, which will perpetuate a context of hostility and suspicion.

Psychologists working with Arab families to be mindful not only of the complexity of the faith, but also understand their religious expediencies in its totality, in context, space, and time. Likened to that of many Christians, spiritualism and social change (Hodge, 2000) are integral parts of the Muslims’ phenomenological experience. Through the Koran and the sura, Muslims are taught history and culture, as well as socially-appropriate religious practices and behaviors. Guiding principles for human relations are taught through the stories in the Koran. These stories lay the foundation for family and community relations and provide Muslims a blueprint for interpreting reality.

Although Muslim scholars consider Mohammed as a religious leader, he is also considered an agent of social change. Although his teachings have impacted countless Muslims, few contemporary social sciences focus on Islam as a social change agent. Its origins and tenants, likened to that of Christianity, are rooted in Judeo-Christian ethics. Although their presence is growing among America’s population, Arab families who follow Islam represent an unfamiliar component of society (Al–Krenawi & Graham, 2000; Hall & Livingston, 2006). The increase in numbers has caused concern among Judeo-Christians. As Islam continues to become a more significant aspect of Western society, it will necessitate portrayal of its followers fairly, objectively, and accurately (Hall & Livingston, 2006).

According to Schiele (1997), most mental health research on Arab families today continues to be all but non-existent. While America has experienced a significant increase in diversity in recent years, mainstream studies invariably focus on Western/Eurocentric models, which do not account for non-Western criteria or cultural variations. Schiele (1996) indicates that any attempt on the part of practitioners to stray from standard models encourages invitation to ridicule by mainstream professionals.

Furthermore, consistent with Judeo-Christian tradition, spirituality for Arab families may contain coping mechanisms that enable them to confront and overcome the many challenges of daily life (Hall & Livingston, 2006). In an effort to educate and contribute to the effectiveness of mental health practice, psychologists must begin to: (1) provide an introduction to the history of the Arab population including spirituality as per the religion of Islam; (2) understand the importance of spiritualism as experienced and practiced in families; and (3) visit the implications for mental health practice and social change.

References


Dear friends,

Once more I am proud to present the work of Brigida Hernandez and her research team from DePaul University. I have had the pleasure of collaborating with Brigida on several research projects regarding the implementation of the Americans with Disabilities Act. This study is an interesting expansion of her work to the area of employment of individuals with disabilities, in this case, a cost-benefit analysis conducted in collaboration with local businesses and government agencies. Here is a brief summary of her project.

Lessons from the Trenches: Reflections on Conducting Disability Research with the Local Government and Businesses

~Brigida Hernández, DePaul University
Katherine McDonald, Portland State University
Elizabeth Horin, Jessica Velcoff, Oscar Donoso, Marielle Divilbiss, Anna Kushnir, DePaul University

As a researcher, I (Brigida) have spent some time seeking funded opportunities to support projects of importance to the disability community. These efforts have included connecting with disability scholars, collaborating with community-based organizations, and preparing grant proposals. Admittedly, I was surprised when I received a call from the Commissioner of the Mayor’s Office for People with Disabilities (MOPD) in Chicago, inviting me to hear about an existing grant opportunity.

From the Commissioner, I learned that Mayor Richard Daley had commissioned a task force in 2002 to address the employment crisis experienced by many Chicagoans with disabilities. National estimates indicate that only 30% to 35% of disabled adults are employed (Harris, 2004). The Mayoral Task Force on the Employment of Individuals with Disabilities (Task Force) was established to address this pressing issue on a local level, and included government officials, business representatives, social service providers, community members, and university researchers. The Task Force recommended that a cost-benefit analysis be conducted to better understand the economic stake for employers hiring individuals with disabilities.

To date, there have been only a handful of studies that have examined the economic costs and benefits of hiring people with disabilities in the general workforce. The few that exist focus on single companies and were conducted over a decade ago (Blanck, 1994; Oshkosh Area Workforce Development Center, 2007). Given the need for local and current data on this topic, the Commissioner obtained funding from the Illinois Department of Commerce and Economic Opportunity to conduct this study, and then sought the research assistance of DePaul University. Moreover, the Commissioner included the Mayor’s Office of Workforce Development (MOWD) and disability works (which is affiliated with the Chicagoland Chamber of Commerce) in this effort, and these three entities represent our city partners.

Here, we provide an overview of the Economic Impact Study and describe some of the challenges our research team experienced throughout the phases of this research. We also share effective responses to these challenges, highlighting lessons learned along the way. We share these experiences from the perspective of our research team, which initially started with a principal investigator, project director, research assistant, and graduate research assistant. Over time, a coordinator, graduate student, and two undergraduates were added.

Overview of the Economic Impact Study

The Economic Impact Study (EIS) spans three years and aims to examine the economic costs and benefits associated with hiring people with disabilities. It includes five phases designed to engage key stakeholders throughout various components of the research, and currently we are in the third phase. The first phase consisted of forming an advisory group for each business sector represented in this study (i.e., healthcare, hospitality, and retail). Advisory group members included Presidents, CEOs, and Vice Presidents of Human Resources (HR), who provided feedback on the feasibility of the research design and usability of the surveys. They also assisted with recruitment of other businesses. The second phase involved focus groups with upper management HR personnel that explored companies’ experiences with hiring individuals with disabilities. The third phase represents the heart of the study, where we have recruited employees to participate in order to conduct the cost-benefit analysis. Specifically, employees with and without disabilities in similar positions will be compared across a number of work-related variables (e.g., tenure and absenteeism rates). The fourth phase will involve sharing the results with representatives of the participating businesses to contextualize our quantitative findings. Lastly, results will be shared with the larger business and service provider communities throughout the Chicagoland area to promote the employment of people with disabilities. Results will also be shared with the scholarly community through academically-oriented outlets.

Acknowledging limitations, reviewing the literature, and seeking assistance

We experienced a major challenge at the start of the project. The Commissioner and Task Force wanted a cost-benefit analysis that would identify areas where workers with and without disabilities may, or may not, differ. They were particularly interested in the areas of absenteeism, tenure, and healthcare, but wondered what other factors should be considered and how best to collect such data. Thus, they turned to our team to provide answers and an overall design for the study. Truth be told, we never learned how to conduct a cost-benefit analysis during our graduate or post-graduate years, and we realized quickly that we lacked expertise in this area.
However, one thing that graduate school prepared us well for was conducting literature reviews in order to learn about new areas, and that was indeed our first step.

From our literature review, we learned that Cimera (2002) had developed a model to conduct a cost-benefit analysis for workers with disabilities, and we were able to set up a meeting with him to discuss this framework in more detail. During this meeting, he shared insights on an appropriate research design for the cost-benefit component (Phase 3) of the research, and offered his expertise to review our instruments and help analyze data. As we have revised surveys to more appropriately fit each sector, we have turned to this relationship a number of times. The appropriateness and potential utility of this research were strengthened by the acknowledgment of our limitations, using literature to learn new material, and reaching out to a knowledgeable expert in the area.

**Recruiting participants from the business community, turning to city partners, and maintaining collaborations in the face of turnover**

We experienced another challenge early in the research that was related to recruiting 20 businesses from the healthcare, hospitality, and retail sectors. When we designed the research, we recognized that recruiting such a large number of sites would be a challenge, particularly if conducted by university researchers. Therefore, we emphasized that initial recruitment of businesses occur at the city level, using the reputation and influence of the MOPD and MOWD Commissioners, Executive Director of disabilityworks, and President of the Chicagoland Chamber of Commerce. Their existing relationships with businesses, along with the support of Mayor Daley and his Task Force, were critical to obtaining an adequate number of participating businesses. While turning over recruitment to our city partners accorded us less control over business selection and the pace of recruitment, it also set the stage for establishing meaningful city-business partnerships around issues related to disability and employment that extended beyond participation in this project.

Once participating businesses were identified, two noteworthy challenges emerged. First, there were concerns with completing research objectives in a timely manner, given the demanding workloads of HR personnel who were our primary business liaisons. To help juggle our research expectations with their busy schedules, we established mutually-agreed upon deadlines to complete research tasks; kept each business focused on one research objective at a time; maintained regular email and phone contact; brainstormed solutions as research concerns arose (particularly around employee recruitment); and exercised considerable patience, flexibility, and understanding.

A second challenge involved maintaining partnerships as turnover occurred with both our business liaisons and city partners at MOPD, MOWD, and disabilityworks. Given that our project spans three years, we dealt with the issue of turnover on numerous occasions. As new individuals came on board, we spent some time orienting them to the project. Further, we found that working with multiple individuals at the business and city levels was crucial to anticipating transitions and making them as smooth as possible.

**Recruiting employees to participate, self-disclose their disability status, and release sensitive employee data**

To conduct the cost-benefit analysis (Phase 3), we will be matching employees with and without disabilities in comparable positions, and then making comparisons based on a number of work-related variables (Cimera, 2005). Because the majority of our businesses do not collect disability status information on their employees, it was necessary for employees, who chose to participate in this study, to disclose whether or not they had a disability. Given the long history of discrimination experienced by people with disabilities at the hands of employers (Hernández, Keys, & Balcazar, 2000), we recognized that people with disabilities would be reluctant to participate. In addition to self-disclosure of disability status, we needed employees to agree to allow information from their employment records to be shared with the research team, such as tenure with the company, absenteeism rate, and recent performance ratings. Although sensitive in nature, it was essential to gather such information to make comparisons for the cost-benefit analysis. Realizing that recruiting employees would be a challenge, we turned to our city and business partners to help address this potential hurdle. One solution offered was having Mayor Daley write a letter to employees highlighting the purpose and importance of the study. In addition, many of our companies included a letter to employees from their CEO endorsing the study. These letters have been instrumental in drawing attention to the overall benefits of our research. To date, these solutions have helped promote employee recruitment; a total of 1,019 employees have volunteered to participate in this study, of which 113 have a disability.

**Following up with employees and educating them about disabilities**

Initial recruitment of employees has occurred primarily through mailing a packet of research materials to their homes or having it distributed at their worksites. Then, interested individuals complete the consent form and survey of disability status and mail them to our research team. Given the lack of face-to-face contact between the research team and employees, there have been a number of instances in which incomplete materials were returned. For example, the survey may have been completed but the consent form was not signed (or vice-versa). We had anticipated that this might occur and requested employees include their contact information in returned materials so that we would be able to reach them for clarification. Our research team has contacted numerous employees to ensure that participants understood the nature of our study and had consented to participate. This follow-up has involved a dedicated research team and multiple efforts to communicate with employees by phone, email, and regular mail.

In addition, we have conducted onsite recruitment at many businesses. Typically, we have had a designated area in a cafeteria, allowing interested employees to learn more about
the study during their breakfast, lunch, or dinner breaks. This particular effort has allowed us to personally reach more individuals, and we have learned a valuable lesson from this means of recruitment: many employees were not clear as to what constituted a disability. Despite having provided employees with a definition of disability in our research materials, several employees wondered whether they had a disability or not. As a result, we have spoken with employees to help them better understand the definition of disability based on the Americans with Disabilities Act (ADA). From our perspective, it was clear that understanding the ADA definition of disability was not clear-cut, and being available on-site provided an opportunity for employees to learn about the ADA and disability issues.

Disseminating our findings within the corporate world

As academic researchers, we have been accustomed to presenting our results during scholarly conferences and in journals. Often, these efforts can take months and even years to complete. Given that this study was commissioned by a local government, there were expectations for the results to be disseminated to the business community in a timely manner. We learned of this expectation during a meeting when we were asked directly by our city partners when results would be ready for dissemination. We realized that scholarly publications would not suffice and worked with our city partners to determine their needs. Based on these conversations, we prepared a series of reports that highlighted the key findings of various phases of our project relatively soon after each was completed. For example, we have prepared three reports on the focus groups (Phase 2) that were held with each sector within two to three months after they were conducted. These reports were disseminated by disabilityworks to several hundred businesses and service providers in the Chicagoland area, and a brief article on the focus group results was published in the Chicagoland Chamber of Commerce’s online newsletter.

As community psychologists dedicated to using research to inform social action, it is important to move beyond viewing government and businesses as mere funding sources. They too can play a significant role in research, and their social networks and political influence can help impact societal inequities.

Conclusion

As community psychologists dedicated to using research to inform social action, it is important to move beyond viewing government and businesses as mere funding sources. They too can play a significant role in research, and their social networks and political influence can help impact societal inequities.

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References


My overall goal for my community psychology lecture in Psych 101 is simple. I want to make the point that there is an alternative to the traditional, medical model approach to understanding and intervening with cognitive, emotional, and behavioral problems.

My specific goals for the lecture are as follows:

- To make clear the assumptions underlying the traditional, medical model of mental disorders
- To introduce the concept of prevention as an alternative to treatment
- To present the idea that there are environmental and structural factors which are external to the individual but which play a significant role in the development of mental disorders
- To effectively argue that the concepts of prevention and a focus on environmental and structural forces can actually provide a much more effective approach compared to the traditional treatment model to dealing with mental disorders

I make a point of giving the community psychology lecture after the lectures on psychopathology and treatment. In my experience, introductory psychology texts present a very traditional approach to understanding these problems. They present a number of models of etiology such as psychodynamic, behavioral, cognitive, and neurobiological. But the models all have an internal focus. Most introductory texts do present the idea of sociocultural contexts; however, they stress the role that cultural norms and traditions play in the manifestation of mental disorders, rather than the general role of environmental/structural factors. The closest they come to discussing the environment is presenting a diathesis-stress model, but even there the emphasis is on the relative degree of the individual’s predisposition to a disorder, and the intensity of the stress the individual experiences, rather than any discussion of structural influences (see, for example, Bernstein and Nash, 2005).

 Going Beyond the Internal Perspective: A Historical View

Luckily for us as teachers, I believe our society has made some strides in encouraging our citizens to question whenever they are presented with only one paradigm. Even if they do not explicitly question what they are being told, at some level they know there has to be another way of approaching the issue, and they are interested in knowing what that “other way” might be. I explicitly present community psychology as that “other way.”

First, I review the treatment assumptions that arise from the medical model. The most important of these is the idea that if someone is experiencing problems, then there is something wrong with that person as an individual. If the cause of the problem is individual and internal, then of course the treatment should be focused on “fixing” that individual. And if people are “sick,” then what they need to do is to go see a professional and do what the “doctor” tells them to do. While these are certainly simplistic presentations of the assumptions underlying the medical model, they have had powerful effects on how we, as a society, understand and approach emotional, behavioral, and cognitive problems.

I talk about the problems with those assumptions, particularly as they were understood in the late 1950s. Most introductory psychology texts discuss Hans Eysenck’s 1952 review of the effectiveness of psychotherapy, in which he concluded that individuals who received no treatment improved just as much or even more than those who received psychotherapy. However, these textbooks generally discuss that study in terms of the difficulty of measuring treatment effectiveness, and with the explicit statement that Eysenck’s conclusions have been refuted since his study (see, for exam-
ple, Bernstein & Nash, 2005, p. 493). I put Eysenck’s study in the context of the effect it had upon psychotherapists researching and practicing in the 1950s. How did it feel to them to see the first major review of psychotherapy effectiveness conclude that therapy had no effect?

I tell them about George Albee’s 1959 study, in which he concluded that, if we continued to rely upon a one-on-one, professional-to-patient method for providing psychotherapy, the US society would never be able to train enough professionals to provide therapy to everyone who needed it. This makes sense to them, since they have already heard about several large-scale surveys which conclude that 30% of the US adult population meets the criteria for a DSM diagnosis in any given year (Andrade, Walters, Gentil, & Laurenti, 2002; Bjil et al., 2003; Liu, Prince, Blizard, & Mann, 2002).

We also talk about the expense of psychotherapy, the limited effectiveness of some approaches with many cultural groups, and the unavailability of therapy in some areas, particularly rural areas like Northern New Mexico. The summary of this part of the class is, psychotherapists working in the 1950s saw research saying the following:

1. Psychotherapy doesn’t work,
2. Even if it does work, we can’t provide it to everyone who needs it, and
3. Even if we could provide it, it is time-consuming, expensive, and is not culturally appropriate or available for some groups. These people looked at this research and said, “There has to be a better way.”

This is not just an academic discussion about the usefulness of psychotherapy. The psychologists debating this issue in the 1950s had dedicated their professional lives to improving the lives of others through psychotherapy, and the evidence suggested that perhaps their efforts were wasted. Emory Cowen’s (1980) quote about the “frustration and pessimism inherent in trying to undo psychological damage once it had already occurred” emphasizes the emotional nature of this discussion. The example of a young woman who suffered abuse from the ages of six to sixteen is useful here. The students realize that she can overcome the abuse, and lead a happy, productive life, but she will still never be the person she would have been if the abuse had never occurred.

This leads to the next question posed to the class, “If you don’t want to be stuck trying to undo psychological damage that has already occurred, what can you do instead?” Usually, fairly quickly, someone comes up with the idea of preventing the damage from ever occurring in the first place. I reply that was exactly the question some psychologists were asking in the early 1960s, and, for answers, they started looking at the public health model and the idea of prevention.

A Prevention Perspective

This is actually a very fun part of the lecture. I ask the class where—in the whole world—they could find the virus that causes smallpox? The guesses span every part of the world, but only occasionally does someone get the actual answer, laboratories (specifically the CDC in Atlanta and a lab in Russia). I tell them that smallpox was declared eradicated in 1980, and ask them how this goal was achieved. Was a treatment for smallpox developed? By this time the class is catching on, and they respond that it was done through vaccination. There are always two or three people in the class who have a smallpox vaccination mark (including myself). I emphasize the fact that there is still no treatment for smallpox, a fact that many of the students do not realize. It is a bit of a challenge not to get diverted into discussions of bioterrorism here, but I persevere. (For more information on smallpox, visit the CDC at http://www.bt.cdc.gov/agent/smallpox/disease/).

I tell the class that this is the central point of the public health model, that no disease has ever been eradicated through the treatment of its victims. Generally at this point I tell an abbreviated version of the story of Dr. John Snow, the 1854 cholera outbreak in London, and the Broad Street pump. My purpose in telling this story is to have an engaging way of presenting the public health model, and its focus on prevention, as an alternative to the traditional focus on treatment in the medical model. For more information on John Snow, there are several recent books and many good websites (for example, Vinten–Johansen, Brody, Paneth, Rackman, & Rip, 2003; http://www.ph.ucla.edu/epi/snow.html).

