FROM THE PRESIDENT

Clifford R. O’Donnell
University of Hawai'i

Excitement is building for the 2005 Biennial. You can hear it in the animated discussions on the SCRA list-serv, among those collaborating on proposals, and in the comments of colleagues and students. As we know, we will be celebrating 40 years of community psychology—40 years post-Swampscott!

Those on the Site Planning Committee have been diligently working to create a productive and successful conference. The process, beginning with the development of an exhaustive proposal, working with the SCRA Executive Committee to win final approval, and planning all of the program logistics, is a multi-year effort. They deserve our gratitude.

As they continue their work, we are now beginning to get a glimmer of some of the topics being considered for the program: terrorism, graduate education, the relationship of cultural and community psychology, Asian Pacific Islander (API) youth, mentoring of youth, juvenile delinquency, and legal and psychological perspectives on the juvenile justice system are some of those I’ve heard mentioned. They, of course, are just a small sample of those that will be on the program. In addition, keynote addresses will be given by J. Lawrence Aber (Department of Applied Psychology, Steinhardt School of Education, New York University), M. Brinton Lykes (Lynch School of Education, Boston College), and Stanley Sue (Department of Psychology and Asian American Studies Program, University of California at Davis), and I will present my Presidential address at the Biennial, instead of at APA.

Among the exciting proposals is a visioning process initiated by Tom Wolff. The idea is to create a vision to take us into the next 40 years.

Continued on page 3
SCRA INTEREST GROUPS

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

CHILDREN AND YOUTH
The Children and Youth 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.
Chair: Bradley Olson, (773)325-4771

COMMUNITY HEALTH
The Community Health interest group focuses on health promotion, disease prevention, and health care service delivery issues as they relate to the community.
Co-chairs: David Lounsbery, (415)338-1440, lounsbd@mskcc.org
Susan Wolfe, (214)767-1716, swolfe@coe.hhs.gov

DISABILITIES
The Disabilities interest group promotes understanding of the depth and diversity of disabilities issues in the community that are ready for research and action; and influences community psychologists’ involvement in policy and practices that enhance self-determination, personal choice, and full inclusion in the community for people with disabilities.
Chair: Dorothy Nary, (783)864-4095, dnutje@ku.edu

LESBIAN/GAY/BISEXUAL/TRANSGENDER (LGBT)
The LGBT interest group increases awareness of the need for community research and action related to issues that impact LGBT people; and serves as a mechanism for communication, collaboration, and support among community psychologists who are either interested in research/service/policy related to LGBT people and communities, and/or who identify as LGBT.
Co-chairs: Gary Harper, (773)325-2056, ggharper@depaul.edu
Alicia Lucksted, (410)328-5389, lucksted@psych.umd.edu

PREVENTION AND PROMOTION
The Prevention and Promotion interest group seeks to enhance development of prevention and promotion research, foster active dialogue about critical conceptual and methodological action and implementation issues, and promote rapid dissemination and discussion of new developments and findings in the field.
Chair: Richard Wolitski, (404) 639-1939, wolitski@cdc.gov

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.
Co-chairs: Milton Fuentes, (973)655-5212, fuentesm@mail.montclair.edu
Jane Shepard, (203)789-7645, jshepard@theconsultationcenter.org

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

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Network Coordinator, Gary Harper has pulled in his first submission as the new Regional Coordinator's path to becoming a community with an in-depth and thoughtful piece on Marg Schneider's Community Psychology Column, presenting us with reflections on becoming a school principal.

Rasco. Brad Olsen provides us with another Adaptation: Ecological Approaches to Healing and Jariego reviews Solarz. In the second review Isidro Maya reviews The Mental Health of Refugees: Ecological Approaches to Healing and Adaptation edited by Ken Miller and Lisa Rasco. Brad Olsen provides us with another compelling article in the Community Action Column where he proposed that science fiction writing can serve as a model for thinking about prevention. In the Community Practitioner, Stephen Fryson presents the second part of his reflections on becoming a school principal. Glora Levin has done it again in her Living Community Psychology Column, presenting us with an in-depth and thoughtful piece on Marg Schneider’s path to becoming a community psychologist.

In his first submission as the new Regional Network Coordinator, Gary Harper has pulled together information regarding activities in the Midwest, Northeast, Southeast, and West Regions of the US along with some news from Europe. Following this column is a call for new US Regional Coordinators, a position that affords the opportunity for more involvement in SCRA which if you choose can, as it did for one of your TCP co-editors along with others, lead to more intensive involvement in SCRA.

The School Intervention Column presents a fascinating article by Brian Bishop and Clare Roberts regarding their work to embed and sustain a mental health promotion program in 91 Australian schools. The Social Policy column presents a thought provoking piece on the history of eugenic sterilization laws in the US written by Charmane Harrison at the University of Cincinnati. Sawssan Ahmed and Carrie Hanlin, the SCRA Student Representatives share the many opportunities available to students in their Student Issues column and this issue of TCP also includes an application for Biennial Student Travel awards. Finally, Mary Ellen Dello Stritto, the new Chair of the Women’s Committee presents some of the findings from a follow-up study to the Trailblazing Women in Community Psychology Project that was presented at the 2003 Biennial.

This issue of TCP also includes a thought provoking and inspiring Special Feature of a new feature called Sharing the Struggle and the Joy: Full Participation of People with Disabilities edited by Dot Nary, Chair of the Disabilities Action Group of SCRA. Dot pulled together 7 articles covering work with diverse populations that all share the theme of full participation of people with disabilities. In the first article, Francesca Pernice-Duca, Rosalind Kirk, Esther Onaga & Victoria Martinez present some of their findings from an evaluation of pre-school settings that include children with disabilities and typically developing children. Next, Sara Cothren, Cory Cook, Joann Yuen & Peter Dowrick present information about a project that prevents problem behavior by increasing literacy. Erin Hayes and Fabrício Balcazar present a participatory action research project with individuals who acquired spinal cord injuries as a result of a violence. Next, Karrie Shogren, Stelios Gragoudas & Susan Palmer discuss their work in creating a student organization that has the goal of promoting the full participation of individuals with disabilities by educating professionals in the disability field. Melissa Remper contributed an article on the inclusion of individuals with psychiatric disabilities in research and Meg Ann Traci and Barbara Cowan present their work with Accessibility Ambassadors in Montana. Glen White contributed the last article in this Special Feature where he presents work he did in Peru to increase the health of individuals with disabilities and in the process facilitated the development of a new manufacturing venture.

As always we welcome your thoughts, suggestions and ideas for future editions of TCP. Happy New Year.

Joy and Nadia

FROM THE PRESIDENT, continued from page 1

The participation of international members in the visioning process will be especially important for the interaction of community psychology organizations throughout the world. With the international conference the following year, their participation will offer all of us an unprecedented opportunity to influence the development of international community psychology. Community folks in Latin America, Europe, Asia, Africa, and Down Under, let us hear your voices!

Graduate students: Let us also hear your voices! Here is your chance to shape the future field for your careers in community research and action.

All SCRA members: Your energy, ideas and, most of all, participation, are needed and welcome. Don’t miss the 2005 Biennial! It promises to be an historic occasion.

Review by: Joseph A. Durlak  
Loyola University Chicago

This text has two ambitious goals. First, the editors want to change the customary way that development and adjustment are viewed. Instead of continuing to adopt a deficit-oriented approach defined primarily by problems and pathologies, they prefer a focus on strengths, potential, and the positive side of functioning. They want to identify current competencies in individuals, families, systems, and communities, and promote environmental supports for positive adaptation at all these levels of analysis. Second, the editors want to think in big picture terms by adopting a policy perspective that not only ties research to policy, but also understands how the current nexus of social policies needs to be modified or extended to recognize, promote and develop strengths. A more specific aim of this volume is to examine the implications of a strengths-based approach for research and social policy (p. 9) in order to influence researchers and policy makers to emphasize more of this approach in their work.

This book will find a receptive audience within SCRA. Many SCRA members appreciate that it is more helpful to think in terms of strengths rather than problems or pathologies, and ecologically- and systems-oriented theorists and practitioners accept the importance of effective social policy. Most SCRA members will find this book useful and informative. The chapters are well-written by acknowledged experts. Each chapter is written by one or more experts in a focal area of research and by one or more experts in relevant social policy. The editors asked the contributors to organize their chapters similarly: (1) discuss the problems or issues; (2) describe the data that indicate a strengths-based approach is effective; and, finally, (3) end with policy implications and recommendations. In this way, the editors hoped to build a bridge between empirical research on strengths and the social policy arena where strengths should be considered and promoted. The editorial guidelines serve to create a uniform organization for each chapter that makes the information readable and easy to follow. The editors are to be commended for developing these guidelines and insisting their contributors adhere to them. Because each chapter follows a similar theme and format, the material from chapter to chapter flows much better and is so much easier to digest than in the typical edited volume where each set of authors adopts their own organization and presentational style.

Organizationally, the text is divided into four major parts. The first part consists of three chapters that provide the general framework for a strengths-based perspective. One of these chapters stresses the limitations of a pathologically-oriented perspective, another describes a developmental view of unfolding strengths and environmental contexts, and the third illustrates the value of strengths among those at risk for various misfortunes. The second part consists of seven chapters that focus on specific issues such as child abuse and neglect, parental mental illness, and adolescent parenthood. The third part, which has eight chapters, is a nice addition and extends the strengths-based perspective in important ways to the community and societal levels by discussing such topics as community violence, racial and ethnic minority status, and school failure. The fourth and final section offers general conclusions and future directions.

The text could have been enhanced in several ways. First, because of its importance, a separate chapter on research about social policy would have been very helpful. What do we currently know about how to influence policy makers, change existing policies, or persuade those in a position of authority to adopt new frames of reference? How should research data be presented for maximum impact? Under what circumstances do policy makers value research findings? How important is timing and personal contact? What can we realistically expect from social policy, and what do we know about effective implementation and convincing decision-makers to continually monitor outcomes and make corresponding changes in policies as needed? These are central issues, but only a few contributors touch on any of them. Yet, without this context readers will be hard-pressed to follow any of the suggestions and recommendations for new policies. Second, the last part of the text is disappointing. The last part, written by the editors and designed to integrate the preceding material, emphasize major conclusions, and offer guidelines for the future, consists of a single chapter that is only 11 pages long. This hardly seems to do justice to all the previous information.

Finally, although this volume will be of interest to all division members, it will not do much to convert those not already disposed to the editors’ sentiments. In thinking about why this might be so, I would have to say it is because the arguments for strengths-based research and policy are not made forcefully enough. As a personal disclaimer, I agree wholeheartedly with the editors’ main points, but I am already a believer. To ask people to make major changes in their professional activities requires the marshaling of a compelling and consistent array of logical, empirical, and, perhaps, economic arguments. There are considerable empirical data supporting strengths-based approaches, but this information is not cited frequently enough in this volume. For example, in Chapter 3, data from two national databases are described to indicate how the presence of competencies in young people is inversely related to adjustment problems. This is a nice beginning, but it is one of the few extended discussions of empirical research supporting a strengths based perspective. I wish there were more descriptions of successful competency-oriented interventions, and some analyses showing that many treatments and preventive programs seem to achieve their effects by building strengths rather than attending to problems. On balance, there are too many citations throughout the text and entries in the index that deal with problems instead of strengths. In a few cases, contributors claim that research supports a strengths-based perspective without giving many details or providing many references. Unsupported assertions are not going to change what others do.

To be fair, scholarly works can only do so much. The editors’ intent is to create a bridge between strengths-based research and strengths-based social policy. Although this text may not be the bridge the editors desired, it can serve to stimulate others to take those next steps that are needed to link positive aspects of development and adjustment to social policy. Motivating the faithful can be successful. We should keep in mind Margaret Mead’s observation that a few dedicated and committed citizens can change the world.
Some refugee treatment centers in Spain are residences for applicants seeking permanent resident status such as asylum or refugee. These residences provide the applicant with social, medical and psychological attention, as well as meet other basic needs. Most of the temporary residents in these centers will not get refugee status and the majority are asylum seekers who have enough information and social resources to arrive in Europe from poor countries.

In this context, the preventive and promoting roles of these centers are fairly limited. The residence provides a minimum network for the integration of individuals and families. But the model of the center is similar to the residences for the elderly and for people with disabilities. Although refugee families may function autonomously, these programs are designed for people – old and/ or impaired – who demand professional attention in their everyday activities and who usually live as permanent residents in the center. Psychologists and social workers act on a case by case basis, giving an almost exclusive preference to the individual level of intervention, and inspired by the clinic-based mental health model (Maya Jariego, 2003).

As a consequence, the process of “institutionalization” is often observed in the residents, and the program shows problems of social, cultural and psychological pertinence. According to Miller & Rasco, in the intervention with refugees this is the mainstream approach. The book The Mental Health of Refugees tries to address precisely the problems of the clinic-based model programs that we have illustrated with Spanish refugee treatment centers. The same problems are found worldwide in interventions with refugees. As an alternative, an ecological approach to collaboration with the community is offered.

The first chapter of the book includes a brief but excellent review of the psychiatric literature pertaining to refugees. There are several consistent findings within this population, including the exposure to political violence is associated with acute and chronic post-traumatic stress reactions. This has been the primary topic of research on the mental health of displaced people. Most of the studies with refugees find a high prevalence of Post Traumatic Stress Disorder (PTSD). This problem tends to persist over considerable periods of time, and is systematically observed in different cultural groups and in different settings. On the other hand, it seems that the level of symptoms depends on the degree of exposure to violent acts.

However, this clinic-based approach has important limitations both for diagnosis and treatment. Miller & Rasco point out that the PTSD diagnosis (a) “medicalizes a set of normal reactions to profoundly abnormal social conditions”, (b) overlooks important cultural variations in the experience of stress, and (c) “individualizes the effects of political violence... while ignoring its effects on communities and on society as a whole (p. 50-51).” At the same time, clinic-based models of mental health intervention produce services that are often underutilized and do not adequately address the everyday problems that refugees face. Sometimes these services are not available in the countries where refugees reside, and in other cases the services are available, but are not culturally sensitive and, as a consequence, are underutilized as well.

Miller and Rasco’s book may be seen as an alternative approach to these issues. There are three parts in the book: (a) an introductory chapter that presents the benefits of adopting an ecological model of intervention with refugees; (b) eight chapters highlighting ecological mental health programs recently applied in Africa, Asia, South America, and North America; and (c) two concluding chapters that analyze the evaluation of these interventions and summarize what is state-of-the-art about this approach to the healing of refugees.

With six “ecological principles” and eight selected programs, the characteristics of this intervention are well described. The ecological approach emphasizes interventions that are integrated into existing community settings and depend on the collaboration of community members. This enables strategies that are sensitive to the social priorities and the cultural patterns of the groups of refugees to be put into practice. Under the label of “ecological” we find programs that enhance participation, stress prevention over treatment, and are oriented to capacity-building. The comparison among several projects in so many different contexts such as Angola, Guinea, Columbia and the United States, among others, is one of the significant contributions of this volume. It is a collection that may be useful for theoretical, professional and training purposes.

Reviewing these experiences with refugee communities, there are several strategies that are very often put into practice within the ecological approach. This book emphasizes four strategies:

- A multilevel intervention approach. For instance, Wessells & Monteiro describe a program focused on internally displaced children in Angola (Chapter 2). The activities are not exclusively focused on children, but the program provides training for adults to address the needs of vulnerable children. It gives importance to the traditional leadership institution, and gives instruction to other institution members in the skills for positive conflict resolution, among other community-oriented activities.

- The integration of local ideas and practices of healing into the program. An interesting example is the combination of counselling and self-help groups with the participation of traditional healers in Cambodia (Van de Put & Eisenbruch, Chapter 4). This seems to be particularly useful when – as is the case with Cambodian refugees – the understanding of mental health refers to the community as a whole, and not only to the individual.

- The participation of paraprofessionals. An intervention in Guinea consisted of training some members of the collective of Sierra Leonean refugees to work as mental health paraprofessionals (Chapter 3, by Hubbard & Pearson). Sometimes this is applied with a “cascade model”, in which the paraprofessionals disseminate the knowledge and skills to other members of the community (see, for instance, the rational of the intervention in Sri Lanka described in the Chapter 5).

- The application of the program in community settings and the collaboration with the community. For instance, in an intervention with Bosnians and Kosovars in the United States, the activities of the program were facilitated by members of the communities themselves, and the meetings were also organized either at homes or centers of the refugee communities (Chapter 8).

In sum, the book edited by Miller & Rasco demonstrates through a combination of theory and practical examples, how to put into practice...
an ecological conception of mental health. This is a pertinent endeavour, as community level interventions are still a marginal approach in mental health services. This effort of translating ecological principles into practice makes an important contribution to the development of this approach. But, in the concluding chapter, the editors themselves recognize that more research and theoretical work is needed to gain presence in mental health services; for instance, “it is not entirely clear how to operationalize and assess community-level well-being, distress, or dysfunction (p.391).”

This is the case with the “general risk model” that opens and closes the book in Chapters 1 and 11 (p. 26 and 384). Paradoxically, although the book emphasizes resilience and protective factors, these are not included in the general risk model (p.385). It is a framework that organizes the stressors that may have an impact on the psychological functioning of refugees. Thus, the “general risk model” is a sort of meta-model that selects and classifies important factors to take into account when designing mental health programs with refugees. It is a useful guide for research and intervention. But it seems that more research is needed to describe the ecological transition that leads to forced migrants. To understand what it means to be a refugee in ecological terms, we need to pay more attention to the changes in social and personal networks, and develop models regarding the relocation of families and communities into different social and cultural contexts.

Ecological interventions need more theoretical and methodological strength to be an alternative to clinic-based mental health services for refugees (to support this idea, see, for instance, Miller, 2004). This is one of the reasons that I find this to be a useful book for researchers and practitioners. The volume provides an excellent description of the ecological approach, and makes a contribution in that it identifies key strategies to promote the adaptation of refugees.

**References**

**Community Action**

*by Brad Olson*

**Community Action and the Prevention-Oriented Society: The Advantages of Morality, Economics, and Science Fiction**

In junior high and high school, when I had more time for casual reading, I was never fond of science fiction, and never really even liked the thought of it. Some of what I had read during those years might have nevertheless been classified in the genre, but if it was labeled as such I tended to lose interest. For instance, I had read quite a few Vonnegut novels, and even though they have stuck with me through time, I was never sure I liked them. One day I heard several critics classifying his work as science fiction, confirming for me my ambivalence, and I quickly moved on to other authors.

I realize better now the societal utility of science fiction, such as providing science new ideas and directions but equally illustrating facts that science has already demonstrated in a more palatable way to the person in the average household. There are some social possibilities, some keys to vast improvements, that science has all but proven, and the only factors stopping the potential from becoming a full actuality are the belief, the faith, and the necessary community and policy action to bring it about. When there is little more for science to achieve in directing the public, a more captivating utopian vision from science fiction can help to stimulate the imagination.

**Prevention, for whatever problem or condition, is one area where science and economics have demonstrated fantastic potentials if only policy makers and their constituents truly believed in the social and economic benefits.**

Prevention, for whatever problem or condition, is one area where science and economics have demonstrated fantastic potentials if only policy makers and their constituents truly believed in the social and economic benefits. If only this belief could then compel them to make the initial, substantial investment that the initiatives need to get started. Science and economics have forecasted such substantial short- and long-term gains that the sluggish movement toward the goal is a curiosity. For many prevention initiatives, there are no moral objections. Perhaps all that is needed for a more refined conceptualization of the benefits is a utopian science fiction novel, something that would establish it within a more accessible form, to better structure the image our science has been unable to construct. Perhaps the combination of messages would be adequate—the science, the financial benefits, the morality, and a touch of fiction—to trigger the collective action.

