THE
Community Psychologist

FROM THE PRESIDENT

Clifford R. O'Donnell
University of Hawai'i

Many thanks for the honor to serve as SCRA President for 2004-2005! In my first column as President, let's review the goals I stated in my candidate statement. The first is to "strive to develop initiatives for our members to use their valuable expertise, ranging from clinical problems to community development, to increase the influence of our values on public policy". The effort to develop these initiatives began July 31 at the APA Conference in Honolulu, where I was fortunate to chair two panels on public policy. Panelists in the first, on federal policy, included Pat DeLeon, a key advisor and Administrative Assistant to Senator Daniel Inouye (D, HI), Marilyn Richmond, Assistant Executive Director of APA's Government Relations Department, which manages federal advocacy on a broad range of legislative and regulatory issues, and Ken Maton and Lenny Jason, both Past-Presidents of SCRA, and among our most prominent contributors to public policy. We discussed such topics as whether it is possible for us to have a far-reaching influence on public policy, the funding sources to support work in public policy, how the political environment would affect our work if Bush or Kerry is elected, and how APA Divisions can best facilitate the participation of their members in using their expertise to contribute to public policy.

The second panel, on state policy, included Margaret Heldring, current president of APA's Division of State Psychological Associations, Brian Wilcox, former Director of APA's Public Policy Office and past-president of APA's Division of Child, Youth and Family Services, Mike Sullivan, APA Assistant Executive Director for State Advocacy, and Susan Chandler, former Director of Human Services for the State of

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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, margaretmhastings@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 Lounsbury, (415)338-1440, lounsbud@mskcc.org
Susan Wolfe, (214)767-1716, swolfe@oig.hhs.gov

DISABILITIES
The Disabilities action 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, (785)864-4095, dotn@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, gharper@depaul.edu
Alicia Lucksted, (410) 328-5389, aluckste@psych.umaryland.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, RWolitski@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)655-5121, 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: Bret Kloos, (803)777-2704, kloos@gwm.sc.edu

EDITORS' COLUMN

Joy S. Kaufman and Nadia L. Ward
Co-Editors of The Community Psychologist

The Consultation Center,
The Division of Prevention & Community
Research, Department of Psychiatry,
Yale University School of Medicine

Yes, this is your *Community Psychologist!* Although the look has changed, the high quality contributions from our colleagues have remained the same. We hope that you enjoy the new format, if you have comments or suggestions, please feel free to contact us (joy.kaufman@yale.edu or nadia.ward@yale.edu).

Columns
This edition includes 14 columns to keep us informed of the work of our colleagues. In his inaugural Presidential Column, Cliff O'Donnell reviews the goals that he has set our division for the year. Ken Miller presents to us reviews of 2 books of potential interest to the membership. Stephanie Townsend reviews *The Clergy Sexual Abuse Crisis: Reform and Renewal in the Catholic Community* (Dokecki, 2004) and Meg Davis reviews *Circles of Recovery: Self-Help Organizations for Addictions* (2004) written by Keith Humphreys.

In the Community Action Column, Brad Olson helps us to look back at the origins of community psychology. In the Community Health Column, Melody Madlem, Carolyn Booth and Nancy Goodloe describe their work building a community coalition to address school air quality. Rhonda Olkin shares with us a Disabilities Column, that first appeared in the Division 22 newsletter, that will help our division to think about ways to continue to recruit colleagues with disabilities. In the Education Connection Column, Maurice Elias describes an innovative teaching technique to help students stay current with the prevention literature. In addition, Omar Bashir Jamil wrote a thought compelling piece in the LGBT Column that challenges us to think about the impact of the labels or terms we use to describe different groups.

Gloria Levin shares with us another wonderful introduction to one of our colleagues, Tod Sloan, in her Living Community Psychology Column. We truly appreciate the vast amount of work that Gloria puts into this column each edition of TCP.

In the Prevention and Promotion Column, The Project Start Study group describes their research in the area of HIV Prevention with incarcerated males. The Staff from the Kansas Self-Help Network shares with us some of the 20-year history of their work in the Self-Help/ Mutual Support Column. The Social Policy Column includes a discussion by Lisa Minish on the use of community level outcomes in the evaluation of community initiatives. Sawssan Ahmed and Jacquelyn Brown provide information about opportunities for students in the Student Issues Column, and Julia Perilla shares with us some of her work with Battered Latina's in the Women's Issues Column.

Special Features
We have two Special Features this issue. The Community Student includes papers by Diana Miller who explores the integration of social

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Hawai'i and Interim Director of the new Social Sciences Public Policy Center at the University of Hawai'i. The state panel discussed public policy experiences, the diversity of state policymaking systems, the importance of knowing the system and working with policymakers, implications for academics working on public policy issues, and how state psychological associations can best facilitate the participation of their members in using their expertise to contribute to public policy.

Panel members now are being asked to join with us to help develop our initiatives for SCRA. We plan to use the ideas they offered as a beginning. One possibility is to develop a list of members with their areas of expertise. The APA Public Policy Office is interested in contacting members when issues related to their expertise arise. Several audience members, as well as APA officeholders, have also offered to contribute to our efforts. We are off to a great start! If you would like to contribute your ideas on how SCRA can help our members use their expertise to influence public policy, please let me know (cliffo@hawaii.edu).