It is relatively easy to help the class see the advantages of a preventive rather than a treatment approach. Getting them to recognize the role of structural factors (as opposed to intrapsychic and neurophysiological factors) in the development of disorders is a bit more difficult. To accomplish this, I explicitly contrast the internal focus of the medical model with the external focus of community psychology by asking, “If I gave you a magic wand and told you that you could eliminate just one thing in the world, with the goal of reducing the occurrence of every disorder in the DSM, what one thing would you get rid of?” They all suggest things like child abuse, other types of violence, and substance abuse. I say that I would get rid of poverty, and talk about the research linking poverty to every disorder listed in the DSM.

Discussing the relationship between poverty and mental disorders is an effective way of illustrating the idea that community psychology, as opposed to the medical model, focuses on issues external to the individual that we know are related to emotional, cognitive, and behavioral distress, and the idea that these issues are largely beyond individual control.
For the purposes of this column, I want to note that I do not discuss the complicated nature of the debate regarding the causal relationship between economic factors and mental disorders in this lecture. I just point out that from 1939 to now, studies have repeatedly found a correlation between economic factors and measures of mental illness (see Hudson, 2005, and Lorant, Deliege, & Eaton, 2003, for two recent reviews, and Faris & Dunham, 1939, for the earliest study).

Although I do not have the time in this class to discuss the structural nature of poverty, most of our students seem willing to accept that poverty is, to at least some degree, a structural/environmental factor. Discussing the relationship between poverty and mental disorders is an effective way of illustrating the idea that community psychology, as opposed to the medical model, focuses on issues external to the individual that we know are related to emotional, cognitive, and behavioral distress, and the idea that these issues are largely beyond individual control.

Changing Settings

After presenting this basic dichotomy between the internal focus of the medical model versus the external focus of community psychology, my goal is to draw the link between environmental factors and structural ones. Community psychology, ultimately, is about changing organizations, neighborhoods, and societies in order to support healthy development in everyone. It is about developing mechanisms to provide the resources that everyone needs to deal with problems in their lives, rather than trying to “fix” individuals who experience difficulties.

But this idea of changing structures, processes, and organizations, rather than changing individuals, is not always easy to communicate. To help the class make this jump, I give them the example of an inner-city high school with an 80% dropout rate. I ask how a psychologist working from a medical model would deal with the problem. With some hints from me, they come up with the idea that the medical model would suggest supplying individual or family-level treatment for every child at risk for dropping out. We all agree that approach is unrealistic.

Then I ask, “Well, if you don’t want to have to treat each individual, what could you do instead?” And generally, right away, someone says, “Change the school.” After that they generally do not need any more hints from me, and we spend the rest of the class talking about what they would change about high schools to decrease dropout rates. Actually, they do need some hints to move beyond the level of just changing the individual school. But with some suggestions, they can generally develop at least some ideas about developing alternative methods of providing a high school education, or radically changing the relationship between the school and the community.

If we have time, I give them a brief introduction to the concepts of empowerment, social support, taking an active rather than a passive approach to intervention, and changing public policy with the specific goal of improving the functioning of individuals. Or sometimes I discuss current work that I am doing in the community.

I end by emphasizing what I see as the major point of community psychology. If we develop organizations and societies that support healthy development and provide resources, we will not have anywhere near as many individuals who require “treatment.”

References
LESBIAN/GAY/BISEXUAL/TRANSGENDER CONCERNS—

Edited by Cathy Chovan & Peter Ji

LGBT Activism through Koinonia: My Experience in the Soulforce Equality Ride

~Brandy Daniels, Duke Divinity School

Introduction

In the last issue of The Community Psychologist, Katherine Taylor beautifully demonstrated how resilient connectedness through shared identity can overcome learned helplessness (Taylor, 2007). Taylor suggests that by fostering resilient connectedness, mobilization can develop the LGBT community’s strength in mass proportions. In this paper, I hope to bring proof to her hypothesis through my life experience on the 2007 Soulforce Equality Ride. I would also posit that not only is resilient connectedness the important ingredient in activism, but koinonia—a group focus on a specific, attainable common goal—is another essential ingredient for the LGBT community in their efforts to attain equality.

Soulforce Equality Ride

Soulforce is a 501(c)(3) non-profit organization that is committed to ending the religious and political oppression of lesbian, gay, bisexual, and transgender people through the practice of relentless nonviolent resistance. The organization was founded by Rev. Dr. Mel White, a gay man who once served as the ghostwriter for evangelicals such as Billy Graham, Pat Robertson, and Jerry Falwell. Inspired by the principles and lives of Mahatmas Gandhi and Rev. Dr. Martin Luther King Jr. and catapulted by his experiences as a gay man in the evangelical church (White, 1994), White developed an organization to address the suffering of LGBT people and to stand against spiritual violence directed at the LGBT community.

The Equality Ride is an action put on by Soulforce in the spirit of the Freedom Rides. In 2007 for the second annual Equality Ride, 50 young adult activists from 22 states and two countries traveled around the country to conservative Christian colleges and universities with policies or environments that discriminate against LGBT people. Most of the schools have policies that ban the enrollment of openly LGBT people, and students who come out are subjected to ex-gay therapies and disciplinary action, even expulsion if they refuse “to change.” Some schools even include the promotion of an LGBT lifestyle in their policies, prohibiting straight students from supporting their peers.

I was a part of the 2007 Equality Ride and was part of the group that confronted these policies and sought to be a support to students at these schools who suffered under the policies. We visited 18 schools across the eastern half of the United States, and the response of the schools differed drastically. I was arrested at Central Bible College in Springfield, MO, for trying to walk on campus and have conversations with students. Yet at Gordon College, I was part of a team that presented to over 500 students and administrators on Scripture and homosexuality. At all the schools we went to we sought conversation and dialogue on faith, sexuality, and gender identity.

Activism and Resilient Connectedness

In the last issue of this newsletter, Taylor suggested that inhibition to activism is overcome with connectedness, a sense of togetherness and shared identity. Through my experience on the Equality Ride, I can certainly agree with her. I could never have been able to do such activism on my own. Standing silently in front of Bob Jones University while three protest groups stood nearby yelling hateful slurs and holding signs that stated “God’s gift to homosexuals: Aids. Hell. Salvation?” was only bearable because I knew I was standing next to 24 amazing people. The same was true when we were allowed on campuses and frequently listened to people comment on the sickness and sinfulness of homosexuality.

The group dynamic of the Equality Ride was, in fact, a large part of my willingness to do activism in the LGBT community. As a longtime Christian and student of a conservative Christian university, it was extraordinarily difficult to have the courage to be involved with LGBT activism. Being involved with a group, being part of a community, was the incentive I needed to participate, and it made the risks less threatening and more worthwhile to take. It was actually to fellow riders that I first came out of the closet. This was something that I should have been able to do years earlier, but was paralyzed by fear. Resilient connectedness is quite powerful. Yet it is not enough for effective activism. Something more is needed . . .

Koinonia, he explains, is more than togetherness. It is a fellowship with purpose. Activism and Resilient Connectedness

Koinonia, the Key to Activism

Koinonia is a theological term, an anglicization of the Greek word κοινωνία. It is commonly translated as “fellowship.” Yet the word, understood in context, has a deeper meaning. Biblical commentator N.T. Wright explains that koinonia is used in Scripture to imply mutual participation in something (Wright, 2004). Koinonia, he explains, is more than togetherness. It is a fellowship with purpose. A successful community, therefore, must work towards something.

The LGBT community is one that is divided. Many of us feel as though we must achieve marriage equality, others believe that marriage is a heterosexist institution and that we should not seek to participate in it. Some think that we should deal with military discrimination instead of marriage rights, and others believe that we should first look at religious preju-
dice. Some in the community find it wise to use the wealth of the community to produce change, others find that they do not share the same agenda with those who have wealth. Job discrimination, religious discrimination, housing discrimination—the list continues. There are many challenges we as LGBT people face in this culture, and many issues that we can devote ourselves to. Yet, we must stay unified.

The Equality Ride has been incredibly successful. At 7 of the 18 schools we visited, Gay-Straight Alliances were formed. I have spoken to innumerable students who have changed the way they think of LGBT people. I have spoken to many administrators who have changed the way they think of LGBT people. The conservative Brigham Young University has changed their policy to make it more accepting of LGBT students, and many other schools are reviewing their policies.

The success of the Equality Ride, I believe, is largely due to the presence of koinonia. Since I signed up for the Equality Ride, I knew what it was about. I knew we were confronting and hoping to change the doctrinal prejudice that says homosexuality and transgenderism are sick and sinful. I knew we sought dialogue about Scripture and homosexuality, and that we sought to be a support system to LGBT students at these schools. All of us on the ride knew this. We had to. We gave up two months of our lives to be on the ride. We risked—and faced—arrest. We dealt with constant opposition: a vandalized bus, death threats, and police mistreatment. These risks were worth taking, and we knew and believed in what we were doing and were willing to do it.

The connectedness of our group, I would contend, was a result of koinonia. Taylor (2007) discusses celebrating diversity in a unified community. Absolutely. But this is difficult to do, unless we have something to unify us. That is why koinonia is necessary for successful activism. On the ride, we had a great variety of people: African American, Hispanic, Caucasian; gay, straight, transgender; republican and democrat, libertarian and green; Christian, Catholic, atheist, and Buddhist. There was much we differed on. Our ability to stay connected and unified was due to our common goal and our commitment to that goal.

Conclusion

Through the strength of coming together, the LGBT community must realize that they must not simply use their community to survive in the dominant paradigm, but must work together as a community to change the dominant paradigm to one that includes themselves. It is through working together for something tangible that progress will truly be made. Koinonia is a powerful tool that the LGBT community must utilize to effect the change that is needed.

References


Rich didn’t know what career he’d pursue. First interested in urban planning, he interned at an agency, where he found “a comprehensive and prescient master plan that had been written 20 years earlier, but no one had ever heeded it.” He then interned at a housing advocacy agency that appeared to have no coherent mission and seemed to be “fleecing” their funders. Rich struck social work off his list of career possibilities.

At the end of college (1977), Rich volunteered to work with psychiatric patients. He enjoyed the work and found that the hospital staff shared his irreverent sense of humor and sensibility. Subsequently, he was offered a paid position, his first paid post-college job, at that hospital. The hospital’s clinical psychologist impressed Rich with his range of duties—psychological testing, research, consultations, and survey work, with an eye toward prevention. It struck Rich that a PhD in clinical psychology would be practical. “The people I grew up around were very practical—they made or sold things or had small businesses. I had no idea of what it would be like to be a professional. Those people lived a few suburbs over. Basically, I made it up as I went along.”

The hospital’s psychologist advised getting A’s in tough courses, warning that he’d have to obtain a master’s before applying for a PhD program. So Rich returned to college part-time, earning the 30 credits needed to qualify him for graduate school. In addition to 1–2 courses a semester, he worked full-time and was a volunteer at Cleveland’s Free Clinic.

Community psychology incorporated several concepts of interest to Rich. “I wanted to be a clinician, but I also wanted the community part. [ . . . ] I knew I would never be a full-time clinical practitioner. I realized that half the patients in the hospital didn’t need to be there. Even with severe psychiatric illness, it’s not just a matter of balancing the meds; incredible environmental issues have to be addressed. I wanted to look beyond the patient-clinician level.”

I had no idea of what it would be like to be a professional. Those people lived a few suburbs over. Basically, I made it up as I went along.

He then moved to a job at a day school for “severely behavior disordered children” that was based on Hobbes’ Project Re-Ed. “It taught me more about behavior mod techniques and their subtleties than I ever got in graduate school.” Rich obtained valuable experience in understanding systems, the difficulties of reintegration, and the problems of stimulus generalization. “The systems issues were the classic problems in applying experimental psychology methods in real world settings,” he recalls. It also gave him a healthy skepticism about the education system, not only because of realistic resource restraints but also because too many educators seemed set in their ways.

Unable to gain acceptance into a doctoral program, Rich entered a two-year clinical psychology Master’s program at the University of Hartford. Needing some income and wanting practical experience, he visited the local United Way, where he was—on the spot—hired by a mental health services agency, located in the same building. Needing steadier income, he took the next job at a psychiatric hospital, which emphasized existential phenomenology and systems approaches. Later, he moved to an adolescent psychiatric unit in a general hospital that paid more.

The Master’s program was not difficult, so Rich could maintain an active social life and travel around New England. Meanwhile, he explored clinical/community PhD programs, mostly in the Midwest. He learned, ironically, that some PhD programs wouldn’t admit graduates of a Master’s program!

Rich was admitted to Bowling Green’s APA accredited clinical program which had a sizable community component. He was given paid assistantships and clinical placements, allowing him to focus on the demanding coursework, even though a year’s worth of his Hartford credits transferred. He worked closely with clinical/community psychologist, Ken Pargament and completed his coursework in 3 years. His dissertation (coping in cancer patients) was finished while on his internship, at the University of Missouri consortium.

During graduate school, Rich became active with SCRA, attending regional meetings, serving as a regional coordinator, being a member of AJCP’s student editorial board and coordinating an Eco conference (Yellow Springs). However, he still had no contact with community psychology practitioners who seemed rarely to attend Eco conferences.

Planning to conduct research related to health and medical issues, he assumed his only career options were to work for a medical school with cancer patients or to teach in a psychology department. His first post-PhD job was a visiting academic position at the Illinois Institute of Technology (IIT). This stimulated his desire to pursue an academic track and a postdoc. Consistent with his history of “male Jewish mentors named Ken,” he went to work with Ken Heller at the University of Indiana, in their clinical sciences postdoctoral program.

“Ken was starting a community-wide social support intervention for the elderly.” When it didn’t yield significant results, Heller did something that Rich admires greatly. He invited critiques of his work in AJCP to highlight the difficulties of attempting community-based preventive interventions with traditional experimental designs.

Combining community psychology and health still was unusual, so Rich sought out a behavioral medicine position to enhance his credentials. He accepted a research fellowship at Vanderbilt, doing research with cancer patients, looking at quality of life and behavioral intervention for chemotherapy-related problems. When he re-entered the job market, he confronted a shrinking market in psychosocial oncology. Like others in his field, he migrated to the more robust HIV research job market. “HIV work was related to what I’d been doing. At that time, it was a deadly disease, like cancer, although cancer was beginning to be considered a chronic condition. Both needed a behavioral, social perspective and had some similar issues. But some aspects were different, like different kinds of stigma experienced by these two populations.”
Rich was fascinated by the intersection between psychiatric and physical disorders. To further bridge community and health psychology, Rich co-organized SCRA's community health interest group with Frank Wong. SCRA's then-president was skeptical they would find members, but a few dozen people expressed interest. As time passed, many more SCRA members have become involved in community health and related fields such as public health and health promotion.

As time passed, many more SCRA members have become involved in community health and related fields such as public health and health promotion.

Rich worked for the Henry M. Jackson Foundation in Rockville, MD (“a Beltway Bandit”) in the early 1990s, and initially worked with a military population, primarily persons living with HIV/AIDS. Rich surmises: “I’m probably one of the few SCRA people who ever has worked with the military.” But the military has a long tradition of community support and community mental health activities. Rich studied coping among people who were HIV positive. Later, he was recruited to work on Jackson-supported preparations for HIV vaccine trials in Thailand with civilian populations. “That ushered in the whole Asian portion of my life.”

Before joining Jackson, Rich had visited Hong Kong, Nepal and Bangkok as a tourist. “The experience taught me that it was not that difficult to travel to ‘exotic’ places.” At that time, NIH had reduced its vaccine efforts, favoring treatment approaches toward HIV so others players had become active. “It was an interesting area because of the many ethical and social concerns about prevention trials, particularly overseas and in ‘developing countries.’ There was hostility towards vaccines—in part, because the trials were so expensive.”

For the first 2 years, he made short trips to Thailand, but he became full-time in Thailand for the next 3 years. He was involved in community assessments, evaluating the appropriateness of proposed trial sites, working with academics and the Ministry of Public Health to enter communities, frequently via local headmen. He was the token social scientist on the team—“this was my epidemiology boot camp.” Rich worked with a wide variety of often distinguished Thai academics and found that Thailand was small enough to allow him to meet top people in all relevant fields.

After 3 years of living in Thailand, Rich decided to return to the US. “Most of what I had wanted to do was done.” In addition, he felt intellectually isolated in Thailand, away from major academic centers and exposure to new methodologies. He remembers having gone through a “minor existential crisis—What do I want to do next?” His internal discussion was: “What do I like to do? OK, I like to do research. What am I good, even unique, at? I’m a very good generalist re-

Rich points to his own career as proof that people with academic interests can flourish in federal employment.

Around this time, Rich’s sister died, leaving behind a complicated estate to be settled and her adult son who had been disabled by a head injury. Rich stayed in Los Angeles for 2-and-a-half months to settle his finances and resettle his nephew. “My time in Los Angeles was a soap opera; the system in California was horrible.” His effort to find care for his nephew reinforced prior negative experiences dealing with systems when in pursuit of resources. Family members (notably those with special needs children) were helpful, and the family decided to move his nephew to Ohio’s more
Responsive services system. Rich’s nephew is now settled in a good group home in Cleveland, with extended family members living nearby.

Rich is responsible for managing his nephew’s administrative affairs, requiring regular trips to Cleveland. Commuting from Atlanta was impractical, so Rich decided to relocate to within a day’s driving distance of Cleveland. “I was ready to leave Atlanta. Also, CDC was going through a reorganization, so it was a good time to leave.” Washington, DC was within the geographic range he sought, and he could continue his Federal employment there, allowing him to make use of generous family leave policies, so as to look after his nephew.

The National Institute of Drug Abuse (NIDA) was his next employer. Rich joined (yet another recently reorganized) HIV prevention branch, addressing topics that were similar to those he had worked on at CDC but that offered him new learning opportunities. “It was a very easy transition,” and Rich praises his colleagues’ competence and fellowship.