The chasm between the average community member who verbally supports the notion of prevention and the action of allocating necessary funds to build a more utopian, prevention-oriented world is significant. There are at least two broader classes of critical beliefs about prevention that create and maintain this distance. The first category is not specific to prevention but common to most social initiatives. It is characterized by a set of pessimistic beliefs that, for instance, the prevention money would be used indiscriminately, that human beings cannot act consistently in a prevention-oriented fashion, or that scientists’ methods of prevention are inadequate.

Valid suggestions can be salvaged from this class of critiques; much of this thinking is attributable to cynicism, some certainly caused by a sense of learned helplessness. It is not clear, however, that additional science, an increase in studies on cost effectiveness, will flip the switch from disbelief to belief in a prevention-oriented world. What may be needed is a collection of more science, more moral arguments, and demonstrations of economic return, all in a more dramatic and engaging form. This may be just the combination to penetrate more rigid mind sets, make more well-worn paths of thought less attractive, and excite people toward new possibilities.

Thinking back, most of the science fiction I had read in junior high and high school presented less than ideal forms of community. Quite the opposite, they exposed readers to serious warnings about society’s underlying weaknesses. I remember 1984 and A Brave New World, and also Neil Postman’s analysis of the two arguing that the most probable cause of human de-evolution was not Orwell’s vision of authoritarian systems but Huxley’s explication of meaningless pleasure-seeking and the
ubiquity of rapid visual images devoid of content. Postman made his assessment prior to September 11th, before the United States was faced with such unique and unexpected Orwellian-Huxleyan combinations, illustrated most concretely in such mediums as the 24-hour cable news program.

Science fiction, however, does not simply foretell the mechanisms of human demise. Its more strengths-based, community-focused component is represented in its vision of utopian societies. With the ever-near prevention-oriented society, science fiction can tell many what science and economics have only been able to tell a few: that such an idealized future may be closer than we think.

Or is the chasm too wide to ever cross? The first set of causes for this distance was general to all social initiatives, the second class is specific to prevention. One of the more intrinsically pervasive difficulties in embracing prevention lies in the intangible, largely future-targeted characteristic of prevention—the fact that the more effective a prevention initiative is, the less it looks like anything really happened at all. For the community member trying to perceive from a distance the end product of prevention, visual acuity is poor.

An equally abstract consideration that halts the transformative switch toward prevention is the human’s tendency to get excited about acting in response to immediate threats. What is true of fiction may be also found in our public health efforts. Heroes of science fiction warn of societal threats that go unheeded until the evil is on the verge of destroying humanity. If the problems had been addressed early on, there would really be no story at all. The real action, the thrill-seeking and risk that the reader/viewer desires, occurs when extraction from the situation is all but futile.

If a pure prevention approach had been taken, the most provocative characters would be missing altogether. Where is the adventure when the enemy is so invisible, the heroism so behind the scenes, and due to the swift and early nature of prevention, the evil appearing too easily defeated to have ever to have been much of a threat at all? A keen vision is required for the desire to allocate money toward these less visible solutions, these seemingly transparent ghosts, partially exorcised before the crime was ever committed. Science needs help in communicating the efficacy of prevention efforts. It must somehow compose a message that is more coherent, more appealing.

A related misperception about prevention that must be dealt with is the thought that it wastes resources by investing money toward fixing a situation that may or may not ever need it. It is the “Don’t shoot until you see the whites of their eyes” type of thinking. It of course ignores the fact that as time goes on and conditions increase in severity, the problem becomes more intractable and irreversible—and for those highly concerned about their taxes, it simply gets more costly. Perhaps the most important point, however, is that even in the worst case scenario, where the prevention effort is directed toward the healthiest of populations or never really prevents the occurrence of the problem at all, there is more value than is typically imagined in the education that occurs, the likely radiating and rapidly reproducing social and economic benefits.

A few individuals who acquire the problem, for instance, may, because of the initiative, have a greater readiness to receive treatment. Those who never acquire the condition may better understand the mechanisms of the problem, avoid their own prejudices about the health issue, and thus could become more positive links in the social support networks of family and friends who acquire the condition. They may pass on to others more productive forms of knowledge and strategies to cope with the problem. A single prevention demonstration may also change a person’s attitude therefore leading to a vote for a progressive referendum or other form of constituent-based influence. More prevention efforts might be explicitly designed to promote these potential secondary effects, supplemented with information to help transfer general knowledge learned to other health conditions. The approaches might be shifted to better educate people about the scientific literature, foster moral discussions, consider economic savings, and set the seeds of a futuristic, utopian vision.

The whole notion of turning to the utopian visions of science fiction may be interpreted by some as idealistic, or an admission that the plan is too naïve and contrary to human nature to ever really come about. However, it is important to consider more closely the progress depicted in classic forms of science fiction and how modern science has long surpassed many of these fictions. Moreover, it is also essential to realize that good present-day science fiction is not so much imaginings of what can never be, or even explanations of what is not yet, as much as clearer descriptions of what present day science already holds as fact. Community psychology in particular can gain from the gathering of utopian visions from fictional to non-fictional literary analyses of the genre and use this medium to help transform subsequent thoughts and actions into more humanistic realities.

**COMMUNITY PRACTITIONER**

*Edited by David A. Julian*

**The Re-Creation of a Community Setting: The Second Report of a Community Psychologist as a High School Principal**

*Stephen J. Fyson (s.fyson@ozemail.com.au)*

*Editor’s Note: This is the second article describing the author’s experiences as a high school principal in New South Wales. The first article appeared in the Winter 2004 edition of The Community Psychologist “Community Practitioner” column.*

In the first article that was published in the “Community Practitioner” about becoming a high school principal, I reflected on some focus questions that were derived from the following reflections (Sarason, 2003):
1. Students move progressively into relationships of anonymity as they progress from elementary school into high school, and teachers teach too many students to help each child realise his or her potential.

2. Classrooms in high schools reflect a most narrow, superficial, overly simplified conception of what makes for contexts of productive and unproductive learning. This is most easily seen in the low number of questions asked by students in these environments.

3. Interest and motivation to learn decrease as students progress through high school, even for those who achieve well in test scores.

4. The school system is characterised by adversarialism.

5. The selection and preparation of teachers and administrators are inexcusably inadequate.

After the first ten months of being “on the job,” I decided to review what had happened with reference to the challenges put forth by Sarason (2003). Like any good researcher who likes to keep a balanced perspective, I reasoned that there were some encouraging things happening and some difficulties arising. Some of these dynamics created positive/negative pairings, and included the following (each point below makes a positive/negative comment on the five areas listed above). My attempts to respond to these issues as a community psychologist are briefly described after each point:

With Reference to Student Anonymity
There is an acceptance by the staff that we need to know and “own” each student and class better than we do now; but it is commonly lamented that there are hurdles in the system that make many of the ideas to overcome this concern too hard to implement.

Response as a Community Psychologist
I developed, after consultation with various groupings of teachers, a “development paper” for discussion that sought to address this need. There was enough acceptance that the need to know our students was a noble cause, that there was agreement we should try to do something.

With Reference to Contexts for Learning
Teachers are keen to be supported to teach in more engaging ways; but it is still commonly understood that the best way to teach is to be constructed around subject specialisation.

Response as a Community Psychologist
There is much material that I have observed that reinforces the need to do something in this area. For example, simply talking with students about what is boring for them is very revealing. Observing the tension points between parents, teachers and students points to other areas of non-engagement in constructive learning. However, our school is seen as doing a better job than many other places, so there is not a sense of urgency about this issue. Thus, I am taking action related to this issue very slowly, describing it as a five-year project that we will start next year when we have our new welfare structure in place, and with it, a more sensitive social environment that represents the needs of the students more systematically. I am also starting discussions about the state of education in NSW, so that teachers can start to reflect more deeply on testing out their normal professional expectations.

With Reference to Interest and Motivation to Learn
Because we are a small school, we can know how a student is or is not engaging in teaching and learning processes when we look for it. I, as principal, am starting to know the students as well as the staff; but knowing the students this well is not routine. We have to go out to do it, especially in the moment.

Response as a Community Psychologist
This issue is critically connected to the one above it. What happens in the classrooms is an expression of what teachers expect that they should be doing, in conjunction with their ability to do it. One of the critical hidden factors related to this issue is, whose responsibility is it to “create” motivation? This is where the ability to review issues structurally as well as interpersonally is paramount. Without the former, the student is inevitably blamed. Without the latter, teachers are not personally challenged to think more deeply about their own journey in relationships.

With Reference to Adversarialism
There is a growing common understanding about how to handle conflict and this includes seeing how the new principal handles adversarial union involvement.

Response as a Community Psychologist
I have had to make much more explicit policies and procedures about conflict resolution. Part of this exercise has been to recognise the prior history of people’s conflicts and the resultant fears and uncertainties that they have carried forward. This has had to be done at every level of the community – with students, staff, parents, the Board members and the union officials. Part of this has included accepting that we will at times have differences of opinion, rather than the alternative of naively expecting that a community can “work together to avoid all conflicts.”

With Reference to the Preparation of Teachers
There is a general acceptance of discussion and exploration of new ideas; but there are few staff members who have engaged in systematic research and study in the areas critical to the development of the school.

Response as a Community Psychologist
I have been elected as the regional representative for professional development from amongst fellow principals from similar schools. However, the first attempt to build regional collegiality fell through, because there was not a consensus that “individualism” was a problem. A new approach is being developed for the region in light of this experience. By contrast, the most significant example of praxis type professional development achieved to date was sending a teacher to East Timor, the newest democracy in the world, the poorest country in the world and Australia’s nearest neighbour. He and I are looking to build an ongoing relationship with people in this neighbouring country and to integrate this into opportunities for integrated service and critical thinking for staff, students and parents.

Recreating the Setting
But be alert! Note that these descriptions of...
my “community psychologist responses” do not explain why we are at these points and others. They are, in fact, fairly predictable and dry. By “dry” I mean that they do not give the heart of what is happening in this setting. As I was pondering this, the 2004 June edition of the *American Journal of Community Psychology* arrived, and there was another Sarason tease (Sarason, 2004). In an article about intervention and interventionists, he referred back to a 1971 book that he co-authored (The Creation of Settings and Future Societies). One of the critical ideas from the Sarason article that stood out to me was the plea to have the process of an intervention described, particularly including the pre-history, or the “before the beginning issues (p. 276).” The other idea was related to the leadership variables - the “interpersonal style and personality characteristics to initiate and sustain an intervention (p. 276).”

So I went back to the notes I had made from 1977 and 1992 when I had read the Creation of Settings and Future Societies and reflected on some of the reasons my school and staff and others are at this part in the journey of re-creating our community setting. Here are some of those reflections:

- This change process started before I started as a principal. I went through over six hours of interviews with the governing board of this school (my wife was there for some of this time). What we did during those hours has in many ways set the agenda for the development process. What was it that we did? I listened to the story of the setting – its history and traditions. They listened to my dreams about what a school like this might do next – a vision of a preferred future. Together, we tested out whether the existing story might possibly mesh with my future dreams to recreate the setting. The details of this dialogue are not yet for telling, but this pairing of perceived needs and hopeful dreams was the general context of the discourse. The move to start an ongoing relationship with East Timor, and the attendant move to take students much more into the local and state wide community is part of this agreed to preferred future (we have already had a team go out “west” to engage with local indigenous peoples and those working with them). Linking these ideas into the mainstream of educational practise is where the art form will be needed most.

- This process of listening to the story and starting to describe the preferred future has been ongoing. It is the most important part of what I do. I have had to continue this dialogue with the Board in a number of ways. Individuals on the Board have particular interests, and I need to address these – sometimes corporately, sometimes with individuals. The other senior administrators in the school need to tell their version of the story and to test whether my dreams are compatible. The same can be said for the other members of the staff, the parents, and the students. The time that this takes to build relationships, trust and hope is central to the shaping of everything else that I do. Much of my emotional and personal energy go into this and it is what others watch so keenly.

A critical part of this trust building is all of the above community members watching to see if I am competent – can I “make things happen” in a way that they consider an improvement? The reality is that I do little that “makes things happen” in a daily sense. Mostly the classroom teachers carry out the hands-on things. But they see me in the staff rooms, the playground and with the parents – and they want to know that I count in the process. I believe that they judge this by whether they believe that I listen, that I understand their needs, that I keep the environment safe and that I act therefore with justice, yet compassionately, in order to develop the vision of the community further.

These elements of relationship correspond to the components of community as introduced by McMillan and Chavis (1986): “Sense of community is a feeling that members have of belonging, a feeling that members matter with one another and to the group, and a shared faith that members’ needs will be met through their commitment to be together (p. 9).” This definition has four critical elements to it - membership, influence, need fulfilment and shared emotional commitment. Developing the vision relates to membership reinforcement. Keeping the environment safe clarifies the mutual influence of the norms of the community. Listening is the starting point to meeting needs. The shared emotional connection is being increasingly involved with each other so that there are more shared parts of the story. I could give details of the activities that I have undertaken to commence building these relationship principles into traditions within the school (and given certain conditions, I will document these). However, I want to draw colleagues’ attention to two key questions from the Sarason et al. 1971 work that give the flavour of these activities well. The first question is “How clearly does a setting face the issue of how those who are a part of it want to live with one another (p. 93)?” This includes how those within a setting want to face its own strengths and weaknesses, including how it deals with conflict (see Chapter 6 of Sarason et al., 1971).

The second question is like the first – “How does this affect how the setting wants to live with the larger community in which it is inevitably imbedded?” (Sarason et al., 1971, p. 93). This includes how the school wants to relate to the church-based company that operates it, its other local schools (particularly the other independent schools that form the competition), the government regulating educational authorities and the local area.

Thus, much of what I have been doing is what the Creation of Setting authors called “constitution writing (p. 93).” In order to highlight the strengths of the story so far, I have been engaged in multiple levels of telling what the school has achieved to date and articulating this in many different places including the media. The mission goals of the school have been re-worked into ends policies for the Board (‘ends policies’ are governance level goals, in contrast to management level strategies). Board reports are now being re-worked to account against these Board level goals. All staff members are having their position descriptions reviewed to see if what is on paper actually describes the heart of what they do within the community and what it is they want to do. This is an ongoing work that is relational in nature yet analytical in preparation and implementation.

As Sarason et al. (1971) expressed it, the core of constitution writing is:

… the knowledge that how people agree to live with each other, how well this agreement squares with the realities of social existence, and
how well they can anticipate how these realities change will determine the degree to which purposes will be realized (pp. 93-94).

This is the basis for what Dokecki, Newbrough and O’Gorman (2001) described as knowing the story, in order to reflect on the story (via our obligation and tendency needs), in order to renew our commitment to the story so that it becomes both surer and more responsive (after the work of Browning). If Sarason (2004) reminds us of the importance of the pre-history then Dokecki et al. remind us of the central purposes of the journey.

For me in my new role, there is a patience that is needed for such a journey that continues to surprise and challenge me. Being a community psychologist, I am more naturally wont to analyse, discuss, debate, achieve consensus and then get on with the agreed program in eager anticipation of something better happening. This is not the stuff of long-term commitment and deep change. Knowing the story includes being around long enough to prove to those who have been around a long time that you can hold up to challenges to the story in whatever shape they may come. Thus, Reflecting on the story in mutual commitment cannot be rushed – for the members of the community will not trust my reflections on the story until I am accepted as part of the story. Deep Renewal is somewhere down the track, wherever it may lead.

I haven’t space here to tease these dynamics out in full detail, and the story is still too fresh for fuller reflection. The reader will also note that I’ve only started to address the second of the themes introduced at the start – of leadership variables. This will be a matter for another time, involving other people. In the meantime, I encourage “resident researchers” to review what conscious processes they are using to build trust relationships in the pre-history and early history stages of entering a new place. Perhaps we can help each other to continue the tradition of describing the creation and re-creation of settings.

References


Although Marg’s family settled in Toronto when she was 10, she was born in New York and, because of her father’s work as a social work administrator for Jewish community services, they moved from Miami to Cleveland and then to Marblehead, Massachusetts. Early in his career, her father worked with Jews immigrating from war-torn Europe, many of them from concentration camps. Although she doesn’t recall family discussions about social justice and her parents were not politically active, she remembers that these issues were inculcated in the two children. “It was part of the fabric of day to day life,” she recalls.

It was assumed that Marg and Kal (now a radiologist) would go as far as possible in their education. Her parents valued education highly, especially her mother who had only been able to go through high school, and that, with great fortitude. Marg earned her bachelor’s, masters and doctoral degrees from York University in Toronto, the latter two in social psychology. (In Canada, all universities, with a very few exceptions, are public, with low tuitions.)

Marg had a streak of independence as a graduate student. She fondly remembers her (then-young) faculty advisor, Mary Stewart Van Leeuwen, who, when challenged about the “appropriateness” of her casual dress by the department chair, retorted: “Why do you think I became a professor?” Marg feels that feisty attitude rubbed off on her, saying “people see institutional power differential and assume that they have no power when in fact, (they do),” especially graduate students. Marg’s master’s thesis concerned the topic of ethics, concluding that the use of deception in psychological research was never warranted. Soon after, when she was a doctoral student, an article based on her master’s thesis was published in a Canadian journal. The department chair – who was a member of APA’s committee that developed the profession’s ethical code for research with human subjects – confronted her, saying that the article was a terrible mistake that would ruin her career. “I had been very critical of the cost/benefits analysis of the use of deception that they advocated in the code of ethics for research. He seemed to have taken it personally and was very upset by my position.” Marg stood her ground. “I was, maybe, 23 or 24. I don’t know where I got the wherewithal, but I understood his abuse of power in trying to intimidate me.”

Marg Schneider in Peru with a critter named Lido

Gloria Levin, Editor
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“Living Community Psychology” highlights a community psychologist through an in-depth interview that is intended to depict both personal and professional aspects of the featured individual. The column’s purpose is to offer insights into community psychology as it is lived by its diverse practitioners.

Featuring: Marg Schneider, Ph.D.
Associate Professor, Program in Counseling Psychology
Ontario Institute for Studies in Education
University of Toronto, Canada

Margaret (Marg) Schneider first learned about psychology through an introductory college textbook brought home by her brother, Kal. She was captivated by the chapter on animal learning and behavior. Although she eventually followed a different career path in psychology, studying the psychosocial aspects of the sexual orientation of adolescents and young adults, as we’ll see later, the next phase of her career may be built on the foundation of those principles of animal learning and behavior she read about when a teenager.
A major area of research for Marg has concerned issues for gay, lesbian and, more recently, transgendered persons. She and a graduate school friend who had come out decided to collaborate on an article for a popular magazine on the coming out experience and interviewed five lesbians before the project stalled. Although Marg had married in college, her marriage ended, and she fell in love with a woman (not her current partner) who was deeply closeted because she was concerned about the impact on her career as an attorney if it were known she was lesbian. While floundering for a dissertation topic, Marg was advised to pursue a topic that interested her. She realized that the subject of lesbians coming out would sustain her interest, so Mary, her faculty advisor, recommended she learn qualitative research although she was in an experimental social psychology program and it was the late 1970s. Mary offered wise advice for identifying a supervisor, i.e., not to search for someone with relevant expertise, saying: “What you need is someone who will tolerate the method.” Not someone who understood the method or used the method, but someone who could tolerate it. Marg enlisted as her dissertation supervisor, Sandra Pyke, who was a feminist and a methodologist. “Sandra said she’d support me as much as she could but that I would mostly be on my own because Sandra had no expertise in the subject matter or the method.”

Marg found lesbians to interview through a fellow instructor at a local community college where they both taught motorcycle safety. She introduced Marg to her large circle of lesbian friends, and it snowballed from there so she found more than enough interviewees. During this time, in the early 1980s, Marg herself came out in stages as a lesbian. When asked if she were concerned that her resume would carry that dissertation topic, Marg replied: “I knew that I was only going to finish if I did something that I was captivated by. People told me that not only would I not finish because of the topic but (more so) because it was qualitative. It didn’t matter to me; I just wanted to finish.”

By the time she received her doctorate, Marg had had enough of academia. Her father asked her what to do. “It’s not about the money,” she replied. “One of the legacies of Pierre Trudeau when he was Prime Minister was his statement that government has no business in the bedrooms of the nation.”