Progress has also occurred on the second of my goals: to cooperate with the Council of Program Directors in Community Research and Action (CPDCRA) to encourage more students to enter the field of community psychology. After two years of inactivity, CPDCRA is being reactivated. Greg Meissen has agreed to serve as Acting Chair and will soon conduct elections for CPDCRA offices. Those program directors elected will then be asked to update the CPDCRA website and develop plans to increase student applications to graduate programs in community psychology. Discussion of how SCRA can be of assistance will take place at the mid-winter meeting of the SCRA Executive Council in January. Program directors are urged to run for the CPDCRA offices! What better way is there to contribute to the future of community psychology than to work with our graduate programs and students?

Future columns will discuss my other goals to: (a) follow-up with the APA Council of Chairs of Training Chairs (CCTC) to ensure that community psychology experiences count toward clinical practicum and internship hours for students, (b) recruit and facilitate the participation of international members to make SCRA more of a multi-cultural organization, and

(c) collaborate with professional organizations from related disciplines to promote an intellectual synergy to expand the visibility and recognition of SCRA. Your ideas about these topics are most welcome!

For now, I close with much appreciation for the work of our most recent Past-President, Paul Toro, especially for his work on fostering an international community psychology. We look forward to the first International Conference on Community Psychology in Puerto Rico in June, 2006. Many thanks also to those who have just left the EC: Mel Wilson (Past-President), Holly Angelique (Secretary), Judy Primavera (Regional Network Coordinator), and Omar Guessous (Student Representative), for all of their work during their terms. With great delight, I welcome our new EC members: Ana Mari Cauce (President-Elect), Sarah Cook (Secretary), Bianca Guzman (Member-at-Large), Gary Harper (Regional Network Coordinator), and Jacquelyn Brown (Student Representative).

Please remember that all of us on the EC are here to contribute to SCRA and all of its members. We want to know your issues of concern and your ideas. Please feel free to forward them to me (cliffo@hawaii.edu).

theory and gender violence in war and Nathaniel Israel who compiled student reactions to the 2004 SCRA program at APA.

Our other Special Feature highlights the Safe Start Initiative, an OJJDP funded demonstration program that has the goal of preventing the incidence and consequences of exposure to violence for children under the age of six. Edited by Inga James and Dave Chavis, this feature includes five papers that highlight some of the work occurring in the 11 funded communities. Paul Schewe, the local evaluator for the Chicago Safe Start Initiative, provides a review of interventions for children exposed to violence in the home. Bill Goddard shares with us a promising practice utilized in the Washington County, Maine Safe Start Initiative. Sandra Ortega and Judith Simpson from the Pinellas County, Florida Safe Start share with us their work to develop a collaborative to address the issue of children exposed to violence. The team from Rochester, New York including CV Hampton, Michael Epstein, Debby Johnson and Karen Reixach highlight their work to mentor early childhood educators to increase the identification of young children who have been exposed to violence. Finally, Joy Kaufman, Ellen Ross, Michael Quan, Kim O'Reilly and Cindy Crusto describe how they have integrated evaluation into program development efforts.

We want to welcome Mona Amer, our new Associate Editor. Mona is currently a Predoctoral Psychology fellow here at Yale. She has already brought many new ideas to our editorial team and we look forward to her continued contributions during her year with us.

Finally, we would be remiss if we did not thank Mary Magnani, one of our production editors, for all of the work she put into reformatting TCP. We think it looks great and are sure you will agree. Thanks, Mary!

As always we hope you enjoy this edition of TCP. We look forward to your continued contributions.

BOOK REVIEWS

Edited by Ken Miller

Dokecki, P.R. (2004). *The Clergy sexual abuse crisis: Reform and renewal in the Catholic community.* Washington, D.C.: Georgetown University Press.

Review by Stephanie M. Townsend, University of Illinois - Chicago

The media coverage of child sexual abuse by clergy has diminished since the Boston crisis led to a call for institutional accountability. However, faith communities continue to struggle with the personal, relational, and societal effects of both the abuse and the Church's response. It is in this context that Paul Dokecki applies the analytic perspective of community psychology to understand the Roman Catholic Church as an institution and to make the case for political and social change within it. In *The Clergy Sexual Abuse Crisis: Reform and Renewal in the Catholic Community*, Dokecki shifts the focus from a problem of individual priests to a systemic problem. In doing so, he provides a resource to faith communities to help them engage in reforms that promote personal and community development. His work also serves as a guide for community psychologists for how faith communities,

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often overlooked and underutilized, can be a locus for social change.