Rich points to his own career as proof that people with academic interests can flourish in federal employment. He especially likes to help to shape research agendas; to link people to resources; and to develop their skills. “Also, throughout the federal government, there are opportunities to do international work with a breadth that is rarely available to academics,” he asserts. While dealing with bureaucracy is an unpleasant part of his job, this is similar to the administrative work that academic bureaucracies impose on faculty. “Academia confers recognition and prestige, but not all academics receive that.” Asked if he is accorded respect as an NIH professional, he answers: “Some academics think of us as not quite being in their league. On the other hand, my colleagues and I have very respectable publication records and have worked in academia.” Also, federal employees have some latitude to shape research agendas and influence what is funded. Rich is at peace with his role. “At this point in my life, I’ve accomplished what I’ve accomplished. I have very respectable academic credentials. I know internationally recognized people in the HIV field and have worked with many of them.”

When asked what contribution he expects to make to community psychology, he responds that he has always endeavored to carry the field’s values and principles to areas where they had not been applied before. “When I worked in cancer, some people thought I would be engulfed by the medical model.” Actually, he found consonance with community psychology. “Oncologists conduct prevention screening, collaborating with community organizations.”

Rich lives in the ethnically diverse Adams–Morgan section of Washington and is rebuilding his social network, most of his prior friends having moved away. “As you get older, you rely more on formal organizations for your social contacts. As time goes on, the opportunities to easily connect with people diminish. It takes more effort.” For now, Rich is planning a Fall, 2007 trek of the Karakoram Highway and a branch of the Silk Road, about as far as one can travel from federal bureaucracy.

**Prevention & Promotion—**

*Edited by Monica Adams & Derek Griffith*

**Community Psychology Can Engage in Public Health Problems**

~Steven B. Pokorny, Ryan O’Mara, & Suzanne Sneed, University of Florida

When one thinks about the types of issues typically addressed by community psychology, some common themes come to mind such as mental health, social justice, collaboration, empowerment, cultural diversity, ecological theory, and underserved or underprivileged populations. It is less likely that one would consider community psychology as a discipline engaged in public health issues. Nevertheless, the Society for Community Research and Action (SCRA), the official organization of community psychology, states that “Its members are committed to promoting health and empowerment and to preventing problems in communities, groups, and individuals” (SCRA, 2007). Like public health professionals, community psychologists share a commitment to promote health, conduct their work in the community, and focus on prevention. Community psychologists have undertaken a variety of preventive efforts surrounding HIV/AIDS and other sexually-transmitted infections, substance abuse, tobacco use, obesity, and other public health concerns. Because of their training, community psychologists may also be uniquely qualified to engage in health disparity issues.

Joyce Pokorny, with her two sons, 9-year-old Devon (left) and 11-year-old Ian (right). In December of 2006, Joyce suffered a heart attack and never regained consciousness. Joyce, who did not consider herself at any immediate risk for heart disease, died at only 43-years-old.

To illustrate how community psychologists can apply their skills to address a health disparity issue and mitigate a major public health problem, consider our nation’s leading killer—Cardiovascular Disease (CVD). According to the American Heart Association (AHA), an estimated 80 million American adults have CVD, which is responsible for over one-third of all deaths and costs society half a trillion dollars an-
Unfortunately, there exists a gender disparity in perceptions about CVD, both within the healthcare field and among the general public. American culture continues to portray CVD as a predominantly male disease when, in fact, the prevalence and mortality rates of CVD have become higher in females (AHA, 2007; Hoyert et al., 2006). Overall, CVD claims the lives of more women each year than all types of cancers, chronic lower respiratory diseases, Alzheimer’s, diabetes, and accidents combined (Hoyert et al., 2006). Coronary Heart Disease (CHD), which disproportionately afflicts racial and ethnic minorities, accounts for the majority of CVD deaths in women. It is essential to develop strategies to prevent CHD, because two-thirds of women with CHD die suddenly with no previously recognized symptoms (AHA, 2007). One potential reason for this tragic situation could be that many women perceive themselves to be at relatively low risk for having CHD and thus may not relate often ambiguous symptoms to a heart attack (Meischke et al., 2002).

Despite the severity and widespread prevalence of CHD among women, numerous studies have shown that women generally have only modest CHD risk awareness, which may contribute to worse outcomes as compared with men (Christian et al., 2005; Mosca et al., 2005). In one study, 13% of female respondents perceived heart disease as their greatest health threat and less than half correctly identified it as the leading cause of death for American women (Mosca et al., 2004). In fact, women perceived breast cancer—which accounts for little over three percent of female deaths (Hoyert et al., 2006)—as their greatest health concern (Mosca et al., 2004).

The significant health cost related to the disparity between perceived and actual risk of CHD among women can be devastating. My family learned firsthand the consequences of underestimating women’s CHD risk. In December of 2006, my wife, Joyce Pokorny, suffered a heart attack and collapsed in our living room. She died at only 43-years-old, leaving behind our two sons, 11-year-old Ian and 9-year-old Devon. Like most women who die suddenly of heart disease, Joyce did not consider herself at any immediate risk for heart disease, nor did she associate her symptoms (i.e., as compared to “classic” male symptoms) with an imminent heart attack.

The tragedy compelled me to learn more about heart disease, during which I became aware about the gender disparities in CHD outcomes, which may be in part attributed to the public perception of CHD being predominately a male disease. Frequently, my wife and I joked about how I needed to take life easier or risk a heart attack. Never did we consider it as a potential outcome for her. This misperception can have critical implications. Women may be less likely to respond to health messages about CHD risks and thus not see themselves as vulnerable to the disease, which may impede the adoption of positive lifestyle changes and delay recognizing and responding to symptoms of a heart attack (Ruston & Clayton, 2002). Women in general, and mothers in particular, may minimize their own symptoms but take prompt action for the health symptoms of significant others and children.

As a result of this personal experience, I applied my skills as a community psychologist to address these issues in my own community and organized the first annual Women’s Heart Health Fair in memory of Joyce Pokorny on February 17, 2007—the day following National Women’s Heart Health Day, and what would have been my wife’s 44th birthday. The overarching goal of this event was to empower women in the community to take action. The specific purposes of the event were to: (1) raise awareness about the severity and prevalence of CHD among women, (2) to assist women in developing a more realistic perceived risk of CHD that, in turn, may motivate them to initiate and maintain heart-healthy behaviors, (3) to educate the public about the atypical signs and symptoms that precede female heart attacks, and (4) to prevent CHD through a community-mobilizing intervention that included free CHD screenings for women, behavioral counseling, and educational materials.

The heart health fair was an overwhelming success, despite the fact that it was organized in a short period of time and held on a remarkably cold morning for North Central Florida. In less than three weeks, more than $6500 was raised from community members and local merchants for a memorial fund to cover the cost of the health fair and promote future research and screening events in our community. The community was mobilized by a group of volunteers who helped solicit donations, educate community residents about women’s risk for CHD, encourage women to come out for the screening, and assist with screenings during the event. These volunteers encompassed a broad range of individuals, including friends, community residents, university staff and students, and health professionals who were involved in Joyce’s care. A press release was distributed to the local media and a full page story appeared in the local paper. The event was held at a local farmers market because it was a well-attended natural venue in the community. During the 5-hour event, a total of 110 women between the ages of 20 and 79 were screened for CHD risk. During the screening, biological risk factors were assessed (e.g., blood pressure and lipid levels) as well as lifestyle factors (e.g., cigarette smoking, physical activity, diet, weight...
management, and psychosocial factors). The assessed risk factors were defined by AHA clinical guidelines specific to women (Mosca et al., 2004). Screenings were followed by 20-minute one-on-one behavioral counseling sessions by trained community health practitioners.

In addition, data were collected on women's perceived risk factors for heart disease prior to the screening and actual measured risk factors were identified during the screening (e.g., high blood pressure, high cholesterol, smoking behavior, family history of CHD). A substantial proportion of women screened at the event (88%) did not accurately perceive their CHD risk level. Of those women who had high risk for CHD (i.e., multiple clinical risk factors), 93% underestimated their actual risk. Results suggest that the brief screening intervention significantly improved short-term risk perception \( t(79) = -14.10, p \leq 0.0001 \) (two-tailed). On average, women believed that they had only one risk factor going into the screening (\( M = 1.33, SD = 1.29 \)) and learned of two new risk factors by participating in the screening (\( M = 3.58, SD = 1.35 \)). Unsolicited subjective reports after screening suggested that some women who became aware of new risk factors planned to take action (e.g., change nutritional habits, increase physical activity, follow-up with their physician, etc.). Informal follow-up with several of the women suggested that they acted on their plans.

Several studies have documented that educational interventions to improve awareness and knowledge of CHD risk are at greatest need in minority and underserved populations (Mosca et al., 2004). However, this example intervention was developed for a specific community, where female residents were mostly white, middle to upper class, suburban women, with at least some college education. The documented disparity in perceived versus actual CHD risk factors among this sample may suggest that women, regardless of socioeconomic status or education level, have limited awareness of their personal risk and therefore may not be prepared to deal with preventing progression of CHD. Empowering women through accurate feedback about CHD risk can lead to initiation and/or maintenance of heart health behavior that can offset or eliminate some of the risk.

Other targeted interventions are needed to help close the gap between perceived and actual CHD risk among women. Community psychology can contribute to resolving this disparity by examining CHD in a broader social and historical context. American women’s health issues have predominately focused on breast cancer and menopause, leading women not to think about CHD as an important problem for them (Oliver–McNeil et al., 2002). Meanwhile, mammography has become a highly accepted and utilized screening tool for breast cancer among women older than 40 years (Christian et al., 2005). This example represents a unique opportunity to also screen women for CHD risk factors and to inform them of their personal risk of CHD. To accomplish this, awareness and educational interventions about CHD among women need to be targeted at the primary healthcare culture where considerable sex-based misperceptions exist (Mosca et al., 2005). In one study, physician estimates of the probability of CHD were lower for women, and despite adjustment for estimate of probability of disease, level of coronary risk, and presenting symptoms, women were less likely to be referred for diagnostic treatment (Schulman et al., 1999). Because physicians play a vital role in assessing and managing CHD risk, they must adopt clinical practice guidelines, specific to women, for prevention and treatment of CHD. (Mosca et al., 2005; Christian et al., 2005; Mosca et al., 2004; Whitlock & Williams, 2003). Improving physician assessment of CHD risk among women will improve early detection of risk factors and facilitate communication of this risk so that women may develop a more realistic perceived risk of CHD. This in turn may empower females to initiate and maintain heart healthy behaviors (Christian et al., 2005). This is just one part of an expansive social process that must occur in order to correct the cultural misperceptions and reduce morbidity and mortality among women due to heart disease.

Women’s heart disease presents a significant challenge to the overarching goals of American public health to (1) increase quality and years of healthy life and to (2) eliminate health disparities (US Department of Health and Human Services, 2007). It also challenges the mission
and goals of community psychology to (1) promote health and empowerment, (2) enhance the well-being of people and their communities, and (3) to prevent harmful outcomes (SCRA, 2007). Public health intersects community psychology through a set of intended outcomes toward which both disciplines can contribute. Public health serves populations, which are composites of smaller ecologic levels where community psychologists operate. Only through trans-disciplinary collaboration—where we can share knowledge, skills, technologies, and resources—can we effectively impact societal problems like women’s heart disease and promote individual and community well-being.

References

Only through trans-disciplinary collaboration—where we can share knowledge, skills, technologies, and resources—can we effectively impact societal problems like women’s heart disease and promote individual and community well-being.


This is my final column as the Regional Network Coordinator (RNC). It has been a pleasure serving SCRA in this capacity and I have had the honor of working with some amazing Regional Coordinators (RC)/International Coordinators (IC)/Student Regional Coordinators (SRC) during my three year term. I have greatly enjoyed my time as the RNC and look forward to reading about the continued activity across the regions after my term is complete.

Before I leave my position I wanted to first thank all of the RCs, ICs, and SRCs for their hard work and dedication. SCRA is lucky to have so many dedicated people who are willing to volunteer their time to organize regional events and to increase membership in the various regions. Since our organization only meets as a full group every other year, regional events are a critical way for members to stay connected and to share their ideas with one another. These events are also an excellent way to inform others about SCRA and to increase our membership. If you are interested in being part of this process, I would strongly encourage you to think about becoming involved in regional activities!

I am making a few changes to the Regional Network system before I step down from my position. The first is that we will be renaming the “International Coordinator” position so that it has the same name as that used for the US regions—“Regional Coordinator.” As SCRA attempts to become more global in its focus and strives to include membership from around the world, it seems unnecessary to differentiate between those Coordinators who represent US regions and those who represent other global regions. Thus, all Coordinators will now be Regional Coordinators and will still be assigned to represent various regions from around the globe. The “Student Regional Coordinator” (SRC) position will remain the same since this position never differentiated between those students representing US regions and other regions. This change has been approved by the Executive Committee and will go into effect when the next RNC term begins.

One change that we implemented during my term was to create the Student Regional Coordinator position to involve more students in SCRA regional activities. Our goal was to have one undergraduate and one graduate student in each region fulfilling this role. The implementation of the SRC position was met with varying degrees of success. Prior to my departure I will be collecting data from all the regions to revise the form and function of this position so that it can best meet the needs of each region and of the students who fill these roles.

My final departing change will be to work to establish a separate webpage for each region. This will allow for the easy sharing of information with regional members, and will also allow others in different regions to learn about what is happening across the society. This is something that the RCs have requested in the past, and with the improvements in our SCRA website we hope that regional webpages will soon be a reality.

As I reflect back over the past three years, I am pleased with the progress that we have made in the Regional Network system. Dedicated coordinators and volunteers in every region have worked to develop, organize, and implement regional activities in all parts of the globe. We have expanded our circle of Regional Coordinators to include some global regions that were not previously represented, and have actively involved undergraduate and graduate students in regional events. Some of my goals were not met, such as finding Regional Coordinators for the Rocky Mountain/Southwest Region or for the Latin America Region. I hope that the next RNC is able to fill these positions. If you live in one of these regions and would like to make my “dreams come true” before leaving as RNC, please contact me!

One last THANK YOU to all of the wonderful people with whom I have worked over the past three years. I am truly proud to be a member of SCRA and feel honored that I was able to serve the society in this role.

Northeast Region

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The Northeast region enjoyed a very exciting year. Our pinnacle event was the SCRA program held at the Eastern Psychological Association (EPA) Conference, which took place at the Sheraton Philadelphia City Center Hotel in Philadelphia, PA.
on Friday, March 23, 2007. A keynote address was given by Dr. Howard Stevenson, entitled, “On the Fear of Black Boys: Culture and Closeness as Psychological Intervention.” Dr. Stevenson is an Associate Professor and Director of the Professional Counseling and Psychology Program in the Applied Psychology and Human Development Division at the Graduate School of Education, University of Pennsylvania. Dr. Stevenson’s work focuses on incorporating existing cultural strengths of the family into interventions that seek to improve the psychological adjustment of children and adolescents. He has directed two NIMH funded research projects, both of which underscore themes of cultural relevance and empowerment among youth. His talk centered on culturally relevant ways to reduce anger and aggression among Black boys using examples from PLAAY, a program featuring basketball and martial arts.

In addition to the keynote address, the program included three symposia and a paper session. The symposia were entitled, “Student and Community Perceptions of a Multicultural Service-Learning Program: Lessons Learned,” presented by Lori Simons, Nancy Blank, Elizabeth Williams, Christie Nestore, Kimyette Willis and Cassandra Dry from Widener University and “Research in Communities of Color,” presented by Ashley E. Coleman from Harvard Graduate School and Jonet O’Kelley Miller from New York University. The final symposium, entitled “Factors Associated with Urban Youths’ Adjustment to Community Violence” was presented by Wendy Kliewer with Brian Shields, Lesli Hughes, Stephanie Phelps and Whitney Meyerhhoefer from Virginia Commonwealth University.

Our Poster Session included 14 posters in areas such as coalition building in community research, the use of religious practices in psychology, and domestic violence in mental health. Specific topics included: student perceptions of same-sex domestic violence, psychometrics for a family social support scale, protective factors associated with practicing Buddhism, and depression prevention among African American mothers and Latinas.

Overall, it was an exciting and successful program that represented the varied and significant work that community psychologists have been participating in within our region. We would like to thank all of the presenters and participants who helped to make this year’s SCRA program a success. We would also like to extend a special thank you to our keynote speaker Dr. Howard Stevenson. In the Fall, look for our call for submissions as we plan for SCRA’s 2008 program at EPA that will be held in Boston, MA in March 2008!

This program was organized by the 2006–2007 Northeast Regional Coordinators: Tiffany G. Townsend (Georgetown University Medical School; tt237@georgetown.edu), Shannon Gwin Mitchell (Thomson Medstat and Friends Social Research Center; sgwinmitchell@hotmail.com), Seema Shah (Annenberg Institute for School Reform, Brown University; s_shah@brown.edu) and Chiara Sabina (Family Research Laboratory, University of New Hampshire; c.sabina@unh.edu). Tiffany has completed her three-year term as a Northeast Regional Coordinator. Shannon is also completing her position as a Northeast Regional Coordinator. We would like to acknowledge their service and extend our heartfelt thanks for their commitment and dedication in this role.
The 2nd Northwest ECO/Community Psychology Conference will be held October 12, 2007 at the University of Washington Bothell. The conference, jointly sponsored by UW Bothell, Portland State University and SCRA, provides a forum for diverse work of scholars, teachers, students and practitioners engaged in community research and action in the Pacific Northwest region. We are calling for proposals in a variety of formats (posters, symposia, individual papers, innovative formats) and on work in all stages of development. Submission deadline is July 15, 2007. For more information, proposal or registration materials, please contact Eric Stewart (jestewart@uwb.edu) or Eric Mankowski (mankowskie@pdx.edu).

A conference, “In Partnership with the Community: Collaborative Research to Improve Health,” will be held September 19–21, 2007 at Red Lion on the River, Portland, Oregon. The two-part conference is designed for community members, representatives of community-based organizations, academic research and teaching faculty, public health officials, and policymakers to develop foundational knowledge of community-based participatory research (CBPR), and will focus on (1) the processes, challenges, and successes of building research partnerships with diverse communities; (2) effective CBPR methods and models; (3) funding opportunities and project planning strategies; and (4) ethical and other challenges. Visit http://www.nwhf.org/pages/cber.php for further information.