Marg’s doctoral research served as the basis of the project’s research program, including studies of the coming out process for gay and lesbian youth. Towards the end of the project’s 3-year time limit, Marg’s data were presented in meetings with Ministry officials and others, documenting the service needs of gay and lesbian youth. “We convinced them to make it into a fulltime, rather than a time-limited, program (and it) became part of the base budget of Central Toronto Youth Services. That program still exists today.”

A few years later, Marg decided to make a career change to an academic environment, where she would be surrounded by colleagues sharing her interests in research and theory. She applied for a position at the Ontario Institute for Studies in Education (OISE, now part of the University of Toronto) in community psychology. Unfamiliar with the field, “I spent a couple of afternoons in the library, reading community psychology texts, and realized that that’s what I was doing. I realized I already knew the field’s basic principles.” OISE was a very activist place, with an emphasis on critical analysis. She has always infused a sense of activism in her teaching of ethics and research methods.

“Unsuspecting, Marg had been hired into a program that was divided into two warring camps – the feminists and the socialists – who did not talk to each other, including the students associated with each camp. Marg was hired as a feminist faculty member but never obtained mentoring or support – it was sink or swim. For example, she was never told that professors could, upon writing a job description, be assigned a graduate student assistant for the year. “I went through my whole first year with no graduate assistant because I didn’t know that I was entitled to one or how to get one.” Lacking mentoring, she made many mistakes as a junior faculty member. She says, “part of the problem was that I was very close in age to the (graduate) students. So it makes boundaries a little squishy.” The environment in her program at the time was poisonous. “The only thing that kept me here was because my partner had chronic fatigue syndrome, could not work and

**“One of the legacies of Pierre Trudeau when he was Prime Minister was his statement that government has no business in the bedrooms of the nation.”**
By the time she came up for tenure, the faculty composition had changed, and her academic life was improving. The University, placing great emphasis on teaching evaluations, granted her tenure on the basis of her overall performance, including student evaluations. Not only that, but her tenure was backdated a year, in recognition that the pace of her career had been slowed by the difficult environment with which she had to contend as a beginning assistant professor. She acknowledges that her publication record is not strong in terms of numbers of publications but explains that OISE is not obsessed with “publish or perish.” It also values contributions to the university and the community. For example, Marg chairs OISE’s ethics review board that reviews all research proposals from both faculty and students. In addition, Marg is determined to lead a well-balanced life. “One of the pitfalls is that academic work, and any work that’s not 9 to 5, can very easily consume your private life.” She takes off most weekends as well as a block of time in the summertime, considering that her being well-rested is a favor to her students.

Marg’s involvement with community psychology has been through SCRA, since very little organized community psychology activity has taken place in Canada. She explains that the few academic and visible community psychologists in Canada are mostly isolated. “People need to understand that Canada has a population of about 25 million, spread across a geographic area the size of the U.S. It makes it difficult for people to meet face to face.” Her involvement with the organized field started with her attendance at an SCRA biennial conference. She joined the division and then its Committee on Women. “The major turning point for me in the Division was when I organized a symposium on gay and lesbian issues for the biennial in Columbia, SC.” She credits the division’s then-new listserv as facilitating her reaching out to other members, such as Gary Harper, David Lounsbury, Alicia Lucksted and Craig Waldo, who also were working with gays and lesbians. The symposium attracted an audience of 50-60. “That was historic. Although there had been a paper here and there, that was the first symposium on the LGB topic. We learned there was a critical mass who were interested.”

At a subsequent conference, Marg met Clinton Anderson, a staff person in APA’s Lesbian, Gay and Bisexual Concerns (LGB) office. This encounter led to her self-nomination and subsequent appointment to APA’s LGB committee, on the basis of her expertise with LGB youth. While serving on that committee, she was involved in APA initiatives on policy making and advocacy for LGB concerns. One notable achievement was the committee’s collaboration with NIMH, organizing a seminar to sensitize NIMH program officers about LGB and T (transgender) concerns and to stimulate the integration of these concerns in mainstream research funded by NIMH. At the same time, the LGB committee encouraged researchers to submit grant applications to NIMH. “Up until very recently, there was a feeling that even if you got an academic job, you’d never get research grants in the area. NIMH wasn’t seeing any proposals.” NIMH subsequently issued a request for applications (RFA) on these topics, recently re-issued. However, after many years working on LGBT issues, Marg now feels: “I am at the end of my creative juices for now. It’s time to step back and leave some space for younger people – people who are thinking about things in a new way.”

Before both her parents’ deaths last year, Marg was consumed with their care. Her mother had Alzheimer’s Disease, and her father died at age 92. “Although he had many achievements in his social work career, his major and lasting contribution came between the ages of 62 and 92. He developed an endowment fund for the Jewish community and was one of the leaders in founding a huge Jewish cooperative cemetery.”

“My whole family lives a long time. I’ve got many productive years ahead of me. I need to think about winding down this part of my career and start something else where I can make a different kind of contribution.” That’s where her original interest in animal learning re-enters.

She and Susan Rickwood, her partner of 20 years, have become heavily involved in raising and training dogs. After enrolling her dog in obedience training, Marg began to instruct dog trainers to become better teachers of the pets’ human owners, incorporating principles of adult learning. Then came involvement in competitive canine sports and in Conformation Trials (dog beauty contests). In the process, Marg and Susan became part of a new community. “I’m interested in how people have formed community around dog ownership and dog sports and how it becomes an integral part of their life.” Using the analogy of “Big School/ Small School,” Marg explains: “Our breed (Irish Water Spaniel) is very small, with few owners. Your points (in a show) are determined by how many dogs in your breed you compete against.” For the greater good, owners have to cooperate, even while competing against each other. For example, in preparation for a show, her dog was groomed by the owner of a competing dog. A poodle owner expressed shock at this, predicting that a poodle groomed by a competitor would end up looking terrible in the show ring! Further, the owners work together without knowing about each others’ backgrounds. “The interest in dogs crosses socioeconomics. What might have been a barrier in other settings becomes irrelevant.”

Marg has recently joined the Board of Directors of the Human/ Animal Bond Association of Canada which promotes an understanding of interactions between humans and animals. She envisions one day conducting neighborhood mapping research, based on people and their dogs, focusing on animals as a social lubricant. Ironically, Marg’s early interest in psychology, gained from reading her brother’s college textbooks about the principles of animal learning and behavior, may be the foundation for her future life direction. In the meantime, these principles will be put to good use with Charlie, her beloved Irish Water Spaniel.

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Edited by Gary Harper
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News from the Midwest

Bernadette Sanchez
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First, we would like to welcome our new first year regional coordinator, Meg Davis, Ph.D. Meg currently works at the Center for Community Research at DePaul University on the NIDA – Oxford House Research Project. She will be a great asset to our team.

Second, please join us on May 6, 2005 at the Midwestern Psychological Association’s SCRA Program Annual Meeting in Chicago! The program will be held at the Palmer House from 8am to 3pm. We will have roundtable discussions, symposia, and a poster session on a number of topics related to community.
Hurricane Ivan that caused several deaths and destruction in the Western North Carolina mountain town of Canton, was canceled due to damage from the storm. The Southeastern Eco-Community Conference, planned for the weekend of September 17, 2004, was also canceled due to Hurricane Ivan.

News from the Southeast

Joseph Berryhill
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The Southeastern Eco-Community Conference, planned for the weekend of September 17, 2004, in the Western North Carolina mountain town of Canton, was canceled due to damage from Hurricane Ivan that caused several deaths and multiple problems with roads and power. Information about next year’s conference will be passed along as soon as it is available. No other activities are currently taking place.

News from the West

Eric Mankowski and Ken Miller
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There are a few invited talks on topics of interest to community psychologists scheduled for the Western Psychological Association meeting in Portland, Oregon (April 14-17, 2005). Donna Castenda will present her talk: “HIV/ AIDS Risks among Mexican women: Lessons for understanding gender and HIV/AIDS prevention;” Anne Marie Cauce will present her talk: “Homeless in Seattle: Observations From a Decade of Work with Street Youth;” Ken Miller will present his talk: “Beyond Psychiatric Epidemiology and Traumatology: A Constructivist Approach to Research with War Affected Populations;” Tod Sloan will present his talk: “Dialogue and Deep Democracy: Critical Roles for Psychologists;” and Joseph Trimble will present his talk: “Responsible and Ethical Conduct of Research with Ethnocultural Populations.”

In addition, the Bay Area Community Psychology Network continues to meet twice a term. At a recent meeting, Ken Miller presented findings from his recent research on mental health in Kabul, and at another Friday morning meeting Dr. Joel Moskowitz, Director of the UC-Berkeley Center for Family and Community Health, discussed “Challenges in Conducting Community-Based Participatory Intervention: Research with a New Immigrant Community.” Deb Marois of the UC-Davis Community Development Graduate Group discussed “California Community Health Partnerships: Navigating Collaboration and Conflict.” We’ve broadened the group to include a diversity of disciplines, including anthropology, public health, and epidemiology, which has really enriched our discussions.

CALL FOR NEW U.S. REGIONAL COORDINATORS

Would you like to get more involved in SCRA?
Would you like to influence the types of Community Psychology activities that occur in your region?
Would you like to help increase and diversify the membership of SCRA by inviting new individuals to join the Society?

If you responded with a “YES!” or “MAYBE” or even “HMMM...THAT’S INTERESTING!” to any of these questions, you may be the perfect person to become a U.S. Regional Coordinator!!

U. S. Regional Coordinators provide regional leadership and guidance to the processes of membership development, activities, and communication; and facilitate communication between the membership (directly through the Regional Network Coordinator) and the Executive Committee. Regional Coordinators serve for three years.

There are five U.S. Regions: the Northeast, Southeast, Midwest, Southwest/Rocky Mountains, and West. WE ARE CURRENTLY LOOKING FOR U.S. REGIONAL COORDINATORS IN THE SOUTHEAST, SOUTHWEST/ROCKY MOUNTAIN, AND WEST REGIONS!

If you are interested in becoming a U.S. Regional Coordinator, or if you have any questions about the position, please contact SCRA’s Regional Network Coordinator, Gary W. Harper (phone: 773-325-2056; email: gharper@depaul.edu). I look forward to talking to you!
News from Europe

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You can take part in discussion about community psychology in the UK and elsewhere by visiting http://www.jiscmail.ac.uk/lists/COMMUNITYPSYCHUK.HTML.

SCHOOL INTERVENTION

edited by Milton Fuentes and Jane Shepard

The Process of Embedding and Sustaining Mental Health Promotion Programs in School Contexts

Brian Bishop and Clare Roberts
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Perth, Western Australia

The prevalence of internalising problems such as depression and anxiety is high in Australian children and adolescents. Prior, Sanson, Smart & Oberklaid (1999) found that 18% of pre-adolescents in Australia reported clinically significant levels of these problems, making them the most common of childhood and adolescent mental health problems. In a study of the health wellbeing of Australian children and adolescents, Sawyer et al. (2000) found 12.8% of 4-17 year olds showed clinical levels of internalising problems. To remedy this problem and reduce the incidence of clinical disorders developing in the adolescent years, targeted and universal school-based programs have been developed to promote the mental health of young Australians. In Western Australia a group called Promoting Optimism WA (POWA) was established in 1996 with the goal of reducing the prevalence of internalising problems and disorders through the implementation of school-based intervention programs. POWA involved collaboration between the Western Australian Departments of Health and Education and the Schools of Psychology and Public Health at Curtin University of Technology. Recently, a large-scale trial has been undertaken to investigate the dissemination and diffusion of school-based mental health promotion programs.

Promoting optimism was the basis of the Penn Optimism Program, which has been shown to be effective in reducing depression, improving classroom behaviour and reducing pessimism six months after intervention (Jaycox, Reivich, Gillham & Seligman, 1994). In a follow-up study, the effects were found to be maintained after two years (Gillham, Reivich, Jaycox, & Seligman 1995). A limited 8-session Australian adaptation of this program was piloted with pre-adolescent girls (Quayle, Dzjurawiec, Roberts, Kane & Ebsworth, 2001). The full Penn Optimism Program was then trialed in rural communities, targeting pre-adolescents with elevated levels of depressive symptoms (Roberts, Kane, Thomson, Bishop, & Hart, 2003; Roberts, Kane, Bishop, Matthews, & Thomson, 2004). To meet school requests for universal classroom implementation of mental health promotion programs a new program based on similar theories and strategies was developed to suit Australian Primary Schools, the Aussie Optimism Program (Roberts, Kane, Bishop, Cross, & Fenton, 2004). This program has been trialed in urban communities, particularly in communities that are socially disadvantaged.

The Aussie Optimism Program is a mental health promotion strategy designed to prevent internalising problems in children and adolescents. The program is aimed at students aged 11 – 13 years who are preparing for transition to high school. It consists of 20 one-hour weekly sessions conducted in school time, and can be implemented in the last two years of primary school, or the first year of high school. The program is based on cognitive-behavioural intervention procedures and has two components, the Optimistic Thinking Skills Program (Roberts et al., 2002), which targets cognitive risk and protective factors for internalising problems, and the Social Life Skills Program (Roberts, Ballantyne, & van der Klift, 2002), which targets social risk and protective. The optimism component teaches children to identify and challenge negative thoughts about the self, current life circumstances and the future that contribute to depressive and anxiety symptoms (Beck, Rush, Shaw & Emery, 1979; Kendall, 2000). It also includes attribution re-training (Seligman et al., 1988) to help children make more accurate and optimistic explanations for both positive and negative life events. In addition, children were taught to accurately identify, label and monitor
their feelings. The social component of the program involves teaching children listening skills, assertiveness, negotiation, social problem-solving skills, decision-making and perspective taking (Seligman, Reivich, Jaycox & Gilham, 1995). The children were also taught coping skills for dealing with a variety of controllable and uncontrollable life stresses, such as family conflict and making the transition to high school. These coping skills included strategies for actively solving problems and coping with negative emotions, and seeking appropriate social support. Schools also use a series of newsletter items and parent booklets to inform parents of the program content and to promote generalization of skills in the home setting (Roberts, Roberts et al., 2002; Roberts, Ballantyne et al., 2002).

In early studies (Quayle, et al., 2001; Roberts et al., 2003), facilitators and co-facilitators, predominantly school psychologists and nurses, used a scripted manual to present didactic information, games, role plays, activities and worksheets which related to how the children think, feel and react when faced with challenges and stresses in their lives. The children were provided with class workbooks and homework exercises to practice the concepts in their daily lives. The facilitators and co-facilitators had received approximately 30 hours training in the program. More recently, a 16-hour training program is provided to teachers to implement the program and additional coaching and support is provided to assist teachers to implement the program as part of their regular Health Education classes. Teachers are provided with teacher resources, student workbooks and associated parent handouts, and newsletter items.

The program has been augmented with the development of a family-based module (Drake-Brockman & Roberts, 2002) for parents. This program targets family risk and protective factors, relating specifically to the transition to adolescence and high school. It includes a self-directed parent booklet, school newsletter items and short presentations for teachers to use at parent-teacher nights or individual student case conferences. The enhanced program content is shown in Table 1.

The research conducted to date, indicates that an 8-session version of the Aussie Optimism Program is effective in reducing depressive symptoms and enhancing self-esteem in girls compared to a usual care control group, six months after the intervention (Quayle, et al., 2001), and in reducing and preventing anxiety symptoms in a randomised controlled trial with rural students selected for elevated levels of depression, (Roberts et al., 2003). The prevention of anxiety symptomology mediated the impact of the program on depressive symptoms three years after the completion of the intervention (Roberts, Kane, Bishop, Matthews et al., 2004). When used universally as part of the Health and Physical Health Education curriculum with schools in low socioeconomic areas in a randomised controlled trial, the program was associated with lower levels of internalising problems and a lower frequency of clinical levels of anxiety and depression, compared to a usual care control group, after transition to high school (Roberts, Kane, Bishop, Cross et al., 2004).

While the program’s content is based on well-validated theories of depression and anxiety, incorporates empirically validated techniques to change emotions, cognitions and behaviour, and has been integrated into existing classroom activities, it is still a psychological intervention. The development of the program has been towards greater contextualization of the program, with parental involvement and a ‘train-the-trainer’ program. To understand how Aussie Optimism can be promoted effectively in the education system, a large-scale dissemination trial is currently being conducted. Based on diffusion theory (Rogers, 1995), the program is being implemented in 63 schools from three urban areas of Western Australia including 3,288 children and their parents, and 401 teachers. The research has four aims: 1) to develop dissemination strategies to enhance diffusion of a mental health promotion strategy aimed at preventing internalizing problems in young adolescents; 2) to assess the effectiveness of these strategies in terms of school and teacher adoption of the program, implementation quality, and maintenance of program implementation over time; 3) to assess the impact of the dissemination strategies and the program on student mental health outcomes; and 4) to identify organizational and innovation factors that facilitate adoption, implementation and institutionalization of the Aussie Optimism Program.

To be effective, and to promote embedding within the local education system Aussie Optimism had to be modified to be consistent with the pedagogical and practical constraints of teachers and the Department of Education. The Western Australian Department of Education uses an outcome focused approach with individual level assessment of achievement. The program had to be modified so that it was consistent with this focus and could be implemented by teachers with little psychological training, Department of Education staff had to be trained as trainers to support teachers in their implementation of the

<p>| Table 1. Content of the Universal Optimism Program Modules |
|---------------------------------|-----------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Session</th>
<th>Cognitive Life Skills</th>
<th>Social Life Skills</th>
<th>Aussie Optimism for Parents &amp; Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identification of feelings</td>
<td>Introduction and feelings</td>
<td>Dealing with transitions</td>
</tr>
<tr>
<td>2</td>
<td>Identification of thoughts</td>
<td>Decision making</td>
<td>Working together as a family</td>
</tr>
<tr>
<td>3</td>
<td>Linking thoughts and feelings</td>
<td>Communication skills</td>
<td>Optimistic thinking</td>
</tr>
<tr>
<td>4</td>
<td>Different thinking styles</td>
<td>Assertiveness</td>
<td>Friends</td>
</tr>
<tr>
<td>5</td>
<td>Review and quiz</td>
<td>Assertiveness II</td>
<td>Preparing for high school</td>
</tr>
<tr>
<td>6</td>
<td>Generating alternative thoughts</td>
<td>Negotiation</td>
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</tr>
<tr>
<td>7</td>
<td>Looking for evidence</td>
<td>Coping skills</td>
<td></td>
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<tr>
<td>8</td>
<td>Challenging unhelpful thoughts</td>
<td>Networks</td>
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<tr>
<td>9</td>
<td>De-catastrophizing</td>
<td>Friends and family</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Review and action plans</td>
<td>Transition and review</td>
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</tr>
</tbody>
</table>
program, and program material had to be produced to support classroom teachers.

The early outcomes of this research indicate that there are high adoption and implementation rates for the Aussie Optimism Program. 63 out of 91 (69%) of schools adopted the program. Evaluation of the teacher training workshops indicates that teachers who participated in the training workshops significantly increased their knowledge of mental health promotion, increased their confidence to teach mental health promotion lessons and increased their awareness and concern for their students’ mental health. In the first year of program implementation the Social Life Skills Program was taught in 113 of the 115 (98%) Year 6 classes that agreed to participate in the program. Students who participated in the program in schools.

In conclusion, it is possible to develop mental health promotion programs that prevent internalising problems in young adolescents that can be implemented universally as part of the regular school curriculum. Dissemination processes need to take care to contextualise the intervention within the host organisation, to provide adequate training and support to the host organisation, to ensure that the goals of the intervention are presented in a way that meets the goals of the host organisation, and to continuously value the efforts of staff in the host organisation. Without such dissemination processes, evidenced based interventions to prevent mental health problems will never be able to reach enough young people to impact on the incidence of internalising problems.