Dokecki begins with a rich description of a case of clergy sexual abuse in the Diocese of Nashville that was chosen in part because it has largely escaped the "distorting influence" of national media coverage (p. 4). The case follows a now-familiar pattern of a priest who abused many young boys over a period of 30 years. When a parent confronted the bishop on behalf of her child, the priest was removed from pastoral duties, sent for treatment, and reassigned to an administrative position. Parishioners were not informed, no police report was filed, and it is unclear if child welfare officials were notified. Although limited to an administrative role, the priest was still living in a parish in close proximity to children. Following an incident of inappropriate

behavior, he was offered various options and chose to go on inactive status. This removed him from all priestly duties and privileges, but provided him support from the diocese in the form of ongoing treatment, health insurance, and a monthly stipend. Following the subsequent abuse of another child, the priest was arrested, pled guilty, and was sentenced to a 25-year prison term. Parents of the latest victim filed a lawsuit that named the diocese as one of the defendants.

For Dokecki this case raises numerous questions. Does the mode of ministering in the Roman Catholic Church provide a supportive context for acting out abuse? Does the way the Church exercises power reinforce secrecy and defensiveness on the part of church officials? Is manipulative or coercive power necessary to church operations? Can the clergy sexual abuse crisis be an opportunity for reform? The remainder of the book is an attempt to answer these questions.

Dokecki argues that clergy sexual abuse is a *moral crisis,* acknowledging the breadth and depth of the problem and its effects, rather than a *moral panic*, which would be a mistaken and unfair exaggeration of the gravity and extent of abuse. He then examines the crisis in the context of a "clergy sexual abuse system" that includes historical, cultural, and organizational aspects. Through a comparative analysis of four abusive priests he identifies components of the system at multiple levels: abusive priests, the internal church response, the external church response, and the laity. This discussion clearly relies on multi-level, ecological analysis. As such, it is a way of introducing non-community psychologists to an ecological orientation. It also serves as an example for community psychologists of an in-depth application of the ecological perspective. A particular strength in this analysis is that Dokecki manages it without relying on the technical jargon so often found in academic writing. This is a good reminder of the possibility and promise of making our methods of analysis accessible to those outside the field.

Having described the clergy sexual abuse system, Dokecki then analyzes it from three perspectives: professional ethics, human sciences, and ecclesiology (church structure). From the professional ethics perspective "the focus is not on sin or sexual ethics but on the

responsibilities, structures, and processes that those in Catholic ministry have in common with other professions (p. 97)." Dokecki presents an ethics of human development and community that includes the principles of caring, truth, respect for autonomy, doing no harm, doing good, and being just. He also introduces a "third position" perspective that emphasizes the importance of communication in the development and maintenance of community (p. 111).

From a human sciences perspective, Dokecki analyzes the Church's reliance on directive or authoritarian power. He then relates how church structures facilitate the perpetration of abuse with an emphasis on conditions that tolerate recidivism and structures that influence the organizational response to abuse. He offers the promotion of a psychological sense of community as a way of reforming church structures to be institutions of synergic rather than directive power and he calls for reflection and consciousness-raising that leads to both political and psychological reform.

The ecclesiological perspective on the clergy sexual abuse system is probably of more interest to faith communities than to community psychologists. However, the description of efforts by the U.S. bishops to institute reform provides a rich description of recent events in light of the long history of ecclesial reforms in the Roman Catholic Church.

Finally, Dokecki suggests recommendations for church reform. Within these recommendations is a particular emphasis on what sociologist/theologian John Coleman calls *democratization:* "'the formal enactment of consultation, accountability and due process, even in the absence of a mechanism for election (p. 215).'" Continuing the use of a multi-level, ecological perspective, Dokecki divides the reforms into the parish, diocesan, national church, and universal church levels.

Dokecki's analysis of clergy sexual abuse applies many values and principles that are core to community psychology. The ideas of victim-blaming, sense of community, empowerment, multi-level analysis, and structural change introduce a new perspective on the crisis and are potentially valuable to faith communities. This contribution is enhanced by the obvious sincerity with which Dokecki writes and his own faith commitments. His analysis can also be a resource for community psychologists. Although there are some among us who have formed long-standing collaborative relationships with faith communities, too often such communities are overlooked as a primary setting for social change. Dokecki's work offers a model

for analyzing faith communities and insight into the potential for enacting systemic reforms within them. The book is also an example of the richness of interdisciplinary analysis. Dokecki took on the monumental task of integrating the perspectives of community psychology, organizational analysis, theology, and ecclesiology. He distilled concepts in a way that is intelligible to neophytes and outsiders and he melded these diverse perspectives into a unified whole. Although accessible, the writing does at times falter in terms of the connections between and within the chapters. However, substantively the content clearly builds throughout the book and it is well worth the slight effort it takes to smooth over the fragmentation. Rich in detail, the book serves as an example of how to apply perspectives from community psychology and as a guidepost to systemic reform of faith communities.

Humphreys, K. (2004). *Circles of recovery: Self-Help organizations for addictions.* New York: Cambridge Press.

Review by: Meg Davis

In *Circles of Recovery: Self-Help Organizations for Addictions*, Keith Humphreys offers a thorough yet elegant account of the self-help movement for assisting in the recovery process for individuals with substance abuse problems.

In an area where most books tend to focus on a single self-help group (e.g., Alcoholics Anonymous [AA]), offer solely a historical account (or theory or opinion), and/ or approach the subject from a specific unidimensional perspective (e.g., clinical, sociological, or consumer), this book offers a