A conference on “Psychology-Ecology-Sustainability” was held June 8–10, 2007 at Lewis & Clark College, Portland, Oregon. Co-sponsored by the Center for Earth Leadership; the Department of Counseling Psychology, Graduate School of Education and Counseling, Lewis & Clark College; and Psychologists and Mental Health Professionals for a Sustainable Future. Over the three days of presentations and small group discussions, attendees considered the critical intersection between psychology, ecology, and sustainability. The conference aimed to distill the essential components of this intersection and address three central areas:

1. Psychological concepts, theories, and research findings that are directly relevant to understanding human-nature relationships and the health benefits of green spaces; addressing the mental health issues related to consumerism, ecological degradation, and the unhealthy use of technology; minimizing hopelessness and despair, overcoming denial, and inspiring change; improving the efficiency and effectiveness of grassroots sustainability initiatives.

2. New directions in research, therapy, and professional practices for psychologists and mental health professionals. These directions may be inspired by work in psychology, environmental science, or the sustainability movement.

3. How psychologists and mental health professionals can become involved in actively applying our knowledge and experience to promote sustainable lifestyles, grassroots efforts, and political initiatives.

On April 13th, a lively group of Bay Area community psychologists and colleagues from other fields with interests in community-based research and intervention met at the UC–Berkeley School of Public Health. Presentations were made by Regina Langhout and Myra Margolin from UC–Santa Cruz on “Children and Safety,” and by Qing Zhou from UC–Berkeley on “Adapting an Empirically-Based Parent Training Program for Divorced Mothers from Asian American Families.” Another symposium is scheduled for the fall semester. 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 Marieka Schotland (mss286@nyu.edu) or Emily Ozer (eozer@berkeley.edu).

**Southeast Region**

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Georgia State University is making plans to host the 2007 Eco Conference for graduate students and undergraduates in community psychology and related fields. Please plan to be there this coming fall. Look for more details in our next column. In April, communities throughout the region celebrated Sexual Assault Awareness Month. Dr. Sherry Hamby gave a speech at a vigil held on the St. Andrews Presbyterian College campus in Laurinburg, North Carolina. These events, still fairly rare in...
**Rural Issues—**

*Edited & Written by Cécile Lardon*

**Brief Thoughts about the Presence of Rural Community Psychology at the Biennial**

I just got back from the biennial—exhausted but also excited and inspired. There was a meeting of the Rural Community Psychology Interest Group at the conference. Four people came, three of whom were new to the group. And although there was no session dealing explicitly with rural issues, I attended several sessions in which rural issues were discussed; a symposium on working with indigenous peoples of the circumpolar north is one example.

So this is how I see the status of the interest group right now: (1) There used to be a good-sized group that fell dormant a few years ago. (2) At the last biennial in Champaign–Urbana a rural symposium not only attracted a sizable audience, but also more researchers who wanted to be part of the symposium than could be accommodated. (3) At this year’s biennial there was a small but important presence of rural community psychology and some new people interested in the group. (4) We have a regular column in TCP that can help us disseminate issues related to rural community psychology among the group and to a larger audience of SCRA members. (5) The editor of one journal expressed an interest in publishing a special issue on rural community psychology. I will work with him on that and will send a request for papers when I have the details.

Although the presence of rural community psychology was small at this year’s biennial, I do feel that there is enough interest and certainly enough need to continue the group. This summer I will start the email list again, which should help us to reconnect with each other. I would love to hear from you with your ideas for the group. My email is c.lardon@uaf.edu.

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**School Intervention—**

*Edited by Susana Helm*

**Children’s Hospital Neighborhood Partnerships: A Model for Service Delivery and Systems Change through School–Community–University Collaboration**

~Caroline L. Watts & John C. Buckner; Children’s Hospital Boston & Harvard Medical School

The Children’s Hospital Neighborhood Partnerships (CHNP) was established in 2002 as the community mental health outreach arm of the Department of Psychiatry at Children’s Hospital Boston. CHNP was initiated in response to critical mental health needs of children and youth in Boston, exemplified by trends such as 16% of Boston high schoolers having contemplated suicide (12% have made an attempt) (US DHHS, 2001), and a 200% increase in wait time for outpatient mental health services in the city during the past five years (City of Boston, 2001). Both in Boston and nationwide, access to mental health care is restricted by several factors including lack of insurance coverage, language barriers, stigma, and cost. There is also a severe shortage of child mental health clinicians, especially among bilingual and bicultural providers. As a result, many children in the United States with mental health problems do not receive the services they need (Kataoka, Zhang, & Wells, 2002). At the same time, a recent SAMHSA study indicates that providing community and school-based mental health services to children with significant needs leads to improvements in mental health and reduction in psychiatric hospitalization as well as arrests (SAMHSA, 2007).

**CHNP is guided by three aims:**

1. **To increase access to mental health services** for unserved and underserved children and families
2. **To improve the quality and effectiveness of mental health services** by providing training, support, and professional development opportunities for practitioners from diverse disciplines
3. **To build the capacity of partner organizations** to respond to the needs of their populations, by increasing critical knowledge, skills, and awareness relevant to mental health concerns

The CHNP serves children and families through our partnerships with Boston schools, community health clinics, and community organizations (see our website for details about partners and staff: www.childrenshospital.org/chnp). In the 2005–2006 school year, we served over 3400 children and youth, and provided training to nearly 1600 mental health and educational professionals and trainees.
While the majority of American children in need of mental health services do not receive care, 70% of those who do get services receive them in schools (US Public Health Service, 2000). In this report, we will describe the CHNP theoretical orientation and practical approach to building sustained partnerships with schools that promote change in the ways schools think about and respond to students’ mental health needs. We conclude with a brief discussion about our program evaluation activities.

CHNP Program Philosophy

As a mental health outreach program, the CHNP operates from a non-traditional, cross-disciplinary perspective that informs all of our practices. That perspective has four key tenets that guide our work at the individual and institutional levels.

Prevention-oriented Intervention. A major focus of CHNP is attempting to find ways to be proactive in addressing the mental health needs of students through various modalities including the early identification of problems, primary prevention of specific problems, and promotion of beneficial outcomes, using both universal and targeted interventions. Further, prevention works best when it targets risk and protective factors (RPF) more broadly rather than specific problem behaviors. Understanding our population in terms of RPFs has facilitated the design of CHNP’s programming across settings to build resilience by addressing those common risks.

Building Strength and Resilience. A number of factors that can protect against the negative effects of risks are connected to schools: academic achievement, significant relationships with caring adults, extracurricular activities, and community involvement. Consistent with a strengths-based perspective is the concept of resilience, which can be characterized as doing well on important outcome indices in spite of facing adversities. Children who are resilient evidence a balance between the demands of their daily lives and the resources they bring to bear to meet those demands—both internal capacities (e.g., self-regulation skills and intelligence) and interpersonal connections such as caring relationships with parents and other important adults (Buckner, Mezzacappa, & Beardslee, 2003). Mental health practitioners and educators should understand that particular balance for each child we work with, and how we play a role in tipping the scales in the direction of resources over demand.

Further, in designing particular programs or services at our sites, we pay attention to the unique interplay of three distinct cultures—family, peer, and school—that can be important aspects of what places a student at risk or what is protective.

Culture is Essential Context. When providing mental health services in schools, it is essential to consider the influence of cultural factors upon attitudes about and responses to mental health and wellness programs. One way in which we attend to cultural factors is to provide a diverse clinical staff, with consultants that mirror the communities they serve. Further, in designing particular programs or services at our sites, we pay attention to the unique interplay of three distinct cultures—family, peer, and school—that can be important aspects of what places a student at risk or what is protective.

Consultation Model/Approach

CHNP has concentrated its partnerships in the geographic area close to Children’s Hospital Boston, while also taking on unique opportunities offered by particular sites or populations. In keeping with CHNP’s relational approach, our partnerships begin with an invitation from the school: we do not go anywhere until we have been invited. Next, our partners begin a needs assessment process to jointly identify the school’s needs for mental health services, resources currently brought to bear to meet those needs, critical gaps that remain or unmet needs, and the rationale for CHNP’s services. This assessment aims to start the partnership where the school is, developing mutual goals for service
at the individual, family, and organizational levels rather than bringing from the outside a set “menu” of services regardless of the school’s population, strengths, challenges, and readiness.

Based upon that initial needs assessment, we then bring in consultants who are matched to the school in terms of skills, interests, and personal and professional characteristics. Consultants establish a regular, reliable schedule on site that enables them to become part of the day-to-day operation of the school. Through an on-the-ground experience of the school’s climate, staff, and students, the consultants begin to build a continuum of services from prevention to treatment, tailored to that school, that address both the issues identified in the needs assessment and new issues that have surfaced over time with the consultants’ presence. CHNP consultants “bridge” the worlds of the hospital and the community to leverage the resources of the hospital in designing and implementing a specific set of services based on the needs of the children, families, and staff within the school environment. The precise combination of strategies varies by site characteristics, needs, and readiness. The services also vary by length of partnership; over time, most schools shift towards an increasing emphasis upon prevention programming over more intensive treatment services.

Our services are not restricted only to those treatments that can be reimbursed, but range more broadly to include prevention and intervention strategies that apply to multiple levels of a system. This wide-reaching access offers a significant opportunity to build mental health service capacity in the city of Boston.

Our effort has been to provide each school with a “Two by Two” consultant model—two consultants each on site 2 days per week, who also spend an additional half-day at Children’s Hospital Boston for team meetings, supervision, professional development, and collegial collaboration. This paired staffing model offers the school the equivalent of one full-time clinician, but in a model where mental health expertise comes from different socio-cultural perspectives, linguistic capacities, professional disciplines, and interpersonal styles. It also provides the CHNP consultants direct support, a “buddy system,” with someone to share the challenges and stresses of the job who also shares specific knowledge of and engagement with the particular school. Given the high degree of stress and burnout inherent in the field of community mental health, this staffing design attempts to increase staff longevity and support while also responding to the needs of our sites.

Through the effective pairing of the Two by Two team with a school’s unique staff, mission, and practices, the CHNP partnership is designed not only to provide mental health services to individual students but more importantly, to build the school’s capacity to reach its organizational goals related to school climate and student performance. The CHNP philosophy and consultation model supports working not only with students but with staff, administrators, and families in a range of modalities and contexts towards addressing these concerns and achieving the school’s development goals. Classroom observation and involvement, staff consultation and professional development, parent advocacy, and school team building are all significant activities directed by this part of our mission.

Our partnerships are funded jointly by grants, private and corporate donations, contracts, and contributions from our partners, with Children’s Hospital Boston contributing as well to a substantial portion of the costs. As a result, we are able to provide services in schools and community settings where services were previously unavailable due, in part, to expense reimbursement constraints. Many schools have partnerships with community health agencies that provide counselors through a fee-for-service arrangement, allowing the school to offer individual therapy services for students who have the appropriate insurance coverage. Of central concern to our model is that such structures focus on treatment and do not pay for prevention and wellness services or for the kinds of collaborative, cross-system work that we know is most effective for dealing with complex mental health issues. Our services are not restricted only to those treatments that can be reimbursed, but range more broadly to include prevention and intervention strategies that apply to multiple levels of a system. This wide-reaching access offers a significant opportunity to build mental health service capacity in the city of Boston.

**Program Evaluation**

In designing the evaluation strategy for the CHNP, we have faced several challenges:

- Identifying meaningful indicators of change at the individual and system levels; building evaluation strategies into clinical practice
- Capturing the unique CHNP relationship-building process within a school and between the school and hospital systems
- Maintaining stability within unstable systems (like schools and community collaborations)
- Forming meaningful comparison groups in an ethical manner

As an example of the latter, evaluation research that takes place in applied settings typically contrasts an innovative “treatment” group with a “services as usual” comparison group. However, in the settings in which we work, “services as usual” would often mean a child receives no mental health services whatsoever. As a result, it is difficult to evaluate the basic services we provide using a comparison group as a point of reference, as schools and parents would, for good reason,
be disinclined to allow some children to be identified as needing services but not receive them (or receive only a referral to scarce services in the community).

Faced with these challenges, we decided to take a focused approach to the evaluation of our school-based partnerships, and devised a three-pronged strategy. First, we attempt to gather information that allows us to comprehensively describe the activities that consultants engage in at partner sites. In order to most easily gather this information, the evaluation team had to first develop methods to collect and analyze data that also serve the program’s clinical operations—resolving the challenge of balancing clinical/ethical standards with the quest for useful descriptive data. The evaluation team has modified existing clinical data collection forms to make them useful for both clinical and program evaluation purposes. For instance, we developed a risk and protective factors assessment that has a dual purpose: to clinically ascertain the various types of adversities a child may have experienced in the recent past (e.g., exposure to violence) as well as the protective factors a child possesses, for a more comprehensive assessment, and to better describe the population we serve to stakeholders and funders.

Second, we use interview and survey data to gather information from multiple perspectives on the partnership process. As an example, we are developing an instrument to assess schools’ capacity to address mental health needs. The survey tool attempts to capture the various activities and programs that schools have in place to address students’ mental health, social-emotional, and behavioral needs. The questions, asked to school staff, are grouped according to the target of intervention (school structure, school staff, student, or family) and ordered on a continuum from crisis intervention to promotion-oriented activities. We anticipate that this tool will help guide our initial needs assessment and better document the mental health capacity of our partnership schools at different points in time.

At the school level, our evaluation has found the most important aspects of our approach are its flexibility—taking one school at a time and creating a service model that fits that unique setting—and the high quality of staff and services.

Finally, we link our data collection and analysis to the CHNP program mission, based on the three aims listed earlier. At the school level, our evaluation has found the most important aspects of our approach are its flexibility—taking one school at a time and creating a service model that fits that unique setting—and the high quality of staff and services. These program elements are identified as most important to sustaining our partnerships and effecting change in how schools deal with mental health issues.

Conclusion: Why Take This Approach?

In the five years that we have been working in the CHNP model, we have seen the benefits of this approach from the perspectives of the hospital and the schools. For Children’s Hospital Boston, CHNP exemplifies the hospital’s three-pronged strategic mission: excellence in the areas of clinical care, academic teaching and training, and community service. As one of the leading providers of mental health services to children in Boston, with more than 14,000 outpatient and emergency visits for mental health care in 2006, Children’s Hospital is looking for ways to increase access to quality mental health services while also reducing the need for acute or chronic care. CHNP’s community outreach, focused upon prevention and capacity building, helps to meet this goal. Providing training to established practitioners and to trainees builds skills of current staff and works toward creating a competent workforce for the future.

For Boston Public Schools and our school partners, CHNP represents a substantial effort from a highly respected academic and clinical institution to join with the community in meeting the increasingly complex challenges of raising and educating healthy children and youth. Our partners report fewer crises and more efficient processes for managing incidents. Moreover, they value CHNP’s emphasis on building long-lasting working relationships to help the school do its job better. In the words of one of our principals, “The teachers and staff are heading towards more of a team approach. The student support coordinator likened it to a boat crew: instead of everyone running to the hull when problems arise, each person has a role to play.”

References


Social Policy—

Homelessness

Edited by Joseph R. Ferrari

In this issue, Jared Barton and Christina Barbor focus on Homelessness in the US. Jared’s piece provided interesting prevalence rates and some straightforward solutions that community psychologists and US citizens should advocate. Christina focused on homelessness among the mentally ill, highlighting their specific needs. Together, these short articles express the passion and commitment to social justice and social change we find among students in community psychology programs.

It is a delight to provide you with the second set of student-based articles on a social issue. Beginning with the last issue of TCP, I thought it might be a good idea to have two students each write a short piece on a specific public policy issue. From the initial “call” on the SCRA-student listserv, interest kept coming in. In this issue, Jared Barton and Christina Barbor focus on Homelessness in the US. Jared’s piece provided interesting prevalence rates and some straightforward solutions that community psychologists and US citizens should advocate. Christina focused on homelessness among the mentally ill, highlighting their specific needs. Together, these short articles express the passion and commitment to social justice and social change we find among students in community psychology programs. I am delighted to be a part of such an inspiring field of study.

Affordable Housing Crisis: The Impact of Cost Burdens

~Jared Barton, University of Kansas
jaredlee@ku.edu

The crisis surrounding the lack of affordable housing in the United States is nothing new. HUD (2006) noted that “a household that pays more than 30% of its annual income on housing” may be considered to have a “housing cost burden.” Households paying 50% or more of their income on housing costs are considered to have a “severe housing cost burden” (Census Bureau, 2006). In fact, in 2006 34.5% of homeowners and 46% of renters reported housing cost burdens, a significant increase from only five years before. HUD (2006) reported that approximately 12 million Americans now pay more than half of their income on housing costs and are experiencing the most severe housing cost burdens in history. Lipman (2004) reported that 20 million households nationwide earn less than $30,000 annually. These numbers set affordable rent for a two-bedroom apartment at $750 per month. In actuality, however, the median monthly rent across the US is $950 per month. Low skilled workers cannot afford to pay these amounts in any urban area, and in some instances, even teaching and nursing professions cannot afford such costs (Lipman, 2004; Bodaken, 2002).

The problem of affordable housing affects a wide population and is not limited to one social or political level. It affects individuals, children and families, communities, and the nation as a whole. Housing cost burdens affect families on different class levels from moderate income families, to working families, to impoverished families. Furthermore, tax payer dollars contribute to the goals of governmental agencies, like HUD, designed to deal with these issues on local, state, and federal levels. Still, most effects are felt by persons experiencing cost burdens: renters and homeowners. Today, 81% of American citizens would like the government to place more emphasis on making homes more affordable, and most citizens seem willing to vote for a candidate that makes affordable housing a priority issue (NAR, 2004).

Community psychology may play an important role in housing cost burden, perhaps by providing services to low income households and volunteering their time to help those suffering from housing cost burdens to help manage their budgets or locate services. Community psychologists are aware that people who cannot afford adequate housing are still people, that their own unique environments are strong and adaptable, that the housing decisions people make are to be respected, and that it is important to maintain a person’s sense of self-determination. Also, community psychologists understand that to fix most social problems, strong relationships with other people must be established on many different levels. Connecting people with others experiencing housing cost burdens provides them with support systems. On the public policy level, addressing housing issues with individuals who have power and status is an ideal way to institute change within communities and bring closure to the problem. Competent community psychologists continuously work to increase their knowledge and sensitivity on social issues. Working to understand the different reasons, contexts, and formalities that cause housing cost burden are crucial to advancing the state of the problem.
So how do we solve the housing crisis?