References

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SOCIAL POLICY

Edited by Steven R. Howe

Values in an Era of Evidence-Based Practice: A Cautionary Tale

Editor’s note: We have recently witnessed an election in which a large proportion of voters stressed the importance of values. Given our training, it is tempting to want to frame our policy proposals exclusively in terms of empirical evidence. And yet, some of the most eminent scientists of our day, working out of an evidence-based framework, gave the world eugenics. I am pleased to present the following
was enacted by Virginia in 1924. Sixty-five (Lombardo, n.d). The Eugenic Sterilization Law savings from decreased institutional care society deemed unfit, not to mention the cost-

their problems if the state sterilized those that

by selecting breeding of animals or humans to improve a species over generations. Galton’s
definition included positive eugenics that encouraged the most fit to reproduce more often and negative eugenics that discouraged the less fit from reproducing (Carlson, n.d).

The superintendent of the Virginia State Colony for Epileptics and Feebleminded believed that Carrie Buck was a genetic threat to society (Lombardo, n.d). At Carrie’s trial, several witnesses stated that Carrie had inherited the traits of feeblemindedness and promiscuity from her mother (Lombardo, n.d.). The American psychologist Henry Goddard, who created the term “moron,” was director of the Training School for Backward and Feeble Minded Children at Vineland, New Jersey and was known for proposing feeblemindedness as a hereditary trait, most likely caused by a single recessive gene (Witkowski, n.d). The Supreme Court eventually decided her fate, ruling that the compulsory sterilization of Carrie Buck was necessary for the protection and welfare of the state.

It may be tempting to think that America’s flirtation with eugenics ended when the Nazis showed just how far a bad idea could be taken. However, North Carolina’s forced sterilization laws were still being used in the early 1970’s.

How could eugenics have been so popular? First, it is important to stress that the science was not the issue; to be crude about it, humans could be bred selectively in the same way that dogs, horses, and cattle are. What appears to us so appalling from a remove of a few decades were the values that drove the application of the science. American eugenics developed during a time of economic and social unrest (Carlson, n.d). The growth of American industry, with increased mechanization of agriculture, created the first major migration away from farms to cities (Carlson, n.d). There were too few jobs and too little housing in the cities, fostering poverty. People resonated to eugenics because it appeared scientifically based. Eugenics offered hope of a better future by gradually eliminating the “bad apples.”

The Case of Carrie Buck and the Eugenic Sterilization Law

Charmane Harrison, Department of Psychology, University of Cincinnati (harrisco@email.uc.edu)

United States Supreme Court Justice Oliver Wendell Holmes Jr. wrote the final judgment for the Court in the case of Buck v. Bell (1927) that would result in Carrie Buck becoming the first woman to be forcibly sterilized in the U.S.A. (Lombardo, n.d.). In his formal judgment, the Court Justice included these words:

It is better for all the world, if instead of waiting to execute degenerate offspring for crime or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. Three generations of imbeciles are enough (Lombardo, n.d. para.7).

Carrie Buck was 17 years old. Her mother was a resident of the Virginia Colony for the Epileptic and the Feebleminded Asylum (Lombardo, n.d.). Like her mother, Carrie had a child out of wedlock. When sociologist Arthur Estabrook made arrangements to have Carrie’s baby, Vivian, examined, he concluded that the child was “below average” and “not quite normal” (Lombardo, n.d. para 6). Relying on these comments, the judge concluded that Carrie should be sterilized to prevent the birth of other “defective” children (Lombardo, n.d. para 6).

Harry Laughin, a eugenics researcher who studied the non-enforcement of sterilization laws the country in the early 20th century, concluded that physicians were afraid of lawsuits by patients (Lombardo, n.d). Laughin thought there was a need to create a “Model Law” that could protect physicians from lawsuits and allow for compulsory sterilization. Laughlin proposed that states with overcrowded asylums and crime problems could largely solve their problems if the state sterilized those that society deemed unfit, not to mention the cost-

Eugenics, from the Greek eugenies, means “good in stock.” It was coined in 1883 by Sir Francis Galton, a cousin of Charles Darwin (Carlson, n.d.). Eugenics refers to the study and use of selective breeding of animals or humans to improve a species over generations. Galton’s definition included positive eugenics that encouraged the most fit to reproduce more often and negative eugenics that discouraged the less fit from reproducing (Carlson, n.d).

Carrie Buck was a genetic threat to society (Lombardo, n.d). At Carrie’s trial, several witnesses stated that Carrie had inherited the traits of feeblemindedness and promiscuity from her mother (Lombardo, n.d.). The American psychologist Henry Goddard, who created the term “moron,” was director of the Training School for Backward and Feeble Minded Children at Vineland, New Jersey and was known for proposing feeblemindedness as a hereditary trait, most likely caused by a single recessive gene (Witkowski, n.d). The Supreme Court eventually decided her fate, ruling that the compulsory sterilization of Carrie Buck was necessary for the protection and welfare of the state.

Recent research has shown that Carrie Buck’s sterilization was based on an inaccurate diagnosis. Carrie’s illegitimate child was also not the result of “promiscuity;” rather, she had been raped by a relative of her foster parents. School records also proved that Carrie’s daughter was not feebleminded. Her first grade report card showed Vivian was a “B” student and had been on the honor roll (Lombardo, n.d.). Her defense lawyer apparently conspired with the lawyer for the Virginia Colony to guarantee that the sterilization law would be upheld in court (Lombardo, n.d).

It may be tempting to think that America’s flirtation with eugenics ended when the Nazis showed just how far a bad idea could be taken. However, North Carolina’s forced sterilization laws were still being used in the early 1970’s. The Winston-Salem Journal has provided a fascinating and provocative history of the more than 7,000 forced sterilizations in that state at http://againsttheirwill.journalnow.com/. It may also be tempting to think that this was a matter largely confined to the courts, but large numbers of citizens were enthusiastic about eugenics, as well, and many families competed in “Fitter Family” competitions during the 1920s. To win the title of a “Fitter Family,” a “healthy” family had to provide a family history. Then, family members took a variety of examinations, including medical exam, syphilis tests, and psychiatric evaluations. Based on these data, families were graded. First-place winners received silver trophies. Families who received “eugenic scores” of B+ or higher received a bronze medal.

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Morgan, D. (2000) *Yale study: U.S. eugenics paralleled Nazi Germany* [Electronic...
Carrie for additional information. Please contact carrie.e.hanlin@vanderbilt.edu.

Two and four pages long, single-spaced, and can be submitted electronically to Carrie Hanlin at carrie.e.hanlin@vanderbilt.edu. Articles should be between two and four pages long, single-spaced, and can be submitted electronically to Carrie Hanlin at carrie.e.hanlin@vanderbilt.edu. Please contact Carrie for additional information.

Call for Papers- Spring Issue of The Community Student

Please consider writing a paper for The Community Student (TCS)! TCS is published twice a year 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 Spring 2005 edition of The Community Student. The deadline for paper submissions is February 15th, 2005. 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 Carrie Hanlin at carrie.e.hanlin@vanderbilt.edu. Please contact Carrie for additional information.

AJCP Special Issue on Student Research Call for Manuscripts

Many of you have inquired about the status of the AJCP Special Issue highlighting student research. We are happy to announce that the issue is in fruition. Please see the Call for Manuscripts in this TCP issue. Manuscripts are due March 30th, 2005. If you have any questions regarding this issue please email Marianna at mfsicher@hawaii.edu or Nghi at nghit@hawaii.edu.

Proposal Summary from 2004 Student Research Grant Winner- Jordan Braciszewski

Jordan Braciszewski, 2004 Student Research Grant Winner

Braciszewski The proposed SCRA Special Issues Student Research Grant seeks to identify risk and protective factors associated with educational attainment in young adult-hood. Using a matched sample of homeless and non-homeless participants, this study will examine mean-level differences in psychological, emotional, and environmental variables between dropout, non-college bound, and college bound young adults. While research on the homeless population has increased over the last two decades, most studies have focused exclusively on adolescents or the full range of homeless adults. This proposal will identify outcomes in homeless youth during the transition from adolescence to early adulthood. Quantitative analyses will focus on examining the relation of educational attainment to housing situations, work and career experiences, mental health difficulties, and positive adjustment. In addition, qualitative interviews will be conducted, focusing on individuals’ accounts on myriad aspects of their lives, paying particular attention to protective and risk factors they identify as most significant to their current educational and life status. Outcomes of this “pilot study” section of the proposal will provide a catalyst for both a Master’s Thesis and a NIH grant proposal.

Special Issues Graduate Student Research Grant

We are happy to once again announce the student research grant! The grant is specifically devoted to supporting pre-dissertation or thesis research in under-funded areas of community psychology. This year’s grant focuses on funding research in one of three areas: 1) sociopolitical development; 2) under-studied populations in community psychology; or 3) public policy. Grantees are awarded $500.00 for one year. Applications for the award are due by July 1st, 2005. Please see the RFA printed in this issue of TCP for guidelines on submitting an application. If you have any questions, please contact Carrie at carrie.e.hanlin@vanderbilt.edu.
Call for Student Research Grant Reviewers

Now that we are seeking applications for the Special Issues Graduate Student Research Grant, we will need individuals to review grant applications. We are looking for two students to review and rate applications. Students who submit a grant application are not eligible to serve as reviewers. Please see the formal call for reviewers in this issue of the TCP. The deadline for submission is May 13th, 2005. If you have any questions, please contact Sawssan at sawssan@wayne.edu.

Summary of Deadlines for Student Opportunities

- Grant/ Opportunity 2005 Deadline: The Community Student, Fall ’04 February 15th
- Manuscripts for Student Issue of AJCP March 30th
- SCRA Student Rep. Nominations April 15th
- Biennial ’05 Travel Award April 29th
- Reviewers for SCRA Student Research Grant May 13th
- SCRA Special Issues Student Research Grant July 1st

Sign on to the SCRA Student Listserv!
The SCRA student listserv is a forum to increase discussion and collaboration among students involved and interested in community psychology. 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.

Check out the Announcements section of this journal for more items of interest to students.

WOMEN’S ISSUES

Trailblazing Women in Community Psychology: The Influence of Feminism

Mary Ellen Dello Stritto, Ph.D. (mdellostritt@bsu.edu)

I would like to introduce myself as the current chairperson of the Women’s Committee. Currently, I am an assistant professor in the Department of Psychological Science at Ball State University in Muncie, Indiana. I graduated with my doctorate in Social Psychology from Claremont Graduate University in 2001. My primary interests are in gender, women’s health, and more specifically female sexuality, including the impact of media. I also have interests and experience in reproductive health, HIV/AIDS, and sex education. Beyond the university, I am active with the local and state chapters of the National Organization for Women. Finally, I have been member of SCRA and the women’s committee for about 4 years, and I am pleased to have the opportunity to serve as chairperson this year.

As researchers, teachers, and practitioners in community psychology we are focused on social action: health promotion, prevention, and empowerment. Following from this mission, it makes sense to examine the influence of feminism on community psychologists. Feminism is a focus on social, economic, and legal equality for all women and men; and an orientation that values women, their experiences and their ideas (Hunter College Women’s Studies Collective, 1995). As part of a continuing effort to document and acknowledge the work and experiences of women in SCRA, in the summer of 2004 the leadership of the Women’s Committee conducted a follow-up study to the Trailblazing Women in Community Psychology project that was presented at the 9th SCRA Biennial the previous year. The purpose of the follow-up study was to collect updated information from the women who had been previously identified as Trailblazers. We collected responses to specific questions such as the focus of their work, the persons who influenced their work, and identification with feminism. The remainder of this column will focus on a summary and analysis of the trailblazing women’s identifications with feminism. A full report of this study will be published in an upcoming Special Issue of the Journal of Community Psychology (Ayala-Alcantar, Dello Stritto, & Guzman, in press, 2005).

The follow-up study included responses from 41 trailblazing women. The majority of trailblazers were White (67%), with the remaining trailblazers being Latina (15%), African American (10%), Asian (5%) and Maori (2%). Twenty-six percent of the trailblazers graduated in the 1970’s, 17% in the 1980’s, 35% in the 1990’s and 23% in the 2000’s. Many of the trailblazers were either graduates of an ecological community program (33%) or a clinical community program (31%). Seventy-seven percent of the trailblazers were working in academic settings, and (46%) were in psychology departments, with some of these women holding joint positions in psychology and women’s studies. Thirty-five percent of the women were full professors and some of the women had other positions on their campus such as chair, dean or vice president of the university.

The Feminist Question

The final question posed to the trailblazers in this study was: Do you consider yourself a feminist scholar? As a follow up the trailblazers were asked, if yes, what type of feminist they identified with, or if no, what type of scholar they considered themselves to be. A thematic analysis of these questions revealed some very interesting results. The women’s responses to this question were varied and complex. Thirty-eight women responded to these questions. Overall, 23 (61%) of these women responded “yes” to this item, considering themselves feminist scholars, while 6 (16%) responded “no”. Of the 23 women who identified as feminist scholars, 6 (26%) responded emphatically using the words “absolutely,” or definitely,” indicating their strong identification with feminism. There was no equivalent emphasis in the “no” responses.

The remaining nine women (23%) had mixed responses to this question. More specifically, 5 (13%) stated that they did not use or identify with the term “feminist scholar,” however in their responses they described or acknowledged the influence of the feminist perspective in their thought process and/ or their work. To summarize, these women suggested that they are feminists in theory and/ or practice, but not by label. For example one woman stated that the feminist label suggests meanings that she may or may not agree with. Another woman reported...
that she was not sure, but she was aware of the power of the majority (male) perspective and thus continues to support and mentor women.

Further, three of these women specified that while they did use feminist methodology and/ or deal with feminist issues in their work, they did not identify with the category of feminist scholar because they primarily identified with another type of research such as that focused on a specific ethnic or cultural group. The following quotes are examples of this type of response:

Yes and no. I feel that I have taken on many of the principles that feminist use for scholarship such as reflexivity. On the other hand, I feel that my loyalty and affiliation lies in being a Latina scholar that often means not being a feminist but an ethnic psychologist. That is, a psychologist who chooses to study the intersection of culture and health before concentrating on feminist principles or ideals.

While I may use some feminist methodology and critique, I consider myself an indigenous scholar — the resulting philosophical framework being just as critical if not more than that of feminism.

I consider myself to be a scholar who is a woman and a member of an ethnic minority.

The final subgroup of women (4, 11%) identified themselves as feminists; however they did not identify themselves as feminist “scholars.” One woman explained that she did not consider herself a feminist scholar because she did not study issues specific to women and did not use exclusively feminist methodology. Another woman stated that she sometimes identified as a feminist scholar but her primary identity was a “feminist of color.” These responses illustrate the careful consideration that many of the women gave to this question. Further, these responses remind us that our identities are influenced by our membership in multiple social groups.

Research on feminist identification in women has included the process of identification (i.e., Downing & Rouch, 1985) as well as different types of feminism such as liberal, radical, womanist and others (i.e., Henley et al., 1998). More specifically, researchers have examined the rejection of the label “feminist” as illustrated by the prevalence of the statement, “I am not a feminist, but…” (e.g. Liss, O’Connor, Morosky, & Crawford, 2001; Zucker, 2004). In a recently published study, Zucker (2004) discusses a group of women that she classifies as egalitarians. She defines egalitarians as women who identify themselves as neither feminists nor non-feminists but support equality between women and men. In Zucker’s heterogeneous sample of 272 female alumnae of the University of Michigan, 45% were categorized as feminists, 24% as non-feminists, and 31% as egalitarians. While a greater percentage of trailblazers identified as feminists (61%) in the present study, there may be some similarities between trailblazers who gave mixed responses to the feminist scholar question and the women classified as egalitarian by Zucker. In both studies these women have clear feminist beliefs. However, using an open-ended question format we were able to gain further insight in to the reasons why some trailblazers did not identify with the feminist label.

The analysis of the trailblazers follow-up questions (i.e. what type of feminist do you identify with; what other type of scholar do you identify with) provides further information about the identification with feminism. The responses from all of the respondents (yes, no, and other categories) were summarized concurrently. A small number (2, 5%) identified with familiar categories of feminism (i.e. liberal, radical), while two (5%) women discussed their research as being informed by feminist standpoint theory. Two (5%) women stated that they were unaware of types of feminism, while two (5%) women were not quite sure what type they would identify with. Further, three (8%) other

women’s responses showed that they were uncomfortable with choosing a “type” of feminism. Two (5%) women stated that they “disliked” labels due to the limited nature and the stigma associated with labels. Further, two (5%) women indicated that they did not identify with a specific type; and three (8%) women responded that they did not identify with just one type of feminism; rather they identified with more than one or a combination of types. As the variety of the trailblazers responses show, for some this was a complex and often difficult question to answer.

Further, two (5%) women discussed their identification as feminist practitioners. Both of these responses suggested that this feminist identification encompassed their many diverse roles as faculty members, researchers and community members. For example on woman stated:

I consider myself a feminist practitioner, in that everything I do (teaching, research, administration) is guided by the values inherent in community psychology and feminist theory.

Many of the women’s responses to the follow-up questions, whether they did or did not identify as feminists, included other primary identifications. Thus, not surprisingly, three (8%) women identified themselves primarily as community-based researchers rather than feminist scholars. As previously discussed, many of women responded that their primary identification was with a social, cultural or ethnic group. The following identities were included in the women’s responses: Latina scholar, feminist of color, social justice scholar, indigenous scholar, multiracial feminist, and community psychologist with feminist values.

The following identities were included in the women’s responses: Latina scholar, feminist of color, social justice scholar, indigenous scholar, multiracial feminist, and community psychologist with feminist values. This diverse set of identities further illustrated the multi-faceted nature of how the trailblazers identified themselves. The analyses of these questions suggests that many of these women have given considerable thought to feminism, their identifications, and the perspectives that shape all aspects of their lives and work.

Overall the analysis revealed the complexity of the trailblazer’s identification process. To continue the discussion of findings of the
trailblazer study, and expand the discussion of the influence of feminism on women in community psychology, the women’s committee has submitted a proposal for a roundtable discussion at the 10th SCRA Biennial in the summer of 2005. If this roundtable discussion is scheduled, it will provide an opportunity to engage in a discussion of the process of and problems with identifying as a feminist scholar. Specifically the purpose of the roundtable is to explore the influence of feminism, feminist theory and research methodology on the work of women in community psychology.

References


Introduction
The theme of this special section of *The Community Psychologist* is **full participation of people with disabilities.** By full participation, we mean people with disabilities being as involved as they would like to be, in their families (interpreted broadly), neighborhoods, communities, and society. It means accommodating the full spectrum of differences that people with disabilities represent so that everyone can fully participate. And it means conducting research that both supports and involves people with disabilities in our work.

This notion of including disability as an aspect of diversity is not new. As noted by Trickett, Watts and Birman (1994), there is an ongoing “struggle in psychology to incorporate human diversity into the theories, perspectives, methodologies, and practices of the field (p. 9).” Regarding disability as an issue of diversity, we observe this struggle in society on a broad level as evidenced by news items on how the World Health Organization seeks to ensure equal opportunities for people with disabilities (World Health Organization, 2003) and how the US Supreme Court hears cases related to protections under the Americans with Disabilities Act (National Public Radio, 2004). We experience it as well in our own organization as we struggle to include and accommodate all who want to participate (Duckett, 2004; Nary, 2003).

Several of the articles in this edition describe specific research projects that promote full participation of people with disabilities while others describe ways of conducting research and training that elicit the collaboration of and is respectful of people with disabilities. The submissions address efforts to reduce barriers to participation for people with varying types of disabilities, at various stages of the lifespan, and of various ethnicities and nations. The common thread running through each is the assertion of the right to fully participate by many who have been regularly denied this right for many reasons and in many ways.

Pernice-Duca and colleagues describe a project to promote inclusion of preschool children with disabilities in classrooms with typically developing children. Their work emphasizes that the work of children is to learn and grow—and that even very young children do this best in integrated settings where they are full participants in learning with their future friends, neighbors, colleagues, and community members.