First, create incentives for housing programs and landlords to keep housing costs around fair market rents (FMR). Second, increase wages for working class jobs based on individual FMRs. Since every city has different living expenses, living wages based on location may better ensure that everyone exists within a higher standard. Third, create more affordable housing opportunities through Section 8 housing, preservation initiatives, and cooperatives.

Alternatively, Bodaken (2002) noted how more and more families are living in older, run-down housing. Focusing on restoring such housing not only drives the housing market out of recession, but also provides the most basic of needs to those who absolutely need them. Bodaken (2002) also noted the importance of the gaps in research and advocacy for preservation policy, but more effort and an intelligent, business-like attitude may prompt preservation systems in the US.

Homelessness and poverty are direct consequences of housing affordability. Acosta & Toro (2000) found that along with homelessness comes a myriad of other problems, including decreased feelings of physical safety, requirement for better education, transportations issues, and medical/dental treatment needs.

Think of all the millions upon millions of Americans who would gain from large-scale efforts to combat the problem of housing. Providing affordable housing would ensure the basic rights of life, liberty, and the pursuit of happiness to all people: the working class might find self-worth and a sense of place, the homeless population would decrease, and those suffering in poverty could have an increased standard of living. If everything ended up working out, perhaps when it is all said and done, the government and the rest of society could put these problems aside and begin working on other social problems from a new perspective. Despite grim appearances, there just might be more for the country to gain than lose.

The sad truth is that many citizens would oppose such efforts. Employers who would be forced to pay employees more money stand to lose the most, and landlords who want to maximize their profits by charging as much for rent as possible would not like an FMR mandate. Solutions require involvement from all governments, employers, homeowners, and renters. Because most people want the government to do something about the housing crisis, we the people will be the biggest allies to the cause.

When 20 million American households nationwide are affected by housing costs, it is safe to say that everyone probably knows at least one other person affected by such hardships. These issues are seen in the many faces of this nation: in every working class individual laboring hours on end for mere pennies on the dollar, in every child receiving free and reduced lunch, and in every politician who denies the facts and rejects passing legislation to put an end to this disaster. In short, housing is a basic need that everyone in this country agrees upon. Community psychology has a unique opportunity to join forces with other helping professions and people to begin eliminating these problems before they destroy any more lives.

References


Homelessness and Mental Illness in the US

~Christina Barber, University of La Verne christinabar@gmail.com

Mental illness (particularly psychosis, depression, alcohol/drug abuse, and suicide) seem more prevalent among homeless individuals than the general population (Timms & Balazs, 1997; Zima, Wells, Benjamin, & Duan, 1996). Many former homeless individuals have dealt with multiple levels of psychosocial chaos in their life. For example, Bhuı, Shanahan, & Harding (2006) reported from in-depth interviews of homeless individuals with mental health issues that most persons experienced some early childhood trauma prior to becoming homeless. These traumas included domestic violence, personal violence, isolation from family, and multiple episodes of institutionalization. Nelson, Clarke, Febraro, & Hatzipantelis (2005) found similar psychosocial histories among mentally ill homeless individuals. Prior to finding supportive housing, these individuals struggled with unstable relationships, addictions, and accessing social resources. Participants described addictions to alcohol so severe that their physical health was threatened. Many persons reported being involved repeatedly in physically and emotionally abusive relationships in their youth as well as adult years.

Many homeless individuals with mental illness describe the stigma they experience on a daily basis (Bhuı et al., 2006). The public view a homeless person as someone who “smells, begs, has a can of lager at 8:00 a.m., and missing teeth . . . are all drunks, and junkies.” Having mental illness
may add to the stigma, because homeless persons prefer not to admit they have mental illness in order to avoid a label of “crazy” and being treated like “dirt” (Bhui et al., 2006).

The most common reasons reported for initial homelessness were financial and interpersonal problems; the most common reasons for continued homelessness were unemployment and lack of suitable housing (Mojtabai, 2005). To assist homeless individuals with mental illness to live independently, supported housing and community residences may be viable options. Based on an examination of supported housing versus community residences for the homeless who have mental illness, Siegel, Samuels, Tang, Berg, Jones, & Hopper (2006) found that persons living in community residences reported higher levels of social support and empowerment, which would likely have benefits for individuals with mental illness. Because many homeless individuals had multiple experiences with unstable relationships, isolation, and abuse prior to homelessness, providing housing that gives more intense support may not only help integrate homeless individuals into society, but also assist these individuals with extra challenges. Community residents, however, reported less satisfaction from such housing (in terms of financial freedom and autonomy) than supported housing residents.

Because continued homelessness is strengthened by unemployment and unsuitable housing (Mojtabai, 2005), it seems that supported housing or community residences might be an option for those homeless individuals who seem to have very limited sources of income (Siegel et al., 2006). In community residences, individuals may learn money management skills and the high level of mutual-support from the setting may facilitate crisis intervention strategies.

In conclusion, research provides community psychologists with the necessary information to identify effective ways to prevent the cycle of homelessness, especially for those who suffer from mental illness. The hope is that more federal, state, and local programs may be funded for homeless individuals to create more affordable, supported housing accessible to larger numbers of people in need. ☺

References


Student Issues—

Edited by Michael Armstrong and Marco A. Hidalgo

Thank you, Mike Armstrong!

Mike Armstrong’s 2-year term as National Student Representative will officially be coming to an end at this year’s APA Convention in San Francisco, CA. Mike will continue to be active in SCRA activities and continue to be engaged in community research, action and collaboration while wrapping up his Master’s degree requirements and entering PhD candidacy!

Despite being a busy guy, Mike has always prioritized the responsibilities of his service as Div. 27 Student Rep. and also helped me “learn the ropes.” Mike, it has been a great pleasure to serve with you as a Student Rep. On behalf of our other student members, I thank you for your many contributions to Division 27.

—Best wishes! Marco

Pending Elections for Student Representative

In light of the pre-biennial events, our elections for National Student Representative will take place in mid-June, following the Biennial Conference. Unfortunately, this column will be in-press during the election process, so I look forward to introducing your new incoming National Student Representative during our autumn issue. Please stay tuned!

11th Biennial Conference of SCRA

The drafting of this column precedes the 11th Biennial Conference of SCRA hosted by the University of La Verne at the Hilton Hotel in Pasadena, CA. In our next issue, we will highlight activities from this year’s conference, themed Community and Culture: Implications for Policy, Social Justice, and Practice. Our next issue will also highlight content from many of the student attendees we met while tabling the SCRA Student table, hosting the Student Social event in Old Town Pasadena, and while facilitating the roundtable meeting.

For more information about regional Eco conferences and future conferences related to Division 27 go to the SCRA website: http://www.scra27.org/events.html

Student Regional Networking

Mike and I are currently in the process of creating a spreadsheet that breaks down student membership by APA region. This effort has been assisted by Susan Harding–Torres, Brad Olsen, Gary Harper and Kelly Hazel. This spreadsheet is a categorization of student members, their institutional affiliation and contact information (i.e., email addresses), and is designed to improve the coordination of community psychology specific activities and events at the regional level. This follows the valuable feedback from students who underscored the need for more Division 27 communication and activity within their regions. We expect to complete and implement the first membership file shortly after the Biennial Conference, when student membership is typically highest.
Call For Submissions—Autumn 2007 Issue of The Community Student

Please consider writing a paper for The Community Student (TCS)! TCS is published twice yearly and features articles written by students about their experiences, research and insights in relation to psychology as a whole, and community psychology in particular. We encourage you to email us articles for the Autumn 2007 edition of The Community Student. The deadline for paper submissions is August 15th, 2007. The Community Student is a great way to share your insights and experiences with other SCRA members. It’s also a great way to add a publication to your curriculum vitae! Articles should be between two and four pages long, single-spaced, and can be submitted electronically to Marco Hidalgo at mhidalgo@depaul.edu Please contact Marco for additional information.

SCRA Executive Committee Summer Meetings

Every 6 months, the SCRA Executive Committee (EC) meets to discuss and decide on pivotal issues for our organization. Both National Student Representatives have full voting rights and are able to bring to the table important ideas that concern student members. The EC will meet twice during the summer, 2007: once during the Biennial Conference in Pasadena, CA and again during the APA Convention in San Francisco, CA. If you have any ideas, concerns, or suggestions for the EC, or if you would simply like to know more about the proceedings of this body, please email Marco Hidalgo (mhidalgo@depaul.edu). The Executive Committee highly values improvement-oriented input from students. National Student Reps. will publish their notes from the summer meetings in the Autumn 2007 issue of TCP.

Upcoming Deadline for Student Opportunities

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SCRA Student Listserv & Website

As always, the SCRA student listserv is a forum to discuss and collaboration among students involved and interested in community research and action. It is also a great place to get information relevant to students, such as upcoming funding opportunities and job announcements. To subscribe to the listserv, send the following message to listserv@lists.apa.org SUBSCRIBE S-SCRA-L@lists.apa.org <first name> <last name>. Messages can be posted to the listserv at: S-SCRA-L@lists.apa.org If you have any questions or need help signing on to the listserv, please contact Omar at oguessous@comcast.net

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

Special Feature—

A Transformative Agenda for Community Psychology: From a Psychology of Projection to a Psychology of Appreciation

by Donald C. Klein, Professor Emeritus, The Graduate College of The Union Institute and University

with an introduction by Caroline Swift & Alan Klein

Introduction

~Carolyn Swift & Alan Klein

Community psychology focuses on theories supported by research, and on actions that translate theories into changes within communities to make the world a better place. Donald Klein’s theories of Appreciative Knowing and Being are evident below. What we share here are a few of the ways he lived his theories—actions he took to share this passion, behaviors that carried him to places on the world stage in his last years to advocate for peace.

Donald Klein was a joyous man. As Brave Orchid would say, there was much variety in his “talk stories.” Below he describes his first experience with Appreciative Being; it so transformed him he embarked on a life-long journey to introduce others to this experience. He lived Appreciative Knowing and Being in all aspects of his life—in his family, his community, his profession, and increasingly in his later years, in the wider world.

Appreciative Being was reflected in Donald Klein’s family life with his wife Lola and their four sons: Stefan, Jonathan, Alan, and Jeremy. After their nest officially emptied, they created a communal living space on a farm outside Columbia, MD, where for 32 years they embraced their family, friends, and sojourners as visitors and as long-term residents. Don and Lola took care of both their mothers in the last
years of their lives with joy and appreciation. In 1989, Alan and his family moved to the farm. For a while, four generations of the extended and blended Klein family lived under one roof, from his 3 year old granddaughter Kelly to Lola’s 88 year old mother Martha. When Lola died in 2000 after 54 years of marriage, Don displayed a remarkable ability to live fully in the appreciation of both her and their time together as well as in the deep grief he felt. He was able to allow his older granddaughter Rebecca, who lost her own mother while a teenager, to guide and steady him through the roiling waters of grief. Their already close relationship deepened and they became frequent traveling companions.

Donald Klein’s contributions to community psychology in his earlier career included his home community, Columbia, MD, where he consulted in the 1960s and 70s with the Rouse Company’s chief designer on creating a sense of community in the new town. Recently, he became a founding member of a citizen’s action group—heeded by his son Alan—to focus on ensuring that the values and vision on which Columbia was created are adhered to as it undergoes extensive renovation in its “town center.”

For the last three years Donald Klein has been an Invited Speaker at the annual Humiliation and Violent Conflict Workshop at Columbia University in New York City. This workshop, co-sponsored by the Columbia University Center for International Conflict Resolution, draws scholars, researchers and activists from around the world seeking peaceful resolutions to world conflicts. A board member of Founder Evelin Lindner’s Humiliation and Dignity Network, he has been an Invited Speaker at their annual conferences in Paris and Berlin. Last year he was a keynote speaker at a conference at the United Nations mandated University for Peace, in San Jose, Costa Rica.

Please “listen” to Donald Klein’s talk stories and join him in celebrating appreciation for life.

A Transformative Agenda for Community Psychology: From a Psychology of Projection to a Psychology of Appreciation

~Donald C. Klein, Professor Emeritus, The Graduate College of The Union Institute and University

Almost two decades ago I communicated with colleagues in community psychology about our innate capacity for appreciative knowing (Klein, 1988). I described how what I referred to as the Power of Appreciation had contributed to my work as a practitioner in the field:

Every action we take offers yet another opportunity to appreciate and gather data about a set of community phenomena; to savor those data and reflect upon them; to engage in intellectual play with one’s experience in order to fit the new information into the most useful conceptual framework one can find; and finally to apply what one has learned in the next round of intervention, reflection, conceptualization, and application. (Klein, 1988, p. 323)

In this paper I expand on the importance of appreciation as a path to knowing and contrast the state of appreciative being to what I refer to as “Projective Psychology,” which is the all-too-often dysfunctional level of consciousness that we in community psychology, together with most Western psychologists, have traditionally and uncritically accepted as a given in human affairs as well as in our own research and practice.

In her account of growing up as the daughter of immigrant Chinese parents, writer Maxine Hong Kingston tells how her mother Brave Orchid, who was trained as a Chinese healer, explained the psychotic behavior of Maxine’s auntie, who had come from Hong Kong to live with Maxine and her family:

Brave Orchid saw that all variety had gone from her sister. She was indeed mad. “The difference between mad people and sane people,” Brave Orchid explained to the children, “is that sane people have variety when they talk-story. Mad people have only one story that they talk over and over.” (Kingston, 1977)

Brave Orchid’s explanation strikes to the heart of human psychology, normal or abnormal. A so-called normal person’s reality is what Harry Stack Sullivan, the interpersonal psychiatrist, called “consensual” (Sullivan, 1953). For him the difference between normal people and those who are mentally ill was not that the former lived in a world of reality and the latter in a world of fantasy; both so-called normals and psychotics live in a world created by their stories. The difference is that normals have many stories, and psychotics have only one. Normals make effective connections between their own and others’ stories about what is real, psychotics do not. Because normals’ talk-stories mesh with others’ talk-stories, they “make sense.” Psychotics’ talk-stories do not mesh with others, and so do not make sense.

Both Brave Orchid and Sullivan are correct. Although few people realize it, our relationships are mediated by talk-stories. Our lives are shaped by individual and collective images that we project onto individuals and groups with whom
we deal. Everyone—rich and poor alike, business executives and hired hands, professional experts and their clients, community psychologists and community leaders, politicians, heads of state, and everyday citizens—function in a projective mode.

Willis Harman puts it this way:

Research on perceptual illusions and “virtual reality” has demonstrated that the world we ourselves experience is a projection based on clues from “out there.”

Representations of external events do actually form within the subject’s mind, but the mind models the world by projecting its own experiences out to the judged location of the events they represent. With this “reflexive” model of perception, the phenomenal world is a representation in the mind which only seems to be “out there.” [ . . . ] The phenomenal world, the experienced world, is just a representation; it cannot be the “thing itself.” (Harman, 1993, p. 15)

These “normal,” everyday projections include crucial individual and collective images that define the self. When these projections come into contact with others’ projections, especially in a context of fear and threat—as they often do when issues arise in geographic communities—they collide in ways that are experienced as self-diminishing, humiliating, and even life-threatening. Out of such clashing projections come inter-individual and inter-group conflagrations, murderous violence, riots, and other indicators of community fragmentation and inter-communal paranoia and conflict.

Despite such disastrous consequences, people take their projections as a correct reflection of true reality. With few exceptions, we Western psychologists have done the same. We have treated the Psychology of Projection as the norm. Unlike Eastern students of human psychology, we have busied ourselves creating ingenious descriptions and theories about how perceptions, beliefs, attitudes, and ideas are created from data available through the senses. Reality for us has been, implicitly in most cases, agreement about what is real and true.

By contrast, Eastern students of human psychology—as has been pointed out by several generations of critics of Western psychology—have for thousands of years explored the projective nature of what we in the West take as normal and reality-based. Representative is Krishnamurti’s discussion of the division between the observer and that which is observed, which he called “the source of all human conflict” (Krishnamurti, 1972, p. 6). He wrote:

Thought brings about this division. You look at your neighbor, at your wife, at your husband or your boyfriend or girlfriend . . . but can you look without the imagery of thought, without the previous memory? For when you look with an image there is no relationship; there is merely the indirect relationship between the two groups of images, of the woman or of the man, about each other; there is a conceptual relationship, not actual relationship. (p. 6)

Although the Psychology of Projection has enabled us as a species to squeak by so far, it doesn’t take more than a cursory look to realize that it leaves a great deal to be desired. With only occasional lapses into love, compassion, and forgiveness, human beings throughout recorded history have inflicted all manner of humiliations on those they despised, tortured those with whom they disagreed, enslaved and killed those who couldn’t prevail against their superior force, and committed genocide on entire peoples to the point of erasing civilizations. The twentieth century was no exception; if anything, it was the apotheosis of demonic projection. And, given the so-called War on Terror, the twenty-first century appears to be taking the same path.

In the face of increasingly turbulent complexities and destructive capabilities of our rapidly changing, ever more high tech environment, it’s suicidal for us as a species to continue to approach problems in our customary projective fashion. The root challenge involves nothing less than committing ourselves to making a major psychological transformation in how we understand and deal with the issues that we face, both as individuals and as a species. The challenge for community psychologists is for us to place ourselves in the vanguard of that transformation.

Required is a marked change in the ways in which we think about and cope with one another and the world around us—that is, a fundamental change of mind. The recognition of the need for a revolution in awareness within community psychology and psychology as a whole is by no means original or new. It was expressed, for example, by Krishnamurti over twenty years ago.

Man is suffering, man is in travail, and our problem, our question, is: whether the mind can transform itself completely, totally and thereby bring about a deep, psychological revolution [italics added]—which is the only revolution. Such a revolution can bring about a different society, a different relationship, a different way of living. (Krishnamurti, 1972, p. 40)

Fortunately, as I attempt to document in my book New Vision, New Reality, such a fundamental change of mind is within our grasp. The predisposition to live projectively is not all there is to the human condition. As observers of the human scene have pointed out for thousands of years, we also come predisposed to celebrate life, to be consumed with curiosity and awe about the world in which we find ourselves, to bring fascination and wonderment to our work and to our relationships. In short, we all come equipped with what it takes to celebrate the fullness of life and to live it appreciatively, complete with all its challenges, frustrations, missed expectations, and mysteries.

Gurudev Chitrabhanu, a Jain teacher wrote:

We come to this world so that we can find our ultimate center, which is happiness, joy. But we keep hoping that joy will come to us from the outside, that someone or some circumstance will give us happiness. But really, friends, there is no need to wait. The happiness you wish for is already there, waiting for you, but you must open the door so it can come out [italics added]. (Chitrabhanu, 1974, pp. 49-50)
The first step is to recognize clearly and unequivocally that it’s unacceptably dangerous and dysfunctional to continue to confuse images and ideas in our minds with reality. It means facing up to the fact that by continuing to live as creatures of projection we doom ourselves and future generations to an increasingly disordered world.

To open that door involves two basic steps:

1. The first step is to recognize clearly and unequivocally that it’s unacceptably dangerous and dysfunctional to continue to confuse images and ideas in our minds with reality. It means facing up to the fact that by continuing to live as creatures of projection we doom ourselves and future generations to an increasingly disordered world. Just as cigarette smoking, once almost universally accepted, has become increasingly unacceptable in US society, so can we work on dethroning projection from its present position as a universally accepted given in the communities with which we work. To do so the goal would be to make it unacceptable to project our own fears, impulses, and shortcomings onto others, and to act as if those projections of ourselves and others are real.

2. The second step involves a clear, unequivocal decision to embrace a Psychology of Appreciation; that is, to view events in the community through the lens of the inner intellectual/feeling state that has been variously called fascination, delight, ecstasy, wonderment, joy, and appreciation. Of these the term “appreciation” seems most apt because its meaning in English implies both a positive feeling and discernment, an intellectual clarity in which one perceives and savors nuances. (Klein, 1988, 2001)

Although every human being comes equipped with the ability to tap into the innate power of Appreciation, most people treat the possibility of doing so as an abstract philosophical question or mysterious, exotic realm reserved for yogis, gurus, and other unusual folk. We reserve our own feelings of awe and wonderment for special times of quiet contemplation, religious renewal, and ecstatic episodes associated with scenic beauty, artistic creation, sex, or other exhilarating activities. Rarely if ever do we allow ourselves to bring these special wondrous feelings into the everyday world of family, neighborhood and community, work settings, politics, and international affairs.

One important proviso: Viewing a person, event, or situation through the lens of appreciation is not the same as optimistically finding something worthwhile to like in whatever one is experiencing. It’s more nearly analogous to what happens in the theater when the scrim on which scenery is painted is illuminated in a different way. The scrim becomes transparent and suddenly the scenery, which has seemed real, also fades from view and new vistas open up behind the scrim, which only a moment before had been opaque. That is the kind of mental transformation that occurs when one views events appreciatively. The intriguing challenge is to tap into one’s capacity for appreciation even when one’s mind says, “It’s a terrible situation. We must fight for social justice. There’s nothing to appreciate here!” It is, indeed, a matter of willingness, not innate or acquired ability.

Every one of us is capable of accessing the feelings associated with appreciation—among them, wonderment, fascination, excitement, and delight. We associate these feelings, however, with circumstances and people external to ourselves: having sex with a loved one, meditation, the birth of a child, a Christmas Eve religious service, a gorgeous sunset, water skiing, a beautiful symphony, or achieving the high associated with long distance running. The circumstances are quite varied; the sense of appreciative being is the same. The circumstances are external to ourselves; the appreciation itself, however, comes from within. Although associated in one’s mind with the situation which, as we put it, “evokes” it, appreciation is an internal state of being that exists within everyone. It is not inherently linked to the circumstance. Most importantly, we can, if we choose to do so, evoke it and experience it regardless of the situation in which we find ourselves.

I use the word “choose” deliberately. To make the transition from the Psychology of Projection to the Psychology of Appreciation, I know from my own experience that one must make the decision to take a leap into the unknown: a
void of nothingness, a state of being that is devoid of attachment to one’s beliefs about oneself and the world and one’s convictions about how things are supposed to be.

When I initially contemplated taking that leap, I found myself uneasy and filled with foreboding, scary apprehensions even when they seemed silly to me. For example, I feared I might dissolve into tiny dots and disappear. Fortunately, a friend who understood from his own experience what I was dealing with said, “I don’t think you’ll disappear; but don’t worry, if you do, I’ll send out search parties.” That was so ridiculous it did the trick. I decided that I would no longer take myself seriously. That meant giving up my attachment to aspects of myself that seemed quite valuable and, in at least one instance, truly touching (i.e., my vision of myself as a gentle little boy). I found that those self-images didn’t disappear. I still play the character “Don Klein” as I did before; it’s just that I no longer take my own creation of my “self” seriously. This allows me to play the character with devotion without being bent out of shape by whatever happens. Mostly that is. There are times when I realize I’m feeling irritated or upset and I know by such cues that I’m not tapping into my capacity for appreciation. Do I wish to keep on with negative feelings? No. Is my ego hooked? Yes. Can I appreciate how subtly and inexorably I was hooked into taking myself seriously? Yes. Usually that’s enough for me to see more clearly what’s going on and to figure out what I need to do at the moment. Since taking the leap, I have experienced profound changes in my work as a community psychologist, including how I understand, perceive, and explore meaningful possibilities; welcome differences and disagreements; and respond to situations with curiosity and zest.¹

Attempts to bring about social change in communities and elsewhere typically involve efforts to reframe projections in ways that reduce threat and open up possibilities for pro-approachment. At the heart of most approaches to dispute resolution in community situations is the creation of a new identity with which conflicting parties can identify. Efforts to arrive at such reframed identities usually involve carefully designed opportunities for those involved to reach past mutual blame and recriminations. They must move beyond those projections and together enter the realm of their shared humanity.

Unfortunately, such changes are usually situation specific. In effect, when warring parties embrace one another within what they now view as a shared new identity, they do so only within the framework of consensual reality. Their projective talk-stories have been modified or enlarged. They no longer clash, create sparks, and generate recriminations and violence.

I believe we can do better than that. All over the world, beneath the projective psychologies of human beings is the desire for happiness, love, dignity, opportunities to care for others and be of service to them, and the desire to live in a milieu that is free of humiliation and physical harm. They take widely different cultural forms but nevertheless they do exist in one form or another.

I am optimistic enough to believe that humankind may be on the threshold of entering into a new era in which the Psychology of Projection, heretofore taken for granted as normal and inevitable in the western world, can be replaced by what I refer to as the Psychology of Appreciation. I am realistic enough to know that such a transformation—which is even beyond the scope of a paradigm shift—will require individual colleagues in psychology to set understandable resistance aside and to take what for me was a disquieting leap into the void of being and discerning that I could not really know until I had arrived there.

There’s a certain urgency involved. We can no longer afford the luxury of maintaining a separation between our everyday lives of projection and the occasional exhilarating episodes of wonderment that everyone experiences under certain circumstances. It’s time to reverse this state of affairs by taking seriously the fact that we’re capable of illuminating every day events and relationships with the transforming power of Appreciation. It’s time to reserve our projective abilities for story-telling and other creative occasions.

Whether or not we transform our present psychology of individual and community behavior from Projection to Appreciation does not rest on scientific theories, abstract philosophical questions, or moral issues. In my view, it involves the most practical and urgent question of all—namely, human survival.

References

¹ Those who are interested can find more detailed descriptions on pages 312-315 of my article “The power of appreciation” in The American Journal of Community Psychology (Klein, 1988) or pages 203-208 in the book New Vision, New Reality (Klein, 2001).
Honoring the Lifework of Joseph E. Zins through Creating and Sustaining Settings that Foster Social and Emotional Learning for All

~Colleen Loomis & Jody L. Brown, Wilfrid Laurier University

Joseph E. Zins made significant contributions during his lifetime that add up to much more than the sum of the accomplishments of many (Elias, 2006, cited in Fagan, 2006). This fact is evident. With this thought in mind, we review a recently coauthored chapter by Zins and Elias (2006) and comment on how this work inspires us to sustain the momentum of the social and emotional learning framework, infused by the lifework of Joseph E. Zins. We invite readers, as we share in the sorrow for the loss of Joseph Zins’s life, to consider that one of the best ways to honor and celebrate him is to keep his lifework thriving.

As we know, social and emotional learning (SEL) is critical to individual development as well as familial and societal functioning. This learning occurs within families, interpersonal relationships, and organizations and institutions such as schools and workplaces. Given that children are in school many hours a day, the school context plays a prominent role in fostering social and emotional competencies. These competencies are affected by explicit teaching and implicit organizational policies and practices. Said differently, in addition to teaching the school environment impacts students’ social and emotional learning (and thereby their opportunities for success) in both positive and negative ways.

Among the early proponents of social and emotional learning was Joseph E. Zins, who argued that SEL is intrinsic not only to positive mental, emotional, and behavioral outcomes among children and youth but also, more specifically, student academic success. Zins championed a model of SEL that incorporated a range of competencies, including recognizing and managing emotions, empathy and perspective-taking, goal setting, ethical and responsible decision-making, and interpersonal problem-solving. Utilizing a systems perspective, Zins advocated for SEL interventions that involved not only curriculum development and instruction, but also school culture and ethos.

More recently, Zins and Elias’s (2006) chapter Social and Emotional Learning provides readers with the “what and how” of SEL interventions. Stakeholders involved in school programming and curriculum development will find the chapter a helpful guide. It provides a comprehensive definition of SEL and strategies for program implementation, as well as a review of program costs and related empirical evidence. Importantly, readers learn that the SEL heuristic is multicomponent and has implications for organizational and systems change.

Social and emotional learning is a well-established and appealing approach. First, the authors carefully outline their rationale for including SEL programming in school settings. Zins and Elias do not focus on character development per se, rather they position their goal within a framework that places academic success as the outcome of the intervention and character development as a step on the way towards it. By doing so, the authors manage to avoid the potentially contentious issue of “who” or “which enterprise” (e.g., parents or schools) is responsible for young people’s social and emotional (or character) development. Importantly, there is research to support their claim that social and emotional well-being mediates academic achievement (for a review see Bluestein, 2001; Weare, 2000). Second, the theoretical framework is relevant to the experiences of both formal and informal stakeholders. The chapter is directed to school psychologists, but many different domains (e.g., nutrition, sexual health, substance misuse & abuse, etc.) and professionals (e.g., classroom teachers, guidance counselors, school administrators, public health nurses, community and developmental psychologists, etc.) will benefit from applying the concepts. In their chapter, Zins and Elias (2006) make the theory, research, and practice of SEL available to a wide audience.

In spite of strengths, the SEL approach is not without criticism. Implicit in it is the assumption that schools specifically (and the education system more generally) are value-neutral and equitable environments. This approach fails to recognize that learners (particularly those marginalized by class, race, and other socio-environmental factors) “only become ‘at-risk’ under specific historical circumstances, and as a result of specific social relationships marked by racism and oppression” (Potts, 2003, p. 178). Behavior that may be considered within the SEL approach to be maladaptive or unhealthy—particularly within a mainstream educational setting—may actually be a young person’s best attempts to respond and adapt to an otherwise oppressive environment: what one might perceive as unhealthy behavior may actually be “health-seeking” behavior within an unhealthy context (Brown, 2003; Ungar, 2002). By individualizing the problem, the SEL approach inadvertently serves to reinforce the status quo by shifting attention away from socio-political considerations. Although SEL may be important for student success at an individual level, in order for marginalized groups and communities to prosper interventions also need to foster critical political awareness, an understanding of context and historical antecedents, and tools for community and social change (Brown, 2003; Potts, 2003; Watts, Griffith, & Abdul-Adil, 1999; Watts, Abdul-Adil, & Pratt, 2002). One might argue that typical SEL interventions might inadvertently serve to perpetuate systemic inequities, rather than providing skills that support the goals of liberation pedagogy (cf., Friere, 1970) and therefore social action.

Another limitation of many SEL models is that they fall short of utilizing and advocating for a holistic approach to understanding health. For example, although the SEL model links mental, emotional, and social well-being with intellectual functioning and academic success, it makes few references to physical and nutritional health. To their credit, the authors make references to health promotion generally, and there is one example given, the Ohio school guidelines about “high-quality food services supports” (p. 4); however, they do not
explicitly make any reference to nutrition or physical activity or other physical aspects of the school. Nor do they make links to the importance of affirming and reflecting learners’ cultural and spiritual identities in school policies and practices. The possibility exists, however, for those who implement SEL programming to move it beyond ameliorative impact to realize its transformative potential by incorporating a more comprehensive and critical approach to health promotion.

Other factors potentially limiting the effects of SEL programming are resources: time, money, and school context. Most schools cannot afford to invest as heavily in this process as is necessary. Moreover, because many of the benefits of this type of intervention are not immediate, particularly those related to organizational functioning, people may lose interest or become discouraged over time. As with other school interventions, the number of students who may benefit from this approach is limited. This limitation is affected by the school context. When the context, or school setting, is healthy then programming implemented within that context can be realized more fully.

Limitations notwithstanding, our read of the Zins and Elias (2006) chapter combined with other works in this area leave us with real promise for creating settings that foster SEL. The authors provide a framework for positioning SEL to involve multiple stakeholders (e.g., professionals, parents, volunteers, child and youth workers in schools, learning assistants, and school administrators) in addressing changes in school systems, curricula, pedagogical approaches, and extra-curricular activities. Another important aspect of this chapter is the acknowledgement of the role organizational change plays in stakeholder buy-in and ownership. Many SEL interventions are child-focused and consultation centered. Future interventionists working with schools may benefit from a collaborative rather than a consultative approach with the understanding that the implementation may be adapted somewhat to respond to the needs, interests, and goals of a particular setting.

Zins and Elias (2006) realize that teacher buy-in is necessary to foster SEL. As they explain, there is insufficient knowledge about how to influence and engage teachers in the promotion of SEL. Consequently, their chapter implicitly suggests that future SEL research would benefit from investigating teachers’ well-being in the workplace. Given the increasing evidence showing links between organizational culture and employee well-being (Shain, 1999; 2000), it is reasonable to propose that the organizational climate for teachers (e.g., measure of control, job satisfaction, and degree of power and agency within the school setting) affects their own social and emotional health which, in turn, affects teachers’ ability and a school’s organizational readiness to create and sustain a classroom environment conducive to implementing SEL programming for students.

To illustrate this point let us turn to examples of SEL-styled interventions. The SEL movement has grown internationally, where Joe Zins often consulted (Weisberg & Elias, 2006). Characteristics of SEL programming are evident in many interventions that are not specifically identified as SEL initiatives. The following are a few examples: the Travellers’ program in New Zealand (Dickinson, Coggan, & Bennett, 2003); the MindMatters program in Australia (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000); and Zippy’s Friends in the United Kingdom (www.partnershipforchildren.org.uk). For example, interventionists in New Zealand working with schools to promote mental health and social emotional well-being assert that the way to begin implementing SEL is by working with teachers to understand the influences on their own mental health and then draw links with what is good for the students (Dickinson, 2001; Dickinson, Neilson, & Agee, 2004). This approach is predicated on an underlying assumption that teachers’ mental health is just as important as their instructional abilities. Specifically, this approach aims to nurture teachers’ social and emotional well-being rather than (or prior to) focusing on instructional technique.

Given the previous example, readers may attend to the concepts and ideas presented in the Zins and Elias (2006) chapter that focus on the social ecology or systems of support. In this way, the chapter has implications for future SEL programming that strives to generate organizational change, buy-in, and ownership that will sustain the intervention and produce more lasting results. Ideally SEL programming would foster social and emotional competence among all individuals in a school’s support system including teachers, staff, janitors, learning assistants, administrators, parents, and community members. The work of Joseph E. Zins lays an important foundation in creating school environments that foster the health and well-being of everyone in a school setting, and it is up to us to sustain and further develop this important work which he began.

References
Dickinson, P. (2001). Guidelines for mentally healthy schools: A resource to assist schools in the implementation of mental health promotion initiatives in the school community. Auckland, NZ: Mental Health Foundation NZ.

2007 APA Program Chair Report and Programming Schedule

~Anita Davis, Rhodes College, 2007 APA Program Chair

2007 APA Division 27 Program Report

As APA Program Chair for the 2007 APA Convention in San Francisco (Aug. 17–20), I am pleased to provide a report of SCRA programming for this year’s convention. This year we received considerably more submissions than the number of hours allocated to our division by the APA Convention Office and regretfully had to turn away many strong proposals. As you will see, the final program includes nine symposia with one symposium offering continuing education (CE) credit. We are also very fortunate to have two Invited President’s Addresses by prominent scholars, Kenneth Pargament and Jean Rhodes. The titles of their addresses can be found in the APA Program Summary on the next page. There is a great deal of diversity among our symposia and invited addresses with at least half of them focusing collectively on racial/ethnic minority, women, social class, and disability populations. There will also be eighteen posters presented during the divisional poster session. Our posters are equally diverse in the topics they cover with approximately two-thirds of them focusing on topics involving racial/ethnic minority groups, women, and international populations. I look forward to seeing many of you at these events as well as at the SCRA Business Meeting and Social Hour which are both held on Saturday evening.

Reviewers for SCRA Program for 2007 APA Convention

I also want to give a heartfelt thanks to the reviewers listed below for their willingness to give their time over the winter break to participate in the review process. Their names are listed below. I also want to thank Judy Pierce, who served as the Administrative Assistant for this process. Please note that a call will go out for volunteer reviewers in the fall for the 2008 APA convention; I hope you will consider participating in this important process.