Cohen and colleagues explain the connection between literacy and behavior for teens from diverse linguistic and socioeconomic groups, and how facilitating increased literacy can facilitate significantly improved behavior. These teens, as well as community members involved in the efforts, become stakeholders in their education systems, and as a result, valued community participants.

Hayes and Balcazar emphasize the importance of listening to participants in the Bullet Project and of amplifying the voices of peer mentors as these young men with violently-acquired spinal cord injuries from minority communities work to transform their communities to promote the participation of those with similar disabilities.

Shogren and colleagues relate their work to start an organization of students and young professionals dedicated to working for full participation of people with disabilities. As part of this work, they ponder the need to teach others about the social and environmental barriers, rather than actual disabilities, that most frequently thwart the full participation of people with disabilities in many arenas.

Rempfer describes the commonalities of the concepts of full participation and recovery for people with psychiatric disabilities, and sets forth the principles and strategies of the Psychiatric Disability Research Group in conducting research with consumers. This interdisciplinary, community-based work emphasizes that recovery and/or full participation is a realistic goal to work toward.

Traci and Cowen outline a project to engage people with disabilities to improve the health
What is not formally articulated in these articles, but what is intended to be communicated through this edition, is the joy involved in facilitating and observing those too often disenfranchised to assume their places in society and to become full participants.

of those with disabilities by training Accessibility Ambassadors to promote accessibility in communities across the state. Their work to provide information, tools, and camaraderie to a state-wide group of volunteers supports the efforts of these folks to increase the options for Montanans with disabilities to participate in efforts to improve their health.

And finally, White transports us to Peru by describing his efforts to both educate Peruvians with disabilities about the prevention of secondary health conditions, and to assist them in finding ways to locally manufacture a product needed to prevent a secondary condition. Both the training and community development aspects of this work are helping these citizens to participate more fully in their communities.

What is not formally articulated in these articles, but what is intended to be communicated through this edition, is the joy involved in facilitating and observing those too often disenfranchised to assume their places in society and to become full participants. This joy can come from observing a young person experience the excitement of learning that has previously been denied, or from empowering persons frequently left in the shadows of society to take their rightful places in the light. It can come from articulating the presence of health and wholeness in people previously considered to be incapable of health, or facilitating the right of those with differences to simply be with us. Almost always, it involves our desire, to paraphrase Sarason (1978, p. 379), to live with ourselves and others in certain ways consistent with our values. And always, it is worthy of our attention as scientists, academics, and as human beings. Enjoy!

References


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Full Participation in the Classroom: The Early Childhood Inclusion Project
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“Inclusion is a civil right really. Every child should be included – every child should be able to go to the school nearest to their home.” - Special Needs Coordinator, Early Childhood Program

“Inclusion shows the world, like it is, where everyone is not perfect – everyone is different.” - Parent of two children with disabilities who have attended inclusive programs

School is an environment where children will spend a great majority of their growing years, and often provides the child’s first encounter with people outside their own family. It is an environment where children will develop attachments and friendships, often with others from their communities. Yet some young children may grow up never

... some young children may grow up never sharing their school experiences with their neighborhood peers. These children typically have disabilities or special needs and are placed in segregated special educations programs. Although the Americans with Disabilities Act (ADA) of 1990 prohibits discrimination of the enrollment of children based on a child’s disability, child care programs and preschools have not been readily prepared to fully include children with disabilities.

Including children with disabilities into regular classrooms was facilitated with the passage of the Education for All Handicapped Children Act in 1975 and reaffirmed in 1997 with the Individuals with Disabilities Education Act (IDEA). Since 1991, U.S. law has mandated that all public school systems provide free, appropriate educational services to preschool-aged children with disabilities, beginning at age three. Although the benefits of inclusion have been documented in the literature (see Odom & Diamond, 1998; Odom, 2000), providing inclusive early childhood programs continues to be a challenging task. Researchers have identified several issues that have been problematic in understanding, initiating and implementing inclusion (Odom, Peck, Hanson, Beckman, Kaiser, Lieber et al, 1996).

One issue that has caused debate and controversy among educational professionals, families, and communities is the absence of a standard definition of inclusion (Odom, 2000). For the purposes of this article, inclusion is defined as the natural proportion of children with disabilities participating in the same school and classroom as their peers without disabilities, with special education used as support and service integrated into typical learning environments rather than a separate program or place. This definition is different from mainstreaming, where children are in self-contained classrooms the majority of the day and attend selected classes with their typically developing peers. Stainback & Stainback (1990) state that most programs attempt to “mainstream or fit” students into regular education classes as opposed to developing “regular schools and communities that fit,
Early Childhood Inclusion in One State

Inclusion benefits children, families and communities (Wolery & Wilburs, 1994) and enables children of all abilities to grow up together, share opportunities, and to participate and contribute to our society (Guralnick, 2001; Odom, 2002a; Odom, 2002c). Inclusion in early childhood childcare and preschool settings that have the necessary supports and quality is regarded nationally and internationally, as a positive and growing option which should be more widely accessible to families with children with disabilities (Odom, 2002b; Purdue, n.d.). Although the number of children served in segregated programs is slowly declining, there is still a great challenge ahead. The percentage of children served in separate, primary educational preschool settings designed exclusively for those with special needs in Michigan is 36.19% which is now above the national average of 32.04% (U.S. Department of Education, 2003). This is disappointing as Michigan was one of the first three states to pioneer work with children with disabilities in the early seventies, mandating the availability of free appropriate public education (FAPE) to all eligible children. However, services were generally provided in segregated settings, typically gathering children within one program (known as Pre-Primary Impaired Programs) where specialists would work with a variety of children with disabilities. These settings did not resemble typical environments that children without disabilities would participate in. This innovation in the field of education has now created a special education infrastructure that has been slow to change.

Michigan’s attention to the needs of children with disabilities granted children the right to an education they were previously denied, which is evidenced by the relatively high percentage of children with disabilities in general early childhood programs. However, early pioneering work has not embraced inclusion to the same extent. The challenge now is to inform these systems about the benefits of providing special education services in settings where children with and without disabilities participate together.

Although great strides have been made since the conception of inclusion, and despite research that supports it (e.g., Guralnick, 2001; Odom, 2002a), the idea is not fully embraced. Barriers continue to confront families, policymakers, and practitioners as they strive to make inclusion a reality. Traditional early childhood education models and teacher education typically do not cover the inclusion of children with disabilities in regular classrooms. (Perner & Porter, 2000; Smith & Smith, 2000). Field initiatives in educating teachers on inclusion have recently received national attention. Inclusion is not a new vision in education, but has recently been growing as a relatively new practice in early childhood education (Odom, 2000). However the question remains that if federal policy mandates inclusion in early childhood (IDEA Act 102-119 & 105-17), then what is keeping state and local education authorities from implementing it?

Benefits of Including Children with Disabilities

The benefits of inclusion have been well documented in the literature (see Guralnick, 2001; Odom, 2000). Studies have found that children with disabilities in inclusive learning environments display more advanced play than in “self-contained” classrooms (Diamond, Hestenes, & O’Connor, 1994). Children’s social skills, values, and attitudes are enhanced in inclusive settings (Stainback & Stainback, 1990), and they learn more in inclusive settings than in segregated settings when appropriate supports are provided. Although these studies report both positive social and behavioral benefits, there are some reports that intellectual and developmental gains are lagging (Brown, Odom, Li, & Zercher, 1999; Buyssse & Baily, 1993; Lamorey & Bricker, 1993) It is unclear whether this is due to the way in which inclusion was implemented or lack of teacher-child engagement in the classroom setting.

Second, children with exceptionalities in inclusive settings are at risk for less social interaction and greater rejection than their typically developing counterparts. This appears to be one of the most replicated findings in preschool inclusion research (see Guralnick, Connor, Hammond, Gottman, & Kinnish, 1996; Odom, 2000). While children with disabilities have greater opportunities to interact with typically developing peers in most inclusive preschool settings, parents and teachers continue to report a lack of full acceptance (Guralnick, Connor, Hammond, et al., 1996). However these studies suggest early childhood programs can easily intervene to effectively promote the social acceptance, friendships, and positive relationships among all children.

The Early Childhood Inclusion Project is examining the status of early childhood programs and childcare options in the state of Michigan. Project activities range from qualitative interviews with parents of children with and without disabilities, to collaborating with existing organizations, state departments, and groups to move the agenda of inclusion forward for all young children. The Project identified six exemplary programs across the state and interviewed up to six parents with children with and without disabilities from each school site regarding their choice of an inclusive setting for their child.

Purpose

Public schools in Michigan were among the first in the nation to provide education to all children with disabilities. Special services and special education became available primarily in separate, specialized settings. This direction in education in the early 1980’s has cultivated a system of segregating children with disabilities in the public education system. Since public schools are not required by law to provide education to preschool age children, young children with special needs were given the right to early intervention services. These programs (i.e., Early Childhood Development Delay Program, formerly known as Pre Primary Impaired) identified and served children with developmental delays and disabilities.

With funding from the Michigan Developmental Disabilities Council, the Early Childhood Inclusion Project at Michigan State University is examining inclusion in early childhood settings. As part of a multi-year project, the purpose of the current component is to understand the perspectives of parents who have children participating in inclusive early childhood preschools, specifically, what are the experiences and perceptions of parents of children with and without disabilities participating in the programs?

Method

Sample

School Context. A purposive sample of six exemplary early childhood programs providing inclusive education were selected. For the purpose of this study, exemplary schools were chosen on the basis of the following characteristics:

- Schools provide an environment that embraces diversity;
- Children with and without disabilities participate in joint activities for the entire day;
- Children with disabilities are involved in the entire school day;
- There is a natural proportion of children with and without disabilities in the classroom;

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Children with disabilities are placed in the same classroom as their typically developing peers.

In general, three or more children with moderate disabilities were participating in a classroom of 12-15 children. One school practiced a 50-50 ratio of children with and without disabilities, while the majority of programs provided special education services within the classroom. Staff members across all programs tended to agree that inclusion is an important aspect of early childhood programs and is beneficial for children with and without disabilities. Staff members defined inclusion as children with disabilities participating in a setting with children without disabilities. Key components of inclusive environments included: availability of individualized attention, access to special services, and equipment designed to meet the needs of all children.

Parent Participants. A total of 29 parents participated in a semi-structured telephone or face-to-face interview: 15 parents had a child with a disability and 14 parents had a child without a disability. Up to 6 parents (three with a child with a disability and three without) were requested from each site. A total of four to six parents participated from four sites, and two parents each from the remainder two schools. Disabilities ranged from speech and language impairments to autism spectrum disorders, Down syndrome, and physical impairments. There was no significant difference between the number of children in families with children with disabilities and the number of children in families with children without disabilities. The average number of children per family was 2.8.

Procedures
An informational letter was mailed to the schools in order to recruit parents interested in being interviewed. Parents were asked to contact project staff to schedule an interview. Parent interviews were conducted either in person or by phone and were 20–25 minutes in length. No incentives were provided to educators or parents for their participation.

Measures
Parent Interview. A semi-structured interview about parent and child experiences in an inclusive early childhood setting was developed for this study. Questions pertained to the parents’ rationale in choosing an inclusive program, how they discovered the program, and their experiences of children with and without disabilities participating together in the program.

Analysis & Results
A semi-structured interview was used to collect information. All questions were open-ended and a trained interviewer recorded responses. Interviews were aggregated by question and analyzed for themes and patterns across parents with children with and without disabilities. Two independent reviewers analyzed the interviews and identified the most common responses. Results were ranked by the most popular responses.

Top Five Factors for Choosing an Inclusive Setting.
Across all parents of children with and without disabilities, five themes emerged from questions regarding why they chose an inclusive early childhood program. These themes differed for parents with and without disabilities.

Reasons that parents with disabilities chose the inclusive program were:
1. Availability of special services (i.e. speech therapy)
2. Understanding/ caring staff; ability for staff to meet developmental needs of child
3. Safe/ clean/ caring environment
4. Location
5. Family Involvement; provider’s ability to take child with special needs; class structure; opportunities for family involvement; cost

Themes raised by parents of children without disabilities were:
1. Safe/ clean/ caring environment
2. Teacher/ student ratio; Location
3. Understanding/ caring staff; Staff credentials
4. Ability to meet developmental needs of child
5. Cost

Parents of children with special needs were most concerned with the availability of special services while parents of children without special needs were more concerned with classroom environment.

Discussion
This study suggests that families of children with and without disabilities find a number of positive aspects in early childhood programs that practice inclusion. Although these schools were purposefully chosen for their exemplary programs, this research project is interested in understanding successful strategies and promising practices of inclusive programs. Programs that continue to find opportunities for family involvement, involve children with moderate to significant disabilities in regular classroom activities with their peers, and have a willingness to work with parents to understand the unique needs of children are the cornerstone of what make these programs inclusive. However, these preliminary results found with a small sample size do not generalize to all parents who choose inclusive preschool environments.

Options for early childhood inclusion in education are not readily available in Michigan. Most families indicated they learned about these programs by “word of mouth.” The benefits of inclusion have been documented extensively in the literature (see Odom & Diamond, 1998), yet inclusion meets resistance in policy and educational rules and standards in the state. Children with disabilities have a right to participate in integrated settings that will help them...
grow and learn. These settings provide children with disabilities opportunities to socialize and learn from their typically developing peers at a critical point in their development. As one parent of a child with disabilities stated:

“...As a parent who has adopted a number of special needs kids from diverse backgrounds, [I’ve] learned to navigate the systems and seek the information [I need] about my kid’s problems and inclusion. I had a gut feeling that inclusion was best. I think that the community needs to know that it works well. Professionals don’t always know or advise this as an option. I have had to find out what is needed. I have had to not care if people didn’t like me as I stood up for what I believed to be best for my kids. I had to negotiate to get his services and know his rights.”

A future direction of this research will be to explore the decision-making process among families who choose inclusive environments over segregated preschool programs.

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Children with disabilities have a right to participate in integrated settings that will help them grow and learn.

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Improving Literacy, Improving Behavior – The No Longer Missing Link

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Relationship Between Literacy and Behavior

Behavior problems in classrooms across the country are challenging teachers in both the general and special education classroom. According to Arnold et al. (1999) the relationship between behavior and literacy is a cycle; a possible causal relationship among academic difficulties, increased frustration and lowered self-esteem. When disruptive behavior increases, students disengage in schoolwork: each affects the other.

Other theories characterize more unidirectional relationships: behavior difficulties affecting school work or academic underachievement leading to externalizing behaviors (see Lane et al., 2001). There appears to be a lack of evidence showing the causal relationship between these two variables (as reviewed by Reid et al., 2004). However research has shown that one of the most powerful predictors of problem behavior is academic failure (Maguin & Loeber, 1996, as cited in Reid et al., 2004; Morrison & D’Ubcau, 1997, as cited in Reid et al., 2004). Academic performance of greatest concern in these themes is literacy.

If the relationship between behavior and literacy does exist, then improving literacy should improve behavior. Even though research has shown the link between children’s antisocial (sometimes violent) behavior and low literacy levels (e.g. Lane et al., 2001; Mayer, 2001), professionals are still looking for effective interventions. In light of our current understanding, we developed a literacy-based intervention, and rather than “fixing” a child’s antisocial or inappropriate behavior we strengthened literacy and academic self-efficacy. Our literacy intervention is designed to be student-centered, less intrusive, responsive to community needs, and has been shown to improve literacy.

In the next section we examine the literature for the individual and community risk factors of students with literacy problems, and potentially effective interventions.

Contributions to Literacy Difficulties

Community settings.

Arnold et al. (1999) said children develop academically before they enter school, and this development predicts their future success. In a study by Adams (1998), children whose parents had high income “often come to school with 1000 hours of exposure to print material, whereas children in poverty typically enter school with as little as 40 hours of exposure” (as cited in Scott, Nelson, & Liaupsin, 2001, p. 312). In a pre-school intervention study, Hart and Risley (1995) found that there was a gap between children with low-income families’ low vocabulary and the higher vocabulary of children whose parents were university faculty. They concluded that this difference was not directly due to family income, but to the amount of communication between child and parent. The fewer the interactions, the less prepared children will be academically (p. 191-192).

Another study compared the emerging literacy skills of middle-income students to low-income students (Lonigan et al., 1999). Results were similar to other studies, in that the students in low-income families had substantially lower skills in oral language, phonological sensitivity, lexical access, and print knowledge. Thus, children have the potential to fail in the classroom, and while low socio-economic status (SES) may not be directly related to behavior problems, there is a correlation between low SES and low literacy levels. In turn, low literacy levels can cause students to act out behaviorally.

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If the relationship between behavior and literacy does exist, then improving literacy should improve behavior.

In a study by Lane et al. (2002) the authors report a supplemental early literacy program to improve literacy and improve the behavior of the participating first grade students. This study supported the conclusions of other researchers: improving early literacy decreases the amount of unwanted behavior in the classroom.

We do not dispute the efficacy of early interventions strategies, but the quality and implementation of programs are inconsistent. Windows of opportunity may be missed (see Lane...
A small body of research supports the use of interventions targeting older children (e.g., Brown, 2004). Our literacy strategies provide practice and reinforce skills for adolescents and teens who have not benefited from early intervention programs. Perhaps a more community-based approach would benefit older students as well as students eligible for early intervention. We believe there needs to be supplementary programs that empower communities to support the literacy and behavioral development of all ages, especially in low-income, multi-ethnic communities with literacy and behavior problems.

### The Components of a Successful Literacy Program

Arnold et al. (1999) created an intervention to increase literacy interest at an early level, and also to promote positive behavior. They argued that for an intervention to promote interest in reading it must be fun, simple to implement, utilize parents and teachers, and have positive interactions in the “academic context” (p. 593). These factors appear to also apply to older children. The widely cited report by the National Reading Panel (2000) emphasizes the need to teach skills related to phonics, phonemics, vocabulary, and comprehension.

Successful interventions do not simply address the needs of students; they also enhance community capabilities. McEvoy and Welker (2000) found successful schools share common characteristics: high expectations for achievement shared by teachers and students, effective administrative leadership, and “positive influences on student behavior despite conditions in the home, social status, gender, race, or ethnicity (p. 136).” By focusing on creating a positive classroom environment it is possible to reduce unwanted behavior by using positive behavior techniques, being direct on class rules (not assuming students know and understand), relating materials to the student (Mayer, 2001), and minimizing errors and maximizing success (Scott et al., 2001).

### Building on Success: Piloting a Literacy Program for Teens

The creators of TeenACE incorporate all of the above-mentioned aspects into the literacy program, and is similar to Arnold et al. (1999). Our program incorporates a community approach and makes reading fun as the first step to increasing academic performance.

The ACE Reading program (ACE = Actual Community Empowerment) has provided significant literacy support to struggling readers since 1996 (Dowrick et al., 2001). We have frequently observed what appeared to be improvements in general behavior and engagement in school activities with young children from diverse linguistic and socioeconomic backgrounds (Yuen, Dowrick, & Alaimaleata, in press).

At least one study has gathered systematic evidence for such improvements. Hitchcock, Prater, and Dowrick (2004) used ACE Reading with video feedback to support a school’s most struggling readers (special education or other special needs) in first grade. These children were all part-Hawaiian (as were most of the children in their school, including the most capable), from low-income families, and they spoke non-standard English or Hawaiian Creole. They improved their reading such that their oral reading fluency doubled (in one case, quadrupled), their comprehension surpassed their grade level, and two were ‘declassified’ from special education. All children’s behavior improved on the Achenbach Teaching Rating Scale (Achenbach, 1991 and on tutor behavior ratings. A focus group including parents, tutors, and teachers revealed that out-of-class and home behavior improved in ways that clearly correlated with progress in reading.

In the past year, our literacy support has been expanded to include TeenACE. TeenACE is an 8-week school- and community-based supplemental literacy program using technology and visual images to promote positive educational experiences. It stimulates literacy development through multi-sensory reiteration (reading, listening, typing) and the telling and retelling of original stories. Pairs of teens choose one of five picture sets (9 drawings per set). They organize their pictures and make notes for a story. When they are ready with their story line, the teens find their picture set on the computer, and type in the text. Teens read and re-read aloud to one another, discuss their story with other groups, check spelling and edit. When the story is finished, each team reads and records their story. Each participant receives a CD and printed copy of the story to keep and show to family and friends.

During the first year of TeenACE, we documented cases studies. Studies included adolescent girls (community-based) and teenage boys (school-based). We used interviews, teacher evaluations, surveys, focus groups, and observations. The following is an overview of one TeenACE case study.

“Terry” is a 16-year-old Chuukese youth. His first language and the language spoken at home is Chuukese. Last year Terry’s ESL teacher said: “His attitude gets in the way of learning. He puts on air of knowing it all and thinks he can intimidate those around him including teachers. He also turns teachers off because of his rudeness.” This year the same teacher acknowledged a positive change in Terry’s attitude and noted he is much easier to work with in class.

Terry’s Language Arts Screening (LAS; De Avila & Duncan, 1990) for Fall 2004 was 2.11 (oral.writing.reading; 1 is the lowest score, and 3 is the highest). Terry scored 30 out of 120 points—extremely low motivation—on the Motivation for Reading Questionnaire (MRQ) (Wigfield & Guthrie, 1997). According his teacher, Terry performed far below expectations (compared to other students) in reading, math, and writing but “he had no trouble expressing his thoughts and ideas in simple language.” Terry’s first word identification assessment indicated a 4th grade level. At 8 weeks, after 16 hours of TeenACE, he scored at the 6th grade level. Initially his reading fluency on primer level material was 98 words per minute (wpm); after TeenACE his fluency improved to 115 wpm. On the Woodcock Reading Mastery Tests (Woodcock, 1998), Terry gained 1.9 grade levels (from grade 6 to grade 7.9) in reading comprehension.

Terry did not immediately enter into the spirit of TeenACE. When asked to write story ideas on paper, he refused. During the second class Terry wrote a story on paper—assessed as a very poor effort—as an excuse to get on the computer. Terry impatiently did not want to master the program (protocols and software) but wanted to record his voice immediately. By day three Terry’s on-task involvement expanded to 50 minutes. He required minimal assistance and the teacher needed to monitor his effort occasionally. By and large Terry’s engagement was independent of classroom staff during the entire 8-week TeenACE program.

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**Students with difficulty in the classroom learn that by acting out they can avoid academic challenges, which results in negative reinforcement for both the teacher and the student.**
Terry’s test-taking behavior changed between pre- and post-assessments, notably with the Woodcock passage comprehension. For the first 20 test items, pictures are paired with sentences and passages, after that items contain text only. Each page of the test contains three short passages (sentences) the student must complete. The student is not required to read the sentence/passage aloud and must simply provide the correct word that makes the sentence/passage complete. During pre-testing, when pictures ended, Terry commented, “These don’t have pictures.” The tester responded, “No, words only,” and Terry responded, “I don’t know,” sat back in the seat and disengaged himself from the testing. At the post-assessment, most students would read one passage at a time and recite the answer. However, Terry would read the page of all three items and provide the responses for all three passages at the same time. When the pictures ended and text-only began, Terry continued without hesitation, and when asked if he wanted to skip an item and move on he responded, “No, just a minute,” and would read and reread passage to figure it out. Terry seemed to focus and persist in test-taking.

Two independent raters assessed Terry’s writing skills using a rubric based on the Hawaii State Department of Education (2003) standards. The rubric describes the quality of a piece of writing along five dimensions: meaning, voice, clarity, design, and conventions. Each dimension is rated on a 5-point scale with 5 representing the highest score. Overall, ratings improved (approx.) 1 to 3 on each dimension; on average, ratings improved from 1.2 to 3.2. Results from other case studies showed similarly large gains in attitudes and performance, even though initial literacy levels ranged from pre-primer to sixth grade.

Discussion
Some evidence indicates that early literacy intervention can reduce behavior problems. However, many children do not have that opportunity, especially immigrant ESL students. Our pilot studies with TeenACE, designed for adolescent youth, have provided improvements on both literacy and behavior. We believe that the community aspects of neighborhood tutors and peer support contribute significantly to its success. Youth are engaged in ways that allow them to draw upon their cultural strengths in writing and telling their own stories.

One of the strengths of TeenACE is its involvement of community members. Local individuals and older students participate as tutors and site coordinators, creating positive roles in low-income communities. As the community members become stakeholders in education, they can increase their psychological sense of community.

Having fun is another crucial component of the program. The need for interventions to be fun and engaging is important for disenfranchised youth. By incorporating technology and pictures students find learning to be fun. Computers in TeenACE are tools for learning. Students incorporate their own ideas into their stories, which fosters independence and interest in the program.

In areas where the rates of ESL and the number of students in special education rise, the need for more rapidly effective support increases. Too often, problem behavior is addressed with punitive or restrictive interventions. Decreasing behavior problems through increasing literacy not only benefits the students but also the teacher and classroom by minimizing disruptions and reducing the need for the associated resources. Further research on the relationship between literacy and behavior problems, for students of all ages, appears to be an attractive and promising prospect.

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“Full” Participation: Is there any other way?

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As researchers, we typically are not thought of as people who are invested in facilitating the full participation of any stigmatized group in our research efforts. Researchers are traditionally viewed as archaic, ivory tower dwellers who speak in tongues of slow change, and always need to study the area further in order to “fully understand it” before any action can be taken. Community psychologists actively work against these stereotypes, as we hold close the values of collaborative community research and action, and of applying our work in a way that will mobilize or at the very least contribute to some kind of social change in a relatively short period of time.

In fact, the most successful of us do this perhaps by taking a step back from what we view as important and employing one of the most important skills most of us are never explicitly taught: the ability to listen. By listening, we can contribute to change, even if just by understand-

The focus of full participation continued throughout the implementation of the Bullet Project. Individuals with new disabilities experience a great number of challenges both in the hospital and throughout their community reintegration. Peer-mentors, who themselves were individuals with violently-acquired spinal cord injuries, played a critical role in communicating with new patients, their mentees, as they shared their own experiences and listened to mentees as they struggled with their new disabilities. In this way mentors became critical components of care for patients with new injuries.

However, mentors’ roles expanded well beyond service delivery, as they were viewed by all as an integral piece of the decision-making process. As a formal research framework, we embraced Participatory Action Research because of its alignment with our values around viewing the patients at this hospital as conceptualizers of the research and intervention, not just passive recipients. Peer-mentors participated in shaping the project as it evolved: in addition to their roles in program development, they were involved in critical programmatic decisions, including how to match mentors with mentees. They were involved in training new peer-mentors at new project sites, presenting information at academic and practice-focused conferences, data collection (in addition to serving as a critical data source), and interpreting results from evaluation efforts. This group was a key component of the research process and contributed greatly to the program success (for a further description of project development and project outcomes see Hernandez, Hayes, Balcazar, & Keys, 2001; and Balcazar, Hayes, Engstrom, & Keys, under review).

As a result of their project involvement, the peer-mentors have engaged in at least three communities. First, at their rehabilitation hospital, the peer-mentors moved from the more passive role of patients and recipients of services, to become hospital staff as they began playing an important role in the rehabilitation service delivery system. Peer-mentors are now called upon by doctors, therapists, and nurses to offer their experiences in an attempt to reach

Community psychologists . . . hold close the values of collaborative community research and action, and of applying our work in a way that will mobilize or at the very least contribute to some kind of social change in a relatively short period of time.
Patients in ways that these rehabilitation professionals often cannot.

Second, mentors have increased their participation in the disability community, as they have become both role models and advocates for others with disabilities. Many of the mentors now participate to a greater extent in their own environments in order to serve as an example to their mentees: they are individuals who have disabilities but “still” work, “still” drive, “still” participate in sports, and live life to the fullest.

Many of the mentors now participate to a greater extent in their own environments in order to serve as an example to their mentees: they are individuals who have disabilities but “still” work, “still” drive, “still” participate in sports, and live life to the fullest. Mentors also serve as advocates as they oftentimes represent the disability community in their contacts with local service providers and community groups: they are able to articulate both their needs and experiences as well as the needs and experiences of their mentees, and seem to see a greater importance in collective social action. In addition to positively affecting mentors in that they experience an increased level of activity, simply by serving as examples and advocates, peer-mentors are contributing to social change by radically changing the perceptions of people with disabilities held by other individuals with disabilities themselves.

Finally, in their general communities, as mentioned above, mentors have become more visible as they have experienced increased participation. In the same way that their increased positive participation can have a strong impact on other individuals with disabilities, this participation also impacts the community at large. Greater visibility and participation can foster community changes in terms of more understanding of the need for accessibility and a broader acceptance of people with disabilities. Mentors’ positive participation can also change the perceptions of people with disabilities held by community members: people with disabilities are not just passive recipients of social services but are active members of the community whose participation should be valued and encouraged.

It is our view that our research contributed to full participation by providing resources to a situation where there were few. Our participants had a voice before we began working with them; however, we served as an amplifier by bringing their voices to groups that had not previously been listening. The mentors’ involvement with this project spurred other involvements—mentors returned to school, were encouraged to live independently, and were encouraged to pursue other job opportunities. The point of this story is not to sing our praises as researchers, but to sing the praises of how good a situation can be if we stop and listen and work together towards a common goal. We have the power to broker resources—we can and must choose wisely how to use that power. Our previously unplanned work on this inherited research grant demonstrated that power to us.

We know that participation is important. In our own area of spinal cord injury, much research has demonstrated that having a vital social role contributes to greater satisfaction with life (Chapin & Kewman, 2001; Duggan & Dijkers, 2001, Fuhrer, Rintala, Hart, Clearman, & Young, 1992; Kemp & Vash, 1971; Krause, 1996; Krause & Anson, 1997). Yet people with disabilities continue to be one of the most isolated and disenfranchised groups in society. They face a lack of participation in employment, education, and community activities; they are consistently and systematically discriminated against, all the while efforts to reverse this discrimination are seen as annoying and cumbersome to the “able-bodied” public (see, for example, Krieger, 2003).

As community-based researchers, we have the opportunity to use our work to foster more participation among multiply-marginalized groups. We are challenged to continue to do so. We must continue to listen and look for new ways to utilize our skills as researchers, to build on ideas held by the communities within which we work. We are excited to continue this work ourselves, as we have recently received an award to operate a new Center for Capacity Building on Minorities with Disabilities Research. We have chosen to use these resources to promote participatory program evaluation strategies intended to give voices to minority individuals with disabilities in the evaluation and design of programs and needed services. As we follow the values of community research and action, we both (community members and researchers) hold areas of expertise that can be used together to create tangible social change.

This type of work is difficult at times; it requires us to give up power. To put aside at times things that we think are important as we need to align our goals with what is important to the people with whom we want to collaborate. Make no mistake, this work does not require us to forget our own values or our own thoughts, but rather, to attempt to integrate these values and thoughts into what we will learn, by listening, about the settings in which we work. When we are lucky enough to be part of a project like this, it is our belief that we as researchers will realize that we have contributed to something that is powerful—something that will make us proud of the work we do. We will realize that there are fewer boundaries than we thought between us and the community with which we are working—that at the heart of it all, we are all trying to improve our life conditions. Full participation by any group in society is not impossible; it is in fact essential. If we value diversity, we are called to act in ways that support this value—working in ways that facilitate full participation can be a key first step.

References
A Trailblazing Crusade: Promoting the Full Participation of People with Disabilities by Educating and Empowering Professionals in the Disability Field

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“Nondisabled people do not understand disabled ones (Shapiro, 1994, p. 3).”

“Much of the time, as a disabled woman, I find that my physical and social environments send the message that my presence in not unequivocally either welcome or vital (Mairs, 1996, p. 88).”

“Our struggle is necessary because we live in a society which devalues, discriminates against and disparages people with disabilities. It is not our task to prove that we are worthy of the full resources and integration of our society. The fault is not in us, not in our diseases and disabilities but in mythical denials, social arrangement, political priorities and prejudices (Zola, 1993, p. 171).”

Although the disability rights movement brought increased attention to the influence of social, cultural, political, and environmental factors in defining and shaping the experiences of people with disabilities, the public at large still remains largely unaware of the impact of such factors on the lives of people with disabilities (Shapiro, 1994). This lack of awareness contributes to the perceptions of people with disabilities presented in the above quotes, and results from the historical dominance of models of disability (i.e., medical, functional limitations) that focus on individual deficits as the primary cause of the problems people with disabilities face in achieving full participation (Dowrick & Keys, 2001).

However, alternative frameworks for understanding disability have grown out of the disability rights movement and the resulting disability studies field (i.e., the minority group and social construction models; Danforth, 2001). These models emphasize the influence of contextual factors (e.g., social, cultural, political, and environmental) on the experiences of people with disabilities. Specifically, these models posit that people with disabilities face social and environmental barriers to fully participating in society that result not from their “impairments,” but from a “lack of fit between individual abilities and contextual demands” (Dowrick & Keys, 2001, p. 3).” However, as mentioned above, the public at large, and many professionals who work directly and indirectly with people with disabilities as consumers and as colleagues still lack an understanding of the interaction of contextual factors and individual abilities in shaping the day-to-day experiences of people with disabilities (Leigh, Powers, Vash, & Nettles, 2004; Wehmeyer, Agran, & Hughes, 2000). As a result, strategies to remove the social and environmental barriers that are implied by these alternative frameworks are not systematically considered or implemented.

For example, within SCRA, it has been made too clear by recent articles in the Disabilities Action section of The Community Psychologist (Duckett, 2004; Nary, 2003), that there is a lack of understanding of how to effectively remove the social and environmental barriers that limit the full participation of professionals with disabilities within this organization. And, this lack of understanding is by no means limited to SCRA. We have personally found, as people with disabilities (Shogren and Gragoudas) and as advocates for people with disabilities (Palmer), that some professionals in our disability-specific field (special education) still lack an understanding of the impact of contextual factors on our lives.

We (Shogren and Gragoudas) will never forget a discussion on the empowerment of people with disabilities that that occurred during one of our doctoral seminars. We shared our perspectives, as people with disabilities, on not wanting to be pitied, and on wishing that professionals in the disability field would stop placing so much focus on “remediating” us and instead focus on accommodating us in ways that supported our success and full participation. A fellow student (without a disability) in our class was amazed. “Why wouldn’t you want to be fixed? If I could have that 10 extra IQ points, I would do anything to get it!” Although, we acknowledge that people with disabilities may have differing perspectives on whether they would choose to have additional IQ points, what struck us the most during this conversation was the absolute lack of regard for, or understanding of the impact of contextual factors on the lives of people with disabilities.

We tried to clarify our position, stating that the difficulties we faced as people with disabilities were usually less related to our actual “disability” and more related to social and environmental barriers . . .
abilities and as advocates for people with disabilities. We focus our discussions on contextual factors and their influence on the lives of people with disabilities, as well as the roles that students and professionals can play in addressing social and environmental barriers to full participation. Our name, Professionals for Disability, implies our dedication to ensuring that professionals work for the full participation of people with disabilities. Our hope is that, through this organization, we can educate and empower emerging professionals in the disability field to: a) recognize social and environmental barriers to full participation, b) recognize the multiple roles that professionals (with and without disabilities) can play in removing these barriers and empowering people with disabilities, and c) recognize the need for collaboration across multiple fields and disciplines in addressing these barriers.

Several of the topics of discussions sponsored by our student organization reflect these goals. We have hosted several discussions on the relationship between cultural values and how people with disabilities are viewed and treated. For our last discussion, we invited international students, some of whom had disabilities, and American students who had spent time abroad, to present information on how these cultures (Korean, Indian, African, and Japanese) characterize people with disabilities. One of the students had also done an internship at the World Health Organization and discussed international efforts to address disability issues and what we as students and professionals could do to promote awareness of disability issues.

We also hosted a discussion earlier this year entitled, “Ideology, Presidential Politics, and Disability Advocacy.” We discussed the implications of differing political ideologies for people with disabilities and for disability advocacy. We also discussed how students and professionals could get involved in efforts to advocate for disability rights. Next year, we are planning on having a self-advocacy group comprised of people with developmental disabilities lead a discussion on the importance of empowering people with disabilities and on strategies to support people with developmental disabilities to be fully participating members of their communities.

Our goal for the organization is that, through discussions, students and professionals in the disability field will become more informed about social, cultural, political, and environmental factors that influence the lives of people with disabilities. We also hope that members will develop a broader understanding of the roles that researchers and practitioners (with and without disabilities) play in supporting the full participation of people with disabilities in communities and professional organizations and apply this understanding throughout their professional and personal lives.

“Our name, Professionals for Disability, implies our dedication to ensuring that professionals work for the full participation of people with disabilities.”

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Full Participation and Psychiatric Disability Research

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This TCP special feature on disability and full participation is a timely topic with regard to people with psychiatric disabilities.* Last year, the President’s New Freedom Commission on Mental Health (2003) issued a report that advocated (among other things) a transformed American mental health system in which full community participation is emphasized. This Commission’s report reflected what had already been increasingly recognized by mental health consumers, family members, service providers and advocates: that full community participation is an important, and realistic, goal for individuals with psychiatric disabilities. This article will explore how psychiatric disability research can address the goal of full participation.

What is “full participation” for people with psychiatric disabilities?

In many ways, the answer to this question is no different than offered by other authors in this special section. However, a more common phrase used by individuals with psychiatric disabilities, and I believe one with a similar meaning, is recovery. In recent years, there has been an increasing recognition that recovery from major mental illness is a realistic and important process (Deegan, 1997). Recovery can take on a variety of meanings, some of which are very personal and subjective. However, there are some basic themes that characterize the concept of recovery from serious mental illness, such as self-determination and empowerment (Deegan, 1997; Young & Ensing, 1999). A recovery perspective highlights the importance of self-actualization and personal goals such as having satisfying relationships and vocational or educational achievement (Frese and Davis, 1997). Clearly a recovery framework is closely tied to the goals for full participation – both phrases refer to the rights of individuals with psychiatric disabilities to experience full, personally meaningful lives.

How can psychiatric disability research promote full participation?

Many people are doing wonderful work to promote recovery and full participation for individuals with psychiatric disabilities. For instance, a growing number of advocates and mental health consumers have written about their own personal journeys of recovery. In addition, the scientific literature tells us that meaningful recovery is possible for people with psychiatric disabilities (e.g., Harding, Strauss & Zubin, 1992). In recent years we have increasingly seen research address recovery and related topics (such as community integration, vocational and educational issues). However, there is still a great need for additional research into the strengths, competencies and hopes of individuals with psychiatric disabilities. We also need additional research into the stigma associated with psychiatric disabilities. Stigma is often identified as one of the primary barriers to full participation for people with psychiatric disabilities. We are only beginning to understand how to effectively combat this problem.

Finally, I believe researchers can address full participation by integrating these principles into the way we go about our work. I think it would be safe to say that the majority of research in the area of psychiatric disabilities is conducted without any meaningful participation or decision-making by stakeholders (e.g., consumers, family members, advocates, etc.). This consumer involvement could benefit a variety of research endeavors, but is perhaps especially relevant to research that addresses topics of such personal significance as recovery and full participation.

Lessons learned from one community research program

As one example of research that targets community participation, I would like to describe some of the work I have done with my colleagues in the Psychiatric Disability Research Group (PDRP) in Kansas City. My collaborators in this research are Catana Brown, OTR, PhD, and Edna Hamera, RN, PhD, of the University of Kansas Medical Center. The mission of our group is: 1) to conduct interdisciplinary, community-based research in collaboration with consumers who have psychiatric disabilities, 2) to conduct research that is scientifically rigorous, respectful of, and useful to individuals with psychiatric disabilities, and 3) to advance knowledge regarding: daily life skills, cognitive functioning, wellness and life satisfaction, and effective psychosocial rehabilitation approaches.

In reflecting on how (and to what extent) we are able to address these goals, I realized that there are some very basic strategies and principles we use in our research projects. These principles can basically be described as the who, what, when, where, and why of our work. It is my hope that each of these questions – and how we choose to answer them – will help keep our work focused on the values of recovery and full participation for people with psychiatric disabilities.