Mark Aber
Tamara Brown
Christina Gee
Elena Klaw
Bret Kloos
Jon McCoy
Eric Mankowski
Carla Shirley
Kenneth Maton
Elizabeth Thomas
Greg Townley
Hirokazu Yoshikawa
Russell Wigginton
Patricia Ann Wright
APA Program Schedule

**Symposia**
- HIV Prevention, Empowerment, and Community—Addressing Health Disparities in Incarcerated Women
  Chair: Doreen, Salina
  [8/17 Fri: 8:00–9:50 am; Moscone Center, room 3012]
- Participatory Research Cultural Framework for Prevention Science With Alaska Natives*
  Chair: Allen, James
  [8/17 Fri: 10:00–11:50 am; Moscone Center, room 2010]
  *will offer Continuing Education (CE) credit
- Supporting School-Based Prevention Programs by Promoting Teacher Social-Emotional Competence
  Chair: O'Brien, Mary Unte
  [8/17 Fri: 1:00–1:50 pm; Moscone Center, room 3012]
- The Arts and Artistic Expression as Empowering Practice
  Chair: Gutierrez, Lorraine
  [8/17 Fri: 2:00–3:50 pm; Moscone Center, room 2010]
- Community Intervention and Domestic Violence—Evaluation, Recidivism, Relationship Status, and Symptomatology
  Chair: Stover, Carla
  [8/19 Sun: 8:00–9:50 am; Moscone Center, room 3012]
- Environmental Strategies for Substance Abuse Prevention—Concepts, Measures, and Analyses
  Chair: Florin, Paul
  [8/19 Sun: 10:00–11:50 am; Moscone Center, room 2012]
- Community Psychology and the Disability Community—Exploring the Employment Crisis
  Chair: Keys, Christopher [8/20 Mon: 8:00–8:50 am; Moscone Center, rooms 252/254/256]
- The Community’s Role in School-Based Mental Health—Today and Tomorrow
  Chair: Harpine, Elaine [8/20 Mon: 9:00–9:50 am; Moscone Center, rooms 252/254/256]
- Challenges and Opportunities of Cross-Cultural Research and Practice
  Chair: Enkhtor, Dulamdary [8/20 Mon: 10:00–11:50 am; Moscone Center, rooms 232 and 234]

**Poster Session:** 8/18 Sat: 12:00–12:50 pm;
Moscone Center, halls ABC

**President’s Invited Addresses**
- Pargament, Kenneth: The Sacred Character of Community Life
  [8/18 Sat: 2:00–2:50 pm; Moscone Center, room 2005]
- Rhodes, Jean: Understanding and Facilitating the Youth Mentoring Movement
  [8/18 Sat: 3:00–3:50 pm; Moscone Center, room 2005]

**SCRA Business Meeting:** 8/18 Sat: 5:00–5:50 pm;
San Francisco Marriott Hotel, Golden Gate Salon A3

**SCRA Social Hour:** 8/18 Sat: 6:00–7:50 pm;
San Francisco Marriott Hotel, Golden Gate Salon A3

**Mini-convention Schedule**

- Session 1: What are Psychologists doing in US Military Detention Centers?
  Chair: W. Steven Sellman
  [Fri: 8:00–9:50 am; Moscone Center, room 3016]
- Session 2: What Does the Research on Interrogations Tell Us?
  Chair: Bradley D. Olson
  [Fri: 10:00–11:50 am; Moscone Center, room 3016]
- Session 3: What is the Evolution of APA policy on Ethics and Interrogation?
  Chair: Bernice Lott
  [Fri: 2:00–3:50 pm; Moscone Center, room 3014]
- Session 4: How do Human Rights and Laws Apply to Detention Centers?
  Co-Chairs: Neil E. Altman & Linda Woolf
  [Sat: 2:00–3:50 pm; Moscone Center, room 3014]
- Session 5: What are the Impacts of Ethnicity, Language, and Identity on Interrogations?
  Chair: Rhoda Unger
  [Sun: 12:00–1:50 pm; Moscone Center, room 3014]
- Session 6: What are the Effects of Psychological Torture and Abuse?
  Chair: Linda Woolf
  [Sun: 2:00–3:50 pm; Moscone Center, room 3014]
- Town Hall Meeting: Review and Future Directions
  Chairs: Douglas Haldeman & Olivia Moorehead-Slaughter
  [Sun: 5:00–6:50 pm; Hilton Hotel, Plaza Room A]
- Session 7: What Ethical Dilemmas Do Psychologists Working in Detention Centers Face?
  Chair: Scott W. Allen
  [Mon: 10:00–1:50 am; Moscone Center, room 3009]
- Session 8: What Challenges and Complexities Does Providing Treatment to Detainees Entail?
  Chair: Ibrahim Kira
  [Mon: 12:00–1:50 pm; Moscone Center, room 3009]

Ethics and Interrogations: Confronting the Challenge (2007 APA mini-convention)

Finally, in addition to the SCRA program, I also want to call attention to the mini-convention on Ethics and Interrogation that will take place as part of the APA convention that has been planned by the Divisions of Social Justice (DSJ). As many of you know, Brad Olsen is the current chair of the DSJ and serves as our division liaison, and he has been instrumental in helping to bring the mini-convention to fruition. I have included below an abbreviated list of those events for your consideration. Division 27 donated hours to the mini-convention and I hope that you will be able to attend some of the sessions and participate in these very important and timely discussions.
The SCRA CEP: Reactivating the Council of Education Programs

~Eric Mankowski, Portland State University & Greg Meissen, Wichita State University on behalf of the SCRA Council of Education Programs

What is the SCRA CEP?

The SCRA Council of Education Programs (CEP) is the formerly named Council of Graduate Program Directors in Community Research & Action (CPDCRA). This group was formed in the late 1970s to encourage excellence in education in community research and action. Recently, in conjunction with the 2005 Survey of Graduate Training in Community Psychology, the group was reactivated after not having met for some time, at the initiative of Cliff O’Donnell in his role as President of SCRA. The CPDCRA did excellent work over the years, but sustainability was influenced by the need to collect dues from institutional members and having no official channels of communication with the Executive Committee (EC) of SCRA. The EC has addressed these barriers by financially supporting the basic work of the CEP so that dues need not be collected from programs for membership, and by adding the chair of the council as a member of the EC which will help with communication, coordination and for a voice on the EC specifically regarding education and program issues.

The reactivated group held an education programs summit in May, 2006 in Chicago to re-examine its mission and administrative governance and to develop a strategic plan for the next 3–5 years. The summit was attended by the nine representatives from graduate community research and action programs in the US and Canada who had been nominated and elected to the council, including Mark Aber (University of Illinois, Champaign), Holly Angelique (Penn State University Harrisburg), Kelly Hazel (Metropolitan State University), Eric Mankowski (Portland State University), Susan McMahon (DePaul University), Greg Meissen (Wichita State University), Roger Mitchell (North Carolina State University), Mark Pancer (Wilfrid Laurier University), and Cathy Stein (Bowling Green University). Faculty and students from DePaul University, which hosted the summit, also participated in some of the discussions and gave input regarding potential priorities for the council.

At the summit, the council renamed itself as the “SCRA Council of Education Programs” in order to emphasize our commitment to excellence in education at both undergraduate and graduate levels, and to ensure that the SCRA Council of Education Programs is a part of, and coordinated closely with, the SCRA.

What does the SCRA Council of Education Programs do?

At the education programs summit, the CEP developed three main initiatives to pursue over the next 3–5 year period, together with a set of specific goals and activities that address each of the initiatives. The three initiatives are listed below, followed in turn by a detailed listing of the activities we will pursue in support of each initiative.

1. To enhance innovation and educational effectiveness, and increase visibility among potential students, university colleagues and employers.

   Goals and activities that the CEP is working on to address the first initiative are: listing graduate programs on the SCRA website; developing a brochure to tell prospective students, advisors, local non-profits and others about community psychology; disseminating the results of the 2005 graduate programs survey; helping organize a syllabi exchange on the website; providing samples of training material (e.g. internship contracts); listing community psychology oriented internships; creating a support package for instructors who are developing introductory community psychology courses; and working with textbook authors to infuse community psychology into introductory psychology text.

2. To provide support, advocacy, and enhancement of education programs in community research and action, including graduate and undergraduate programs. This initiative is aimed at training as well as the practice of teaching community psychology.

   Goals and activities that the CEP is working on to address the second initiative are: establishing a listserv among program representatives; establishing a site review body that would be available to conduct site visits, especially for programs needing or wanting APA accreditation; disseminating student recruitment strategies; contacting and conducting outreach to instructors of community psychology courses who are not part of a graduate training program; conducting the survey of graduate programs in community research and action every 4 years; fostering discussion on the listserv of teaching and training; and developing workshops at the Biennial on teaching and/or training issues.

3. To recognize and celebrate the accomplishments and innovations of education programs in community research and action.

   Goals and activities that the CEP is working on to address the third initiative are: establishing a set of awards to recognize exemplary accomplishments and innovations in the education of students working in the area of community research and action. These awards include an outstanding educator award to be given to an educator who has influenced the field through innovative approaches to the teaching of community research and action and an outstanding program award to highlight programs that have developed innovative and exemplary elements concerning community research and action in their undergraduate or graduate programs.

   Some of these activities are already well underway; for example, you should have received a call for nominations for the newly established awards for Outstanding Educator and Award for Excellence in Education Programs. We look forward to making the presentation of these awards, and hearing more from the honorees, at the 2007 Biennial. If you have any ideas or input about the council’s activities or education in community research and action more generally, we look forward to hearing from you.
In response to increasing demands for greater coordination and collaboration among community institutions, interorganizational alliances (IAs; i.e., coalitions, collaboratives, coordinating councils) have emerged as a popular mechanism for strengthening the capacity of a community system to respond to public and social issues. While there is ample theory and conceptual arguments present in the literature to suggest that the nature of relationships among stakeholders may constitute a form of social capital that can facilitate the functioning and effectiveness of IAs, there is a dearth of knowledge about what types of relationships are most important in the context of IAs and what role relationships among members actually play in influencing IA effectiveness. This study has sought to address this gap by using key informant interviews and social network analysis techniques to operationalize social capital within the context of one prominent form of IA—domestic violence coordinating councils (DVCCs)—and empirically examine its relationship to indicators of DVCC effectiveness.

Social network and survey data were collected from members belonging to 48 different DVCCs located in a Midwestern state. Results found that the overall amount of social capital among DVCC stakeholders was indeed a significant and positive predictor of the extent to which a DVCC was perceived to be effective at both improving the level of coordination among organizations within the existing community system as well as making needed changes to the infrastructure of the community response system itself. However, results indicate that the role of social capital in the context of DVCCs is not the same for coordination as it is for system change outcomes. Specifically, findings suggest that systems change outcomes may be more strongly impacted by the overall level of social capital among stakeholders relative to coordination outcomes. Further, the types of relationships that are most important also differ between coordination and systems change outcomes. In particular, the extent to which stakeholders perceive one another to share a common philosophy concerning what domestic violence is and how it should be addressed appears to be uniquely and strongly related to systems change. Overall, findings suggest that when the work of a DVCC calls for not just improving how information and resources flow through the existing domestic violence response system, but rather actually making changes to the infrastructure of the system itself, the DVCC will likely need to foster stronger relationships among participating stakeholders than may have been needed for improving coordination. These relationship-building efforts should focus particular attention to identifying what differences in philosophy may exist among members about the issue of domestic violence and work toward building more shared frameworks of understanding.
skills, alongside identity transformation in terms of development of a sense of belonging, of feeling useful and of feeling valuable. The cross-sectional results showed moderate significant associations between: length of membership/extent of involvement in GROW and both the well-being factors autonomy, environmental mastery and self-acceptance/purpose in life and the use of medication/hospitalization; and extent of involvement in GROW and personal growth. Longitudinal outcomes indicated statistically significant improvements on all six factors.

The discussion focuses on the overall picture presented, via triangulation of research methods, as a response to the research questions posed. Salient aspects of qualitative change theme outcomes are highlighted and a tentative model of change in GROW proposed. The extent to which quantitative descriptive outcomes support this model is also examined. A particular focus is given to the superordinate outcome themes of Educated Heart and Taking Positive Risks and their important potential role as catalysts for identity transformation. Research literature aligning with the broader conceptualizations of change proposed in this study is briefly outlined. The discussion also considers important areas of the research process and methodology and includes an assessment of reliability and validity. In particular, the issue of investigator bias is explored, with some discussion of personal experience in conducting this intensive investigation as a participant observer, and how this had the potential both to enrich the study findings and to bias them. A concluding summary looks briefly to the potential of mutual help groups as an important ingredient on the platter of approaches aimed towards assisting people addressing mental health problems, and to the need to encourage complementary collaboration between mutual help groups and mental health professionals.

SCRA Award Descriptions 2007–2008

Distinguished Contributions Awards

DEADLINE FOR NOMINATIONS: December 15, 2007

Award for Distinguished Contributions to Theory and Research in Community Psychology

The Award for Distinguished Contributions to Theory and Research in Community Psychology is presented annually to an individual whose career of high quality and innovative research and scholarship have resulted in a significant contribution to the corpus of knowledge in community psychology.

Award Criteria

- Demonstrated positive impact on the quality of community theory and research
- Innovation in community theory and/or research; that is, scholarship of a path-breaking quality that introduces important new ideas and new findings. Such distinguished work often challenges prevailing conceptual frameworks, research approaches and/or empirical results
- A major single contribution or series of significant contributions with an enduring influence on community scholarship over time

Nomination Process and Deadline for Submission

Please forward, preferably by email, by December 15, 2007 a letter of nomination detailing the basis for the nomination and a 3–5 page biographical sketch of the nominee (which may be prepared by the nominee) to our new President-Elect Maurice Elias (hpusy@aol.com), chair of the selection committee, or to US mailing address: Dr. Maurice Elias, Rutgers University, Department of Psychology, Livingston Campus, 53 Avenue E, Piscataway, NJ 08854-8040.

Past Recipients

2007 William Davidson
2006 Kenneth Maton
2005 Abe Wandersmann
2004 Roger Weissberg
2003 Lonnie Snowden
2002 Ana Mari Cauce
2001 Rhona Weinstein
2000 Stephanie Riger
1999 Irwin Sandler
1998 Dickon Reppucci
1997 Leonard Jason
1996 Marybeth Shinn
1995 Ed Trickett
1994 John Newbrough
1993 William Ryan
1992 Irwin Altman
1991 Kenneth Heller
1990 Edward Seidman
1989 Edward Zigler
1988 Richard Price
1987 Murray Levine
1986 Julian Rappaport
1985 George Fairweather
1984 George Spivack & Myrna Shure
1983 Rudolf Moos
1982 Charles Spielberger
1981 George Albee
1980 Barbara & Bruce Dohrenwend
1979 Emory Cowen
1978 James Kelly
1977 Bernard Bloom
1976 Ira Iscoe
1975 John Glidewell
1974 Seymour Sarason

Award for Distinguished Contributions to Practice in Community Psychology

The Award for Distinguished Contributions to Practice in Community Psychology is presented annually to an individual whose career of high quality and innovative applications of psychological principles have significantly
benefited the practice of community psychology. The person receiving this award will have demonstrated innovation and leadership in one or more of the following roles:

a) Community service provider or manager/administrator of service programs
b) Trainer or manager of training programs for service providers
c) Developer and/or implementer of public policy
d) Developer and/or implementer of interventions in the media (including cyberspace) to promote community psychology goals and priorities or
e) Other innovative roles

The awardee may currently work in any setting (e.g., education, government, business or industry, community or human service programs).

Award Criteria

- Engaged at least 75% time, for a minimum of 10 years, in a non-academic setting in the practice of high quality and innovative applications of psychological principles that have significantly benefited the practice of community psychology
- Demonstrated positive impact on the natural ecology of community life resulting from the application of psychological principles
- Challenged the status quo or prevailing conceptual models and applied methods or
- Demonstrated personal success in exercising leadership based on applied practice

Nomination Process and Deadline for Submission

Please forward, preferably by email, by December 15, 2007 a letter of nomination detailing the basis for the nomination and a 3–5 page biographical sketch of the nominee (which may be prepared by the nominee) to our president-elect Maurice Elias (hpusy@aol.com), chair of the selection committee, or to US mailing address: Rutgers University, Department of Psychology, Livingston Campus, 53 Avenue E, Piscataway, NJ 08854-8040.

Past Recipients

2007 Jerry Shultz
2006 Adrienne Paine Andrews
2005 Peter Dowrick
2004 David Julian
2003 José Toro-Alfonso
2002 Debi Starnes
2001 Ed Madara
2000 Will Edgerton
1999 Thomas Gullotta
1998 Vivian Barnett–Brown
1997 Steve Fawcett
1996 Joe Galano
1995 Bill Berkowitz
1994 Gloria Levin
1993 Maurice Elias
1992 David Chavis
1991 Beverly Long
1990 John Morgan
1989 Frank Reissman
1988 Betty Tableman
1987 Donald Klein
1986 Anthony Broskowski
1985 Thomas Wolff
1984 Carolyn Swift
1983 Saul Cooper

SCRA Dissertation Awards

DEADLINE FOR NOMINATIONS: December 1, 2007

Best Dissertation on a Topic Relevant to Community Psychology

The purpose of the Society for Community Research and Action annual dissertation award is to identify the best doctoral dissertation on a topic relevant to the field of community psychology completed between September 1, 2005 and August 31, 2007—any dissertation completed within these dates may be submitted. The completion date for the dissertation refers to the date of acceptance of the dissertation by the granting university’s designate officer (e.g., the graduate officer), not the graduation date. Last year’s nominees (excluding the winner) may resubmit dissertations if the dates are still within the specified timeframe.

Award Criteria

- Relevance of the study to community psychology, with particular emphasis on important and emerging trends in the field
- Scholarly excellence
- Innovation and implications for theory, research, and action
- Methodological appropriateness

Emory L. Cowen Dissertation Award for the Promotion of Wellness

This award will honor the best dissertation of the year in the area of promotion of wellness. Wellness is defined consistent with the conceptualization developed by Emory Cowen, to include the promotion of positive well-being and the prevention of dysfunction. Dissertations are considered eligible that deal with a range of topics relevant to the promotion of wellness, including:

a) Promoting positive attachments between infant and parent
b) Development of age appropriate cognitive and interpersonal competencies
c) Developing settings such as families and schools that favor wellness outcomes
d) Having the empowering sense of being in control of one’s fate
e) Coping effectively with stress

Award Criteria
Dissertations of high scholarly excellence that contribute to knowledge about theoretical issues or interventions are eligible for this award.

For Both Dissertation Awards
The winners of both dissertation awards will each receive a prize of $100, a one-year complimentary membership in SCRA, and up to $300 in reimbursement for travel expenses in order to receive the award at the APA meeting in 2008.

Materials Required
Individuals may nominate themselves or be nominated by a member of SCRA. A cover letter and four copies of a detailed dissertation abstract should be submitted to the Chair of the Dissertation Awards Committee. The nomination cover letter should include the name, graduate school affiliation and thesis advisor, current address, phone number, and (if available) email address and fax number of the nominee. The abstract should present a statement of the problem, methods, findings, and conclusions. Abstracts typically range from 4–8 pages and may not exceed ten double-spaced pages, including tables and figures.

Identifying information should be omitted from the abstract.

Evaluation Process
All abstracts will be reviewed by the dissertation award committee. Finalists will be selected and asked to submit their full dissertation electronically (finalists whose dissertations exceed 150 pages may be asked to send selected chapters). The committee will then review the full dissertations and select the winners.

Nomination Process and Deadline for Submission
Submit a cover letter and five hard copies of the dissertation abstract by December 1, 2007, to: Branda Nowell, North Carolina State University, Department of Public Administration, Campus Box 8102, Raleigh, NC 27695-8102. In addition, please send an electronic copy of the abstract to Branda Nowell at branda_nowell@ncsu.edu

Ethnic Minority Mentorship Award
DEADLINE FOR NOMINATIONS: December 10, 2007

The purpose of SCRA’s annual Ethnic Minority Mentorship Award is to recognize an SCRA member who has made exemplary contributions to the mentorship of ethnic minority persons. Mentorship may be provided in various forms. It may entail serving as the academic advisor of ethnic minority graduate or undergraduate students; developing strategies to increase the acceptance and retention of ethnic minority students; involvement in efforts to recruit and retain ethnic minority faculty members; or providing opportunities for ethnic minority persons to become involved in positions of leadership within community-oriented research or intervention projects.

Award Criteria
Specific criteria for the award include two or more of the following:

- Consistent, high quality mentorship and contributions to the professional development of one or more ethnic minority students and/or recent graduates involved in community research and action
- Contribution to fostering a climate in their setting that is supportive of issues relevant to racial/ethnic diversity and conducive to the growth of ethnic minority students and/or beginning level graduates
- A history of involvement in efforts to increase the representation of ethnic minority persons either in their own institutions, research programs, or within SCRA
- Consistent contributions to the structure and process of training in psychology related to cultural diversity, particularly in community programs

Evaluation Process
The Award Subcommittee of the SCRA Committee for Racial and Cultural Affairs will review all nominations submitted by the deadline. Statements from additional references will then be requested, and the committee will make a final review of all materials. The award will be presented at the 2008 American Psychological Association Convention in Washington, DC.

Nomination Process and Deadline for Submission
Both self-nominations and nominations by students or colleagues will be accepted. Those submitting nominations should send: (1) A nomination letter (no more than 3 pages long) summarizing the contributions of the nominee to the mentorship of ethnic minority persons; (2) Name and contact information (address, telephone, email) of at least one additional reference (two if a self-nomination) who can speak to the contributions the nominee has made to the mentorship of ethnic minority persons (see above criteria)—at least one reference must be from an ethnic minority person who was mentored; and, (3) A curriculum vita of the nominee. Collaborative work with ethnic minority mentees, as well as other activities or publications relevant to the criteria indicated above should be highlighted.

Please submit nominations by December 15, 2007, to Rhonda Lewis–Moss at Rhonda.lewis@wichita.edu or to US mailing address: Department of Psychology, 1845 N Fairmont, Wichita, KS 67260-0034. Submissions by email would be especially appreciated.

Past Recipients

2007 Craig Brookins, Hirokazu Yoshikawa
2006 Robert Sellers
2005 Yolanda Balcazar
2004 Mark Roosa
2003 William Davidson II
2002 Shelley Harrell
2001 Ed Seidman
2000 Gary Harper
1999 Isaiah Crawford
The purpose of SCRA’s Award for Special Contributions to Public Policy is to recognize individuals or organizations that have made exemplary contributions in the public policy arena. Those whose work contributes to public policy, whether from community agencies; academia; or non-government agencies, both national and international, are eligible for consideration. Priority will be given to a living member of SCRA, an allied discipline, or an organization involving individuals who have made important contributions to public policy, broadly defined.

**Nomination Process and Deadline for Submission**

Both self-nominations and nominations by students or colleagues will be accepted. Those submitting nominations should send:

For an individual:

- CV or resume (full or abbreviated)
- Statement (maximum of four pages) regarding major social policy contributions of the individual
- Up to three letters of support

For an organization:

- CV or resume for organization head or key individual
- Organization description/mission statement
- Statement (maximum of four pages) regarding major social policy contributions of the organization
- Up to three letters of support

Please submit nominations by November 1, 2007 to the Chair of the Social Policy Committee: Steven Pokorny, at spokorny@hhp.ufl.edu or send to US mailing address: Department of Health Education and Behavior, University of Florida, PO Box 118210 Gainesville, FL 32611-8210. Submissions by email would be especially appreciated. The SCRA Social Policy Award Committee will review all the nominations submitted by the deadline.

**Past Recipient**

2007 Leonard Jason

**Outstanding Educator Award**

DEADLINE FOR SUBMISSIONS: December 15, 2007

The Outstanding Educator Award is created and sponsored by the SCRA Council of Education Programs. The purpose of this annual Award is to recognize an SCRA member who has made exemplary and innovative contributions to the education of students about community psychology and community research and action.

**Criteria for this award includes two or more of the following:**

- Promotion of innovative strategies in education that integrate community psychology theory and action
- Significant contributions to the structure and process of education in community psychology, research, and action
- Consistent, high quality teaching and mentorship contributing to the professional development of students and/or recent graduates involved in community research and action
- Contribution to fostering a positive climate that supports undergraduate and graduate students in their setting
- Collaborative work with students, activities, publications, and curricula relevant to the criteria indicated above, should be highlighted

**Past Recipient**

2007 Patricia O’Connor

**Nomination Process and Deadline for Submissions**

Both self-nominations and nominations by students or colleagues will be accepted. Those submitting nominations should send: (1) A nomination letter (no more than 3 pages long) summarizing the innovative educational strategies promoted by the nominee, and how they contribute to the education of community psychologists and the development of the field of community research and action (and speak to the criteria listed above); (2) One letter of reference (2 letters if the nomination is a self-nomination); (3) Course evaluations or other types of evaluations from students/recent grads; and (4) A curriculum vita of the nominee.

The Awards Subcommittee of the SCRA Council of Education Programs will review all nominations submitted by December 15, 2007. Please send nominations to Susan D. McMahon at smcmahon@depaul.edu Submissions by email would be especially appreciated.

NOW IS THE TIME TO NOMINATE SCRA FELLOWS!!

DEADLINE FOR NOMINATIONS: December 1, 2007

What is a SCRA Fellow? SCRA seeks to recognize a variety of exceptional contributions that significantly advance the field of community research and action including, but not limited to, theory development, research, evaluation, teaching, intervention, policy development and implementation, advocacy, consultation, program development, administration and service. A SCRA Fellow is someone who provides evidence of “unusual and outstanding contributions or performance in community research and action.” Fellows show evidence of:
a) sustained productivity in community research and action over a period of a minimum of five years
b) distinctive contributions to knowledge and/or practice in community psychology that are recognized by others as excellent
c) impact beyond the immediate setting in which the Fellow works

How does one become a SCRA Fellow? SCRA has a 6-member Committee of Fellows whose mission is to identify and recognize excellence in community research and action among Society Members. This Committee encourages and reviews applications submitted by Society Members who either (a) would like to be considered for Fellow status, or (b) have been identified by others as deserving Fellow status. The Chair of the Committee on Fellows is the SCRA Past-President (Carolyn Swift).

Applications for Initial Fellow status must include the following materials: (1) a 2-page Uniform Fellow Application (available from Carolyn Swift (see email and address at end of section) completed by the nominee; (2) 3 to 6 endorsement letters written by current Fellows, (3) supporting materials, including a vita with refereed publications marked with an “R,” and (4) a nominee’s self-statement setting forth her/his accomplishments that warrant nomination to Fellow Status. These materials are reviewed by the Fellows Committee and forwarded to SCRA’s Executive Committee for approval. All individuals approved at this level are considered to be Fellows of SCRA. If an approved nominee is also an APA member, the Committee forwards the materials with a letter of support to APA’s Membership Committee for consideration for APA Fellowship status.

SCRA members who are Fellows of other APA divisions should also apply for SCRA Fellow status if they have made outstanding contributions to community research and action. Fellows of other APA divisions should send to the Chair of the Fellows Committee a statement detailing their contributions to community research and action, 3–6 letters of support, and a vita.

What is the timeline for the Fellow application process? To assure the fullest possible consideration, complete nominations should be submitted to Carolyn Swift by December 1, 2007, cfswift@sbcglobal.net or to US mailing address: 1102 Hilltop Drive, Lawrence, KS 66044. SCRA Fellows will be voted on during the mid-winter meeting of the SCRA Executive Committee. Application packets for APA Fellows, with letters of support from the SCRA Fellows Committee, are then due at the APA Membership Department by mid-February. Submissions by email would be especially appreciated.

Questions about becoming a Fellow? Questions about the 2007–2008 Fellowship nomination process or requests for materials should be directed to the SCRA Fellows Committee Chair Carolyn Swift (cfswift@sbcglobal.net).

Nominations for SCRA Offices

It’s time again to nominate candidates for the four SCRA offices of President-Elect, Secretary, Regional Network Coordinator, and Member-at-Large! Please send your nominations, preferably by email, by December 1, 2007, to Carolyn Swift, cfswift@sbcglobal.net or 1102 Hilltop Drive, Lawrence, KS, US. This year we are again asking that you contact nominees to see if they are willing to run for office before you nominate them. These are wonderful opportunities to serve the division and to help develop an active and vibrant community of community psychologists.

SCRA’s Vision Statement Clarified

At their meeting at the Pasadena Biennial, June 7, 2007, SCRA’s Executive Committee voted to eliminate a phrase from SCRA’s new Vision Statement (Wolff, 2006, p. 78). The phrase eliminated is, “in hope of their adoption and appropriate modification,” which was originally the ending of the second sentence below. The text without that phrase now reads:

The SCRA Core Principles for community psychology, when adopted, will be communicated to the current membership and disseminated to students, colleagues, and community members at large. It will also be circulated to international community psychology groups.

References
International Society for Traumatic Stress Studies (ISSTS) Announcements

June 1 – Award Nominations Due. Each year ISTSS recognizes member achievements through its awards program. The 2007 Awards Committee, chaired by John Fairbank, seeks nominations for this year’s awards. Please visit the ISTSS website at http://www.istss.org/meetings/nominations.cfm to review the nomination process. Your nominations are very important to this ISTSS program.

July 1 – Travel Grant Applications Due. A limited number of travel grants will be available in 2007 to support conference attendees from developing countries experiencing financial hardship with fees or travel costs. If you would like to make a donation to the Travel Grant Fund, you can use the secure online donation form, mail your donation, or fax your credit card information to ISTSS headquarters. Visit the ISTSS website at http://www.istss.org/meetings/travel_grant.cfm for more information.

August 1 – Abstract Proposal Notifications Emailed: An abstract acceptance or non-acceptance email will be sent to the email address used in submitting an abstract. Please note if you change your email address over the spring and summer months, notification via email will be impossible. You must notify ISTSS headquarters at drutherford@istss.org with any email address change related to your abstract submission.

September 3 – Student Research Grants Applications Due. The ISTSS Student Research Grant (SRG) provides two $1,000 grants to ISTSS student members who submit proposals judged to have the greatest potential to contribute to the field of traumatic stress. Visit http://www.istss.org/students/Student_Grant_App_07Fill.pdf for application and details.

Second International Conference on Community Psychology: Building Participative, Empowering & Diverse Communities—Visioning Community Psychology in a worldwide perspective

4th–6th JUNE 2008
Lisboa, Portugal
www.2iccp.com

CALL FOR PROPOSALS: FEBRUARY 28, 2008 IS THE CLOSING DATE FOR SUBMISSIONS.

The Sociedade Portuguesa de Psicologia Comunitária is pleased to host the 2nd International Conference on Community Psychology in Lisboa from 4th to 6th June 2008. Following the experience of San Juan, Puerto Rico, we believe that with this Conference we have the opportunity to consolidate trans-national and trans-disciplinary research and practice networks within the diversity of Community Psychology perspectives in a worldwide scale.

The main theme will be delivered through a number of key thematic areas:

- Community organizing
- Systems change
- Policy change
- Creating new settings
- Training
- Evaluation
- Prevention
- Advocacy
- Collaboration
- Networking
- Strengthening relationships
- Globalization and north/south dialogue

Guidelines for submitting proposals:

- Closing date for submissions is 28 Feb. 2008. No submissions will be accepted after this date.
- Abstracts should be submitted through the “Submit Now” online facility (www.2iccp.com).
- All submitted abstracts will be acknowledged within 10 working days of receipt.
- All proposals will be reviewed by at least two members of the Scientific Committee.
- Authors will be notified by email or regular mail by the end of March 2008 regarding whether submissions were accepted.
- One individual should not submit more than two presentations as a primary author and no more than four presentations (including roles as moderator, discussant, or co-author) altogether.
- Official languages are English, Portuguese and Spanish.
- All proposals and handouts must be in English.
- There will be simultaneous translation at most sessions.

Contact person:
José Ornelas, Associate Professor
Instituto Superior de Psicologia Aplicada
Rua Jardim do Tabaco, 34, 1149-041 Lisboa, Portugal
Tel: + 351 218 811 714, Fax: + 351 218 860 954
Email: jose.ornelas@2iccp.com
Online registration form: www.2iccp.com

The Disability Interest Group is pleased to announce a new listserv for Division 27 members interested in disability issues.

To sign up for the listserv, please send an email to: listserv@lists.apa.org Please include the following message in the body of the email:

Subscribe SCRA-DIG LASTNAME FIRSTNAME

If you have any questions, please contact Katie McDonald at kmcdona@pdx.edu or (503) 725-3995.
The Division of Community Psychology (27) of the American Psychological Association:

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

Four broad principles guide SCRA:

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

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

Who Should Join:

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

Interests of SCRA Members Include:

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

SCRA Goals:

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

SCRA Membership Benefits & Opportunities:

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

May we include your name in the SCRA membership directory?
☐ Yes  ☐ No

Are you a member of APA?
☐ No  ☐ Yes  APA membership # ________________________________

If yes, please indicate your membership status:
☐ Fellow  ☐ Associate  ☐ Member  ☐ Student Affiliate

Please indicate any interest groups or committees you would like to join:
☐ Aging Interest Group
☐ Children & Youth Interest Group
☐ Committee on Women
☐ Community Action Interest Group
☐ Community Health Interest Group
☐ Cultural & Racial Affairs Committee
☐ Disabilities Interest Group
☐ Interdisciplinary Linkages Committee
☐ International Community Psychology Committee
☐ Lesbian, Gay, Bisexual & Transgender Concerns Interest Group
☐ Prevention and Promotion Interest Group
☐ Rural Interest Group
☐ School Intervention Interest Group
☐ Self-Help/Mutual Support Interest Group
☐ Social Policy Committee
☐ Stress & Coping Interest Group
☐ Students of Color Interest Group
☐ Undergraduate Awareness
☐ Women’s Committee

The following questions are optional, but they do help us to better serve our members:
What is your gender? ________________________________
Your race/ethnicity? ________________________________
Do you identify as a sexual minority? ________________________________
Do you identify as disabled? ________________________________

How did you hear about SCRA membership?
________________________________________________

Membership Dues:
☐ SCRA Member $60.
☐ Student Member $30.
☐ International Member $50.
☐ Senior Member $15.

You must be 65 or older, retired, and a member of SCRA Division 27 for 25 years to qualify for this rate. Senior members will receive The Community Psychologist but not American Journal of Community Psychology.

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

Account #: ________________________________
Expiration date: ________________________________

Authorized signature: ________________________________
Signature of applicant: ________________________________
Date: ________________________________

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

SCRA
16 Sconticut Neck Rd. #290
Fairhaven, MA 02719
**About** THE Community Psychologist:

*The Community Psychologist* is published four times a year to provide information to members of the **SOCIETY FOR COMMUNITY RESEARCH AND ACTION** (SCRA). A fifth “Membership Directory” issue is published approximately every three years. Opinions expressed in *The Community Psychologist* are those of individual authors and do not necessarily reflect official positions taken by the Society. Materials that appear in *The Community Psychologist* may be reproduced for educational and training purposes. Citation of source is appreciated.

**To submit copy to** THE Community Psychologist:

Articles, columns, features, letters to the Editor, and announcements should be submitted, if possible, as Word attachments in an email message to: ethomas@uw.edu. The Editor encourages authors to include digital photos or graphics (at least 300 dpi) along with their submissions. Materials can also be submitted as a Word document on disk or as a hard copy by conventional mail to Elizabeth Thomas, University of Washington Bothell, Box 358530, 18115 Campus Way NE, Bothell, WA 98011-8246. You may reach the Editor by phone at (425) 352-3590 or fax at (425) 352-5233.


**Subscription information:** *The Community Psychologist* and the *American Journal of Community Psychology* are mailed to all SCRA members. To join SCRA and receive these publications, send membership dues to SCRA, 16 Sconticut Neck Rd., #290, Fairhaven, MA, 02719. Membership dues are $30 for student members, $60 for United States members, $50 for International members, and $15 for Senior members (must be 65 or over, retired, and a member of SCRA/Division 27 for 25 years; senior members will receive *TCP* but not *AJCP*). The membership application is on the inside back cover.

**Change of address:** Address changes may be made online through the SCRA website, www.scra27.org. Address changes may also be sent to SCRA, 16 Sconticut Neck Rd., #290, Fairhaven, MA, 02719. Email: office@scra27.org. APA members should also send changes to the APA Central Office, Data Processing Manager for revision of the APA mailing lists, 750 First St., NE, Washington, DC 20002-4422.