WHO: With whom are we conducting our research? This seems to be the most basic of these 5 questions. A great deal of the existing psychiatric disability research has been focused on inpatient psychiatric settings. There are at least two obvious reasons for this. First, there is the reality that in past decades people with psychiatric disabilities spent a larger portion of their lives in inpatient treatment. As more and more people with psychiatric disabilities are living and participating in their communities, it is becoming essential that our research reflect this change. However, a second reason for the popularity in inpatient research is the issue of feasibility. Implementing a research project in an inpatient setting may be most convenient for researchers – for instance, they may have labs right down the hallway, scheduling and transportation are not issues, people may be more likely to want to participate in research if they are bored in such settings, etc.

On more than one occasion I have heard research colleagues express the desire to conduct more community research, but they see the logistical barriers as too great to overcome. (I’m sure this sentiment sounds familiar to many readers; it is surely not limited to psychiatric disability research). I can only speak from my own experiences, but I am quick to point out to these colleagues that I have found it just as easy (or just as difficult, depending on your perspective) to engage in more community-focused research. One strategy we have used is to partner with existing community agencies...
and to adapt our approach to best fit their environment. We have worked with community mental health centers, consumer-run support organizations, and other social service organizations in our work.

**WHAT:** What factors should be the focus of our work? Another important issue we have faced is the decision about what research topics to pursue. As I said previously, we chose to focus our research in areas that we believed would be of most relevance to daily life and would promote recovery, quality of life, and full participation. This does not take away from the value of research that might focus on other aspects of psychiatric disability. In fact, one of the things that attracted me to a career in research was the infinite number of things one could choose to study. But because we hoped our work would impact the community lives of people with psychiatric disabilities, we decided to target our studies on basic, daily life issues such as grocery shopping. We have conducted several studies in which we focus on the community skill of grocery shopping – we have examined the cognitive requirements of this task, explored how to best teach the skill to individuals who find it difficult, and we have examined how basic skills like this relate to overall community functioning or quality of life. To some (at least at first glance), this topic may seem too basic to warrant serious scientific inquiry. However, we have found it very rewarding to focus on such a “real life” issue. In order to promote full participation, we need more research on the day-to-day experiences and real-life concerns of individuals with psychiatric disabilities.

**WHEN:** When do we include consumers in the research process? We have tried to include consumers with psychiatric disabilities throughout the entire research process. One of the reasons that our work targeted grocery shopping, for instance, was because of initial collaboration with consumers in helping us to identify daily life tasks of concern. In addition, consumers with psychiatric disabilities have been involved in various capacities as members of our research team and as project consultants. These consumer-researcher partnerships have benefited the research on many levels and have resulted in many shared presentations to scientific, mental health, and consumer/family audiences.

**WHERE:** Where do we conduct our work? We believe that if we are going to study real life concerns, we ought to do so in the real world. Therefore, we have conducted many of our studies in actual, real life grocery stores rather than simulated environments. Of course not all research projects or topics can be reasonably conducted under real life circumstances, so this was part of the reason that we chose to target the community skill of shopping.

**WHY:** Why are we doing this? I am sure every researcher asks himself or herself this question eventually! The research strategies I have described above can be challenging, particularly when they are still quite novel in the broader field of psychiatric research. However, just as a recent TCP edition on full inclusion points out, the time has come for us to take this idea seriously and make sure that our actions reflect our stated values.

Concluding thoughts: I have attempted to provide only a brief overview of the principles and processes that guide our research. Nonetheless, I hope I have demonstrated that it is highly relevant (and that it is possible), to integrate the concepts of recovery/ full participation into research for people with psychiatric disabilities. One of the most basic ways for researchers to do this is to increase the level of consumer involvement in the research process. In many ways, this is becoming easier to do. Many communities now have active family/ consumer advocacy groups and self-help organizations. Further, as more people become open about their mental health status (even within the mental health and scientific communities), they may be more likely than in the past to collaborate with researchers. Finally, I suspect that more and more researchers are going to see the value in forging these partnerships. Certainly as we move toward a more recovery-focused mental health system, there will be increasing demand for research that addresses full participation and recovery.

*For this article, I have chosen to follow the Guidelines for Reporting and Writing about People with Disabilities available from the Research and Training Center on Independent Living at the University of Kansas at http://wwwlsi.ku.edulsi/internal/guidelines.html. I have primarily used the term “people with psychiatric disabilities.”

It is important to acknowledge the diversity in terminology, and to respect that different language may be preferred by other groups/ individuals. For instance, other commonly preferred terms include consumer, consumer/survivor, and ex-patient.

**References**


**Accessibility Under the Big Sky:**

**The Accessibility Ambassadors in Montana**

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Healthy People 2010 (HP2010), the nation’s current health planning document, has two overarching goals: 1) to increase the number and quality of life years for all Americans and 2) to eliminate health disparities among population segments (U.S. DHHS, 2000). The latter goal, in particular, was the impetus for our current Accessibility Ambassadors project.* However, as we involved members of the disability community in its implementation, the possibilities and importance of affecting the former goal truly has given this project its future.

Government initiatives such as the New Freedom Initiative (U.S. DHHS, 2001) and the Surgeon General’s initiative to improve the health of persons with mental retardation (U.S. Surgeon General, 2002) are addressing documented health disparities that exist between
The goal of this project was to market accessibility and overcome geographic and economic barriers; knowledge, attitude, and belief barriers; accessibility issues and include physical disabilities. These factors are conceptualized as existing between persons with and without barriers contributing to health disparities. Personal impairments are viewed as the primary reasons for disparities across a wide range of health issues, including recommended health care utilization as well as weight and physical fitness and conditioning problems (Havercamp, Scandlin, & Roth, 2004; Kinne, Patrick, & Doyle, 2004; Traci, Seekins, Szalda-Petree, & Ravesloot, 1999). HP2010 Objective 6-10 reads: “Increase the proportion of health and wellness and treatment programs and facilities that provide full access for people with disabilities (U.S. DHHS, 2000).” Our Accessibility Ambassadors project was an attempt to make progress on that objective in Montana.

Within the new paradigm of disability (Pope & Tarlov, 1991), environmental factors rather than personal impairments are viewed as the primary reasons for disparities existing between persons with and without disabilities. These factors are conceptualized as accessibility issues and include physical barriers; knowledge, attitude, and belief barriers; as well as geographic and economic barriers. The goal of this project was to market information and measurement tools to health care and fitness centers in an effort to reduce the first two sets of barriers in Montana.

**Marketing Work Group**

The state of Montana, located in northwestern United States, stretches 630 miles across and 280 miles north to south. More than 50 mountain ranges fall within its borders and less than a million people populate its vast expanses. It can be a daunting place to organize for accessibility.

The Montana Disability and Health Program (MTDH) tackled the challenge with a working group comprised of Advisory Board volunteers. The working group consisted of three program staff persons, two individuals with disabilities, and one service provider. The group began with the task of marketing accessibility materials designed and tested in other states (see Table 1). To accomplish this task, the group decided to recruit disability leaders for training on accessibility assessment and improvement strategies. These leaders would assume the role of “Accessibility Ambassadors” in their communities and would conduct accessibility assessments, introduce materials to health care and fitness centers, and be available for ongoing technical assistance.

**Table 1. Training Materials for Improving Accessibility of Health Care and Fitness Centers and Other Community Resources**

<table>
<thead>
<tr>
<th>Material or Tool</th>
<th>Source</th>
<th>Content or Function</th>
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| Removing Barriers to Health Clubs and Fitness Facilities: A Guide for accommodating All Members, Including Members with Disabilities and Older Adults | North Carolina Office on Disability and Health and the Center for Universal Design at North Carolina State University, [http://www.fpg.unc.edu/ %7Enocdh/pubs.htm](http://www.fpg.unc.edu/ %7Enocdh/pubs.htm) | This guide addresses five areas of accessibility:  
1. Expanding your target membership  
2. Providing access for all members  
3. Guidelines for creating accessible spaces  
4. Guidelines for selecting equipment  
5. Recommendations for assisting people with disabilities |
| Removing Barriers to Health Care: A Guide for Health Professionals | North Carolina Office on Disability and Health and the Center for Universal Design at North Carolina State University, [http://www.fpg.unc.edu/ %7Enocdh/pubs.htm](http://www.fpg.unc.edu/ %7Enocdh/pubs.htm) | This guide provides recommendations to help health care professionals ensure equal use of the facility and services by all their patients. Key areas addressed include:  
- Improving the physical environment  
- Personal interactions with patients with disabilities  
- Review of legal design standards |
| A Provider’s Guide for the Care of Women with Physical Disabilities & Chronic Medical Conditions | North Carolina Office on Disability and Health and the Center for Universal Design at North Carolina State University, [http://www.fpg.unc.edu/ %7Enocdh/pubs.htm](http://www.fpg.unc.edu/ %7Enocdh/pubs.htm) | This guide addresses physical, psychological, and social accessibility issues of health care services. The author addresses physical barriers, the need to treat the woman with a disability as a whole person, rather than as her disability, and finally speaks to a variety of topics, including cancer screening, sexuality, infection management, osteoporosis, menopause, and abuse. |
| ADA Accessibility Stick II                                  | Access, Inc.[http://www.adastick.com/](http://www.adastick.com/)       | A measuring tool that assists in assessing building accessibility, including threshold and stair heights and widths, door widths, height range of toilets and ramp slopes or grades. |
| Retractable tape measure                                    | Local Hardware Store                                                    | Assists in measuring widths and heights for accessibility.                           |
| Fish scale                                                  | Local Sporting Goods Store                                               | Measures the pounds of pressure needed to open a door.                              |
| Checklist for Accessibility Assessment of Physical Fitness Facilities | Research and Training Center for Independent Living, The University of Kansas, [http://www rtcil.org/](http://www.rtcil.org/) | Eighty-nine questions that assess the physical accessibility of everything from parking lots to paths of travel; locker rooms to telephones and importantly; and the accessibility of the exercise equipment itself. |
The working group then coordinated with the Silverbow Developmental Disabilities Council’s “Can Do” (disability awareness) Festival to organize a full day training workshop. Fifty people, including the new Accessibility Ambassadors, attended “Improving Access in Your Community: Start to Finish,” a workshop highlighting how increased access benefits the entire community, how to evaluate and measure access, and how to persuade others to support and invest in access. The group recruited two women with disabilities—a national expert on training and accessibility and a local business owner to conduct the training. Emphasis was placed on evaluating health clinics and fitness facilities.

In addition to the Ambassadors, attendees included independent living specialists, group home staff, physical therapists, personal care attendants, people with disabilities and their family members, social workers, people working with elders and the Executive Director of a YMCA who was in the midst of making design decisions for a new facility. Workshop participants received at least one copy of each North Carolina Office on Disability and Health publication and an ADA stick (see descriptions in Table 1). In a follow-up questionnaire, nine training attendees reported sharing information from the training with 145 family members, friends, co-workers, and service providers in their communities.

The seven Accessibility Ambassadors gathered later that day to get acquainted and to talk about their ideas for making Montana accessible. Although all members thought health related buildings were important, when asked where the first place they would like to see made more accessible, the answers ranged from the Flying J Truck Stop for bathroom availability while traveling, to Mike’s Steak House because it is a popular social gathering place.

In the follow-up survey or interview, Accessibility Ambassadors reported using the materials and knowledge gained at the workshop in a variety of ways. They:

- Addressed a lack of accessible parking spaces preventing access to physical therapy sessions by providing specifications for handicapped parking to the CEO of the hospital. A second Ambassador also addressed parking issues at the physical therapy clinic within her local hospital, upon having to cancel an appointment after unsuccessfully circling the parking lot for 30 minutes to find an accessible parking space. She also advised the clinic on pool lifts, as their therapy pool was not accessible.
- Inspected 46 voting sites.
- Distributed ADA sticks to the Fire Marshall in charge of safety inspections at a variety of public places.
- Gave the steward of a local carpenter’s union an ADA stick after an Ambassador convinced several carpenters that making doorways accessible also would increase home values… and would make moving furniture in and out easier.
- Talked to owners of various businesses, including a real estate office and a retail car lot, to convince them to prioritize accessibility. The spouse of one Ambassador carries an ADA stick with him and talks to business owners as he interacts with them around town.
- Visited a new fitness facility in her office building and found fitness machines on the second floor with no elevator and the pool accessible only through a side door, requiring the Ambassador to wheel in her swimsuit onto a busy street to get to and from the locker room. (Imagine that scenario during a Montana snow storm!) The fitness club owner agreed to make his next facility accessible.
- Educated the State’s Comprehensive Cancer Consortium about the need for accessible examination tables and mammogram machines.
- Consulted on design for a new domestic violence shelter.
- Presented at The National Center on Accessibility’s Retrofitting for Accessibility and Disability Awareness conference for National Park Service employees that took place in Yellowstone National Park.

**Discussion**

The meaning of “ambassador” implies messenger and indeed, this project has created a network of messengers for the Montana Disability and Health Program. Ambassadors have brought messages or information from our university offices to many communities in the state, and we continue to receive requests for more copies of printed materials and more tools for ambassadors to distribute. Also, when asked what tools or supports are needed for future accessibility work, Ambassadors asked for continued education, a generic survey that could be used in a variety of settings, and specific ADA information, such as handicapped parking specifications.

But perhaps more important than getting ‘messages out’, the messages we have received from communities have provided a vision for future directions of the program.
use the materials as observed in the follow-up surveys were idiosyncratic to each Ambassador’s local setting and personal goals.

So, the future of this project must allow for exploration of common accessibility goals and flexibility to achieve local goals. As Ambassadors have noted, this future will require identification or development of more generic tools that can support various types of accessibility improvements across a range of settings. Results of using such tools can create common ground and understanding among Ambassadors and can be used to pursue local priorities. Generic assessments may also facilitate the evaluation and comparison of accessibility improvement efforts across diverse settings.

Next Steps
Next steps include inviting Ambassadors to periodic conference calls and to a second training workshop in the spring of 2005. A common goal for Montanans is to improve the accessibility of outdoor recreational opportunities. The spring training may focus on tools that persons with disabilities can bring to the agenda created by our state and national parks systems to make public parks and lands more accessible.

Another step is funded by the Montana Council on Developmental Disabilities and involves pairing an Accessibility Ambassador with a People First Chapter (self-advocacy groups for persons with intellectual or developmental disabilities) to conduct accessibility assessments of urban community health centers (CHC) and to present the results to the CHC boards with recommendations for improvements. Continued involvement of Ambassadors in any subsequent efforts of CHC’s to improve accessibility could be modeled, in part, from structured programs housed within health care settings such as the accessibility ambassadors program at Northumberland Hills Hospital, Cobourg, Ontario. (More information about this program can be found at: http://www.nhh.ca/Annual_Accessibility_Plan_-30132.html).

Finally, current technologies afford the potential for mapping important accessible features in Montana such as accessible bathrooms along major transportation routes and accessible restaurants. This has been accomplished to some extent as part of other “ambassador” programs as it was in the Melbourne, Australia’s City’s Ambassadors’ Program (http://www. thatsMelbourne.com.au/content.asp?document_id=80048).

Our work to train people with disabilities and non-disabled advocates to facilitate increased accessibility in their own communities across the state is contributing to improved quality of life for Montanans with disabilities. This model truly supports citizens to create healthier communities.

References


* The information provided in this paper was supported by Grant number U 59 / C C U 821224 from the United States Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Increasing Health and Full Participation of People with Disabilities in Perú

Glen W. White, Ph.D.
Research and Training Center on Independent Living and Department of Applied Behavioral Science
The University of Kansas

Participation in community life is important to create a sense of dignity, utility, and social capital. Putnam (1996) provides a concise definition of social capital: “by ‘social capital’ I mean features of social life—networks, norms, and trust—that enable participants to act together more effectively to pursue shared objectives (p. 66).” While many people take this participation for granted, there is a population segment that typically lacks the opportunity to interact spontaneously with the rest of the community. Indeed, many barriers to participation exist for people with disabilities. Some of these are obvious. There are many physical barriers such as stairs, curbs, and lack of Brailled materials or sign language interpreters that reduce access to activities in the community. Additionally, attitudinal barriers marginalize people with disabilities and inhibit their potential to contribute to the community. While ramps or curb cuts can be constructed to reduce or eliminate the physical barriers, employer attitudes on hiring workers with disabilities, or school administrators’ unwillingness to develop academic accommodations for students with disabilities can be more difficult barriers to eliminate.

In addition, there are personal factors that can affect community participation by people with physical disabilities. Some personal factors might include adequate knowledge or skills to be able to interact and function in community settings. Alternatively, it might be the severity of the disability or functional limitation due to age of the individual that dictates involvement at the community level. Related to this are the many secondary health conditions that affect people who have permanent

...attitudinal barriers marginalize people with disabilities and inhibit their potential to contribute to the community...employer attitudes on hiring workers with disabilities, or school administrators’ unwillingness to develop academic accommodations for students with disabilities can be more difficult barriers to eliminate.
disabilities such as spinal cord injury or spina bifida. Pope and Tarlov (1991) define secondary conditions as “causally related to a disabling condition and can be either a pathology, an impairment, a functional limitation or an additional disability (p. 214).”

While secondary conditions occur in the presence of an existing primary condition, they can often develop into sequela that are much more serious in consequences. For example, people with spinal cord injury (primary condition) who later develop a pressure sore are at risk of osteomyelitis, or infection of the bone (secondary condition). This condition, usually accompanied by significant tissue destruction, can be fatal. There are numerous secondary conditions that affect people with physical disabilities. For example, it is reported that Christopher Reeve died subsequent to severe pressure sores and septicemia (infection of the blood) (BBC, October 11, 2004). The Research and Training Center on Independent Living developed 12 different secondary condition booklets over a 6-year period (White, Gutierrez, Gardner, & Galas, 1993-1996; Youngbauer, Steward, Froehlich, Nary, & Galas, 1996-1999). These booklets covered topics including urinary tract infections, chronic pain, chronic fatigue, depression, and spasticity for people with spinal cord injury. The frequency and severity of some secondary conditions suggests that their presence in people with physical disabilities can affect their health, mobility and ultimately, their full participation in the community.

Despite the many resources in the United States, people with spinal cord injury and other types of paralysis still experience many secondary conditions (Seekins, 1991). For people with disabilities in developing countries, the problem of secondary conditions is likely greater, since resources are limited and the science and practice of medicine is less advanced. My work on the topic of secondary conditions prevention, and my recent research and training activities in Lima, Perú have led me to blend these two interests.

In early fall of 2003 I applied for funding from the Christopher Reeve Paralysis Foundation to develop and conduct specific training to prevent secondary conditions in Peruvians with paralysis and other physical disabilities. Before submitting the grant, I met with a representative group of Peruvians with disabilities to advise me on the particular secondary condition topics that were most relevant to their needs. After receipt of funding, I again discussed secondary condition topics with the Peruvian team and we agreed on five topics: pressure sores, urinary tract infections, bowel dysfunction, depression, and sexuality. (While sexuality is not actually a secondary condition, many disabilities can complicate sexual functioning, making it a topic of great interest among people with disabilities.) These topics would be covered over the course of two 2-day workshops. The first workshop addressed the topics of pressure sore prevention, urinary tract infection prevention, and sexuality. The second workshop, to be conducted in 2005, will include the topics of bowel dysfunction, depression, and again sexuality.

This paper will describe the process of building capacity to carry out the secondary condition prevention workshops and describe one specific workshop and how it provided useful information, and in the process, created potential opportunities for economic development and increased participation in the community.

**The Workshop Process**

It was essential to assemble a team that could understand and carryout the activities needed to convene an effective workshop. To accomplish this, I convened a working group of consumers, professionals, and administrators in Lima to discuss what would be needed to make the workshop successful. During this two-day work-planning meeting we discussed numerous issues including the training site, training materials and presentation format, translation, recruitment of participants, transportation of participants, certificates of participation, and evaluation. Each of these will be briefly discussed.

**Training site.** Since the workshop would target persons with paralysis and other physical disabilities, many who use wheelchairs, the workshop venue needed to be fully accessible. One of the primary partners of this international collaboration was the Centro Ann Sullivan del Perú, a modern school for children with developmental disabilities. The Center is completely wheelchair accessible, and the auditorium where the training was held is designed to accommodate approximately 65 wheelchair users. All areas of this facility were built to key Americans with Disabilities Accessibility Guidelines (ADAAG). Ramps, toilets, and doorway widths fully accommodate the access needs of participants attending the workshops.

**Training materials.** We created the training materials from a series of secondary condition booklets that staff from the Research and Training Center on Independent Living at the University of Kansas produced for the Paralyzed Veterans of America (PVA). This information was supplemented with other training information from various sources depending upon the topic area (e.g., Consortium for Spinal Cord Medicine, The Institute for Rehabilitation Research). The PVA-funded booklets on the topics of pressure sores, urinary tract infections, bowel dysfunction, and sexuality were distributed to participants following the training. To augment these materials PowerPoint presentations were developed using specific guiding principles. First, the presentations had to be relevant and understandable. Second, they had to written so they could be translated without sacrificing accuracy or content. Third, the PowerPoint presentations should incorporate pictures, diagrams, and morphing objects to clarify the points being presented to the participants who had little formal knowledge or training of the topics.
Certificates of participation. As an incentive and recognition of participation, formal certificates with embossed gold seals were presented to the attendees following the training workshop. In addition to the certificates, materials translated into Spanish on the presented topics were given to the participants.

Evaluation. In order to evaluate the proximal effects of the workshop a pre and posttest on knowledge was administered before and after each topic was presented to determine how much knowledge the participants gained. In addition, a pre workshop quality of life assessment was administered to participants. This will again be administered following the last workshop to determine whether the workshops had any effect on participant’s self-reported quality of life.

Description of the Workshop
This section will describe this workshop session and anecdotal reports on the impact it had on some participants.

In preparation for the workshops, PowerPoint presentations were prepared using the guiding principles described under the training materials section above. The first training session addressed the topic of pressure sore prevention. The PowerPoint slides on all presentation topics were sent to Lima for translation into Spanish and then a Peruvian physiatrist reviewed the Spanish translation for accuracy of medical information. Before the workshop the English and Spanish versions of the presentation were compared for similar formatting and structure. Since I don’t speak fluent Spanish, I used an interpreter who had similar energy and expression to translate my presentation. The visual arrangement is depicted in Figure 1. In this figure, my presentation was projected in English on screen one. The projectionist observed my points displayed on screen one and then followed my exact presentation by projecting the same points, translated into Spanish, on screen two. Relying on these two screens and the interpreter, we were able to satisfy the participants’ needs regarding clarity of the material presented.

In addition to the didactic presentation, I used examples and props whenever possible. For the pressure sore prevention presentation, we reviewed various types of wheelchair cushions that could reduce or prevent pressure sore occurrence. Many of these are produced in the U.S. The costs to acquire these items in Perú are considerably higher, costing between $600 to $800 for the same cushion that can be purchased in the U.S. for between $280 and $400. The majority of Peruvians could not afford any U.S. produced wheelchair cushions. To address this dilemma, we met with a woman whose family owned the foam business, a physical therapist, and a disability leader to discuss the possibility of developing a small business to manufacture wheelchair cushions for Peruvians who use wheelchairs. This idea was enthusiastically embraced and the group is now in process of developing cushions that can be modified for the individual user with modest effort. The material cost of these cushions is less than five dollars and with labor added, they could be sold for approximately twenty dollars—a price that many Peruvians can afford.

While the preparation for this work is demanding in terms of addressing language barriers and understanding cultural practices, the results are well worth the investment of effort when Peruvian citizens with disabilities can leave healthier, more independent lives.

Outcomes and lessons learned
It has been a rewarding experience to work with colleagues who share common concerns and desire a better life for people with disabilities. The international perspective of this experience has taught me to drill deeper into the notion of participatory action research and allow consumers to teach me what they need and to involve them at all levels of the process. Further, it has encouraged me to invite them to review and interpret the outcomes of our shared work. Future work could investigate Putnam’s (1996) notion of social capital in terms of new networks established and trust developed as a result of
Call for Papers: Proposed special issue of American Journal of Community Psychology: “Men, masculinity, wellness, health and social justice: Community based approaches”

Some forms of masculinity are closely associated with hegemonic power and social control (Connell, 2002), as well as to challenges to individual and community health and well being (Lee & Owens, 2002). Due to this association, many social and health problems (e.g., sexual and other forms of violence, substance abuse, HIV/AIDS, unemployment) could potentially be transformed by addressing problematic aspects of masculinity at the individual, community, and institutional levels of analysis. Influenced by feminist community psychology (Bond & Mulvey, 2000), this special issue of American Journal of Community Psychology brings together critical scholarship on men and masculinity from multiple disciplinary perspectives with the aim of increasing wellness, health and social justice.

Examples of potential papers are studies of domestic violence intervention programs; the social construction of masculinity in men’s self-help groups; masculinity, ethnicity and health disparities; masculinity and involved fathering; men in prisons; masculinity and the military; the relationship between adolescent masculinity and bullying; masculinity and substance abuse; or, theoretical frameworks for the analysis of masculinity, wellness, health and social justice.

Critical approaches and approaches from various disciplines to the study of masculinity in social and community context are especially encouraged. In addition, because masculinity is socialized and constructed over time, analyses from a lifespan orientation are invited.

Both theoretical and empirical papers are welcome, from multiple disciplines. As research methodology itself has been theorized in relation to gender, both qualitative (e.g., narrative) and quantitative methods of study, including process, outcome and action oriented research are also welcome. Papers on a variety of populations are appropriate, though studies on underrepresented populations (e.g., men of color, gay men) are especially encouraged.

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Duke University, Box 90085
Durham, NC 27708

Applications received by December 1, 2004, will be guaranteed consideration. The anticipated start date is August, 2005. Duke University is an Affirmative Action/Equal Opportunity Employer.

Request for Manuscripts: AJCP Special Issue on Student Research

A special issue of the American Journal of Community Psychology (AJCP) will focus on graduate students’ research in the field of community psychology. Manuscripts representing all topics and methodologies are encouraged to be submitted in order to reflect the diversity and strength of the best students’ research. The purpose of the special issue is to recognize the trends and quality of work being produced by the next generation of community psychologists.

Eligibility

Submissions for this special issue should fulfill all of the following criteria:

1) Recency: Only research completed in 2003 or later will be eligible.
2) Authorship:
   a) The first author must be a student or recent graduate with at least a Masters degree.
   b) The first author must be an enrolled student or recent graduate of a community psychology program or have an advisor in community psychology.

Due Date

Manuscripts due: March 31, 2005

Submission Process

• Manuscripts should be prepared and formatted according to AJCP criteria. The criteria can be found on the inside back cover of the journal, on the webpage http://kluweronline.com/issn/0091-0562, or via an email request to Marianna Valdez or Nghi Thai at the below email addresses.
• Important Note: Four copies of the manuscript should be mailed to the Guest Editors (Nghi Thai or Marianna Valdez) at the below addresses, not to Dr. Davidson.

Contact Information

For more information concerning this special issue, please contact:
Mariana Fischer Valdez, M.A.
Nghi D. Thai, M.A.
mfischer@hawaii.edu, nghit@hawaii.edu
808.956.6806
Community & Culture Psychology
University of Hawaii-Manoa
2430 Campus Road, Gartley Hall
Honolulu, HI 96822

Request for Proposals: Student Research Grant Application


The SCRA Student Research Grant is presented by the Society for Community Research and Action to supplement the financial needs of students’ independent research projects. The goal of the SCRA Student Research Grant is to provide pre-dissertation level students an opportunity to devote themselves to a period of intensive research without additional employment obligations. The Award is competitive and is given on the basis of the quality of a student’s grant application. It is anticipated that 1 award will be made for AY 2005-2006. Deadlines for applications are July 1, 2005. Applications will be reviewed and decisions regarding award disbursement will be made by the Student Research Grant Committee by August 31, 2005.

Terms of the Award:

Recipients of the SCRA Student Research Grant will receive a stipend of $500.00 for one year. The funds will be disbursed upon notification of the award. The grantee will submit a report detailing progress on the research project and justification and proof of appropriate use of funds to the SCRA Student Research Grant committee.

Eligibility:

To be eligible for the SCRA student research grant, you must be:

A. a graduate student or apprentice within a non-academic setting that has not obtained doctoral candidate status within their program
B. a member of SCRA
Grant Review Criterion:
Grant proposals will be reviewed and judged by a committee, overseen by a member of the executive committee, which is comprised of: the current student representatives, one past student representative, and 1-2 student members of SCRA, using the following criteria: 1) relevance to community psychological theory and concepts; 2) extent to which it fulfills research in one of the areas listed below; 3) clarity of writing; and 4) feasibility of project completion.

Relevance to Community Psychology.
The grant proposal’s relevance to the theoretical perspectives, goals, or concepts prevalent in community psychology will be weighted most heavily in award disbursement decisions. The proposal must clearly reflect how the research utilizes, contributes to, or expands on existing community psychological principles. Applicants should demonstrate their knowledge of community psychology principles and ability to implement sound research based on existing theories.

Proposed Research Focus.
The extent to which the proposal meets the specific criteria/research areas listed below will be evaluated. These research foci were chosen because one of the primary goals of this grant program is to encourage more researchers to pursue those areas of research that have been understudied or under-focused within community psychology but have been highlighted as relevant and critical aspects of the field. The areas of research are chosen each year by the student representatives. Proposals that do not fit into one of the three specific criteria defined above will not be eligible for an award, and thus will not be considered.

AY 2003-2004 Research areas:
- Public policy
  This area of inquiry includes projects focused on the application of research methods to the analysis of health or social policy issues. This area of research may also include projects designed to document or evaluate the implementation of city, state, and national policies.
- Under-studied populations in community psychology
  Although our discipline has done a good job at reversing a historical tendency of ignoring “minority” populations and historically oppressed groups, certain groups remain largely unattended to. These groups include gay, lesbian, bisexual and transgendered (GLBT) people, the elderly, immigrants, and refugees. This area of inquiry therefore includes action and research projects that concern themselves with the experiences, development, and/or actions of groups that Community Psychology needs to pay more heed to.
- Sociopolitical development
  This area of inquiry includes multiple approaches to examining or affecting individuals’ or groups’ sociopolitical development (SPD) and individual and collective understandings of, and/or responses to oppressive or unjust conditions. SPD is a psychological process that covers the range of cognitions, skills, attitudes, worldviews, and emotions that support social and political action in its many forms, the effects of oppressive social systems on individuals and communities as well as the perpetuation of oppressive structures by individuals and communities.
- Literature Review.
  The literature review should be a brief one to two pages in which the applicant provides background information on the problem and sufficient justification for the proposed study. The literature review also must contain the specific research questions, and, if appropriate, hypotheses under examination in the current proposal. Literature reviews will be judged on the extent to which the applicant successfully conveys the need for the current research, and its’ role in addressing a problem identified in the literature or community in which the research will be conducted.

Methodology.
The methods section of the grant proposal should be a detailed, six to seven pages component in which the applicant describes in detail how the proposed study or project will be conducted. Characteristics of the intended target group/participants should be fully described. Additionally, applicants should address how participants will be recruited for the project and what they will be asked to complete as part of the project. Any sample measures, if available, should be attached as appendices. Consent, assurance of confidentiality and debriefing procedures must be addressed as well. Finally, the study design should be discussed, including resources utilized. If the applicant will be collaborating with any other facility or program, a letter of collaborative intent from a representative of that facility or program should be attached as an appendix. Applicants are also encouraged, but not required, to conduct a power analyses when determining the number of participants needed, and to provide information on this analyses in the methodology section of the application. Methodology sections will be judged on their scientific merit as well as their demonstration of the applicant’s ability to initiate and conduct the research. Funding for grants will be contingent upon proof of local Institutional Review Board approval.

Analytical Plan.
The grant application must include a two to three page proposed plan for analyses. In this section, the applicant should address how program or study effects will be tested. This entails addressing each research question or hypothesis, and discussing a respective analysis procedure. Analytical sections will be judged on the applicants’ ability to evaluate her or his hypotheses with appropriate techniques. Statistical or qualitative procedures must be detailed and justified. However, applicants who wish to apply but whose grant application requires highly specialized, new, or relatively little-used techniques are encouraged to seek out individuals (such as statisticians, professors, or other mentors) to collaborate with on analyses; if an applicant desires to do this, it should be mentioned in the grant application.
The grant application must include a budget for the entire research project. This section should include all expected costs and additional sources of funding. Applicants must indicate which expenses they intend to cover with the SCRA student research grant if they are awarded. This section may be formatted in a table or standard text.

Feasibility of Project Completion.
Applicants must demonstrate that the funded portion of the research project can be completed within one year of receiving the grant. A proposed timeline must be submitted with the application.

If the applicant is housed in a university or college setting, a statement regarding the status of the project’s human subjects review/institutional review board process must accompany the application. If human subjects/institutional review board approval has been received for the proposed project, letters stating approval should accompany the application. Although human subjects/institutional review board approval is not necessary prior to submitting a grant application, if the applicant is housed in a university or college, proof of approval by a human subjects/institutional review board is required before awards will be disbursed.

Supporting Documentation
In addition to the above proposal, the following supporting documents must accompany the grant application:

- An abstract of 100 words or less summarizing the proposed research
- A cover sheet stating the title of the proposal, name of the investigator/grant applicant, and applicants’ mailing address, phone number, fax number, and email address.
- A letter of support from the departmental chair, or mentor if from a non-academic setting, verifying that the applicant has not yet advanced to candidacy
- A letter of recommendation from a faculty member or academic or professional supervisor who is a member of SCRA

Complete grant applications must be received by July 1, 2005.
Please mail complete applications to:
Carrie Hanlin
1307 Acklen Ave.
Nashville, TN 37212

Call for Grant Reviewers:
2005 SCRA Student Research Grant
We are seeking three student members of SCRA to serve on the grant review board for the SCRA student research grant. The SCRA student research grant is presented by the Society for Community Research and Action to supplement the financial needs of students’ independent research projects. The goal of the SCRA Student Research Grant is to provide pre-dissertation level students an opportunity to devote themselves to a period of intensive research without additional employment obligations. Students serving as grant reviewers will be asked to review grants during the months of July to August, 2005 (grant applications are due July 1st, 2005).

Criteria for Becoming a Student Grant Reviewer. The following criteria must be met in order for a student to be eligible to become a student grant reviewer:

- Must be a student member of SCRA
- Must have obtained a Master’s degree, or have completed two years’ worth of graduate work, by May, 2005
- Must be available to review grant applications during the period of July to August, 2005

To Submit an Application to Become a Student Grant Reviewer. Application packets for becoming a student grant reviewer should contain 3 copies of each of the following:

- A cover page stating the applicant’s name, mailing address, phone number, fax number, and email address
- A letter of support from the applicant’s academic mentor, department chair, or supervisor (if housed in a non-academic setting) stating the applicant’s standing in their university, college, or apprenticeship
- A one-page statement of interest

Please send grant reviewer applications by May 13, 2005 to:
Sawssan Ahmed
Wayne State University
Department of Psychology
71 W. Warren Ave.
Detroit, Michigan 48202

Applications for grant reviewers will be reviewed by a committee comprised of: the two current SCRA student representatives, one past SCRA student representative, and one other member of the executive committee. Applicants will be notified of the status of their application by June 15, 2005.

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SCRA Biennial 2005 Student Travel Award

We will be presenting travel awards to a select number of students attending the 2005 SCRA Biennial in Urbana-Champaign, Illinois, to help offset the cost of travel.

Award Amount: $100.00

Eligibility:
To be eligible for an award, you must meet the following criteria:

• A current, student member of SCRA
• Author on a 05 Biennial innovative session, poster, roundtable, symposia, or workshop presentation (order of authorship does not matter)
• Have incurred or anticipate incurring expenses related to travel to the 05 Biennial

Application Process:
To apply, please complete the attached cover page. Additionally, each applicant must write a statement not to exceed 300-words in length summarizing the following:

• An overview of the presentation you will be presenting in SCRA, including your role in it
• How the presentation is relevant to your research area/interests/professional development (e.g., is the presentation from your thesis research?)
• How receiving a travel award to the 03 Biennial would benefit you
• Whether you will be receiving any other funding to offset your Biennial travel expenses, and the monetary amount of these funds

Submit your cover page and statement by emailing it to Sawssan Ahmed at: sawssan@wayne.edu. Applications may also be sent via postal mail to Sawssan Ahmed, Wayne State University, 71 W. Warren Ave, Detroit, Michigan 48202.

Deadline:
Applications are due on or before April 29th, 2005

Selection Process:
Applications will be reviewed by a committee devised of the two current SCRA student representatives and the student serving on the Biennial Planning Committee. Preference will be given to those students expecting to incur a significant expense for attending the Biennial.

Notification Process:
All applicants will be notified on the status of their application via email prior to attending the Biennial. Additionally, award recipients will be announced during the Biennial (date and location to be announced). Awards will be disbursed via postal mail approximately 4-6 weeks after the Biennial.

Please direct all questions to Sawssan at: sawssan@wayne.edu.
2005 SCRA BIENNIAL STUDENT TRAVEL AWARD
APPLICATION COVER SHEET

PERSONAL INFORMATION
Applicant’s Name:
Mailing Address:
Phone Number:
Email Address:

PRESENTATION INFORMATION
Title of Presentation:
Authorship:
Format: ___ Innovative Session ___ Workshop
___ Poster ___ Symposia
___ Roundtable ___ Other Presentation (describe): __________________
Date/Time of Presentation:

EXPENSE INFORMATION
Estimated Cost of Travel to 2005 Biennial (including airfare, lodging, and food):
Will you be receiving travel funding from another source? Please note: answering “yes”
does not immediately eliminate you from receiving an award.
___ No
___ Yes: Amount of additional funding: __________
An Invitation To Membership

Society for Community Research & Action

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 and Community Activists
♦ Program Developers and Evaluators
♦ Psychologists
♦ Public Health Professionals
♦ Public Policy Makers
♦ Consultants

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.

Interests of SCRA Members Include

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

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 listserv for more active and continuous interaction about resources and issues in community research and action; and
♦ Numerous activities to support members in their work, including student mentoring initiatives and advice for new authors writing on race or culture.
Membership Application

Please provide the following information about yourself:

Name: _____________________________________

Title/Institution: _____________________________________

Mailing Address: _____________________________________

Day Phone: (______) ______ - ____________

Evening Phone: (______) ______ - ____________

Fax: (______) ______ - ____________

E-mail: _____________________________________

May we include your name in the SCRA Membership Directory?

☐ Yes  ☐ No

Are you a member of APA?

☐ No  ☐ Yes (APA Membership # ________________)

If yes, please indicate your membership status:

☐ Fellow  ☐ Associate  ☐ Member  ☐ Student Affiliate

Please indicate any interest groups (IG) or committees you would like to join:

☐ Social Policy Committee
☐ Stress & Coping IG
☐ Students of Color IG
☐ Undergraduate Awareness

The following two questions are optional:

What is your gender?

☐ Female  ☐ Male

Your race/ethnicity? ____________________________

Membership dues

☐ SCRA Member ($45)  ☐ Student Member ($20)
☐ International Member ($35)

☐ Payment is enclosed (please make checks payable to SCRA)

☐ Charge to credit card: ☐ Visa  ☐ MasterCard

Account No.: ____________________________

Expiration Date: _______ / _______

Authorized Signature: ____________________________

Signature of Applicant: ____________________________

Date: ____________________________

Please mail this form with a check for your membership dues to:

SCRA
1800 Canyon Park Circle, Bldg. 4, Suite 403
Edmond, OK 73013
About THE Community Psychologist...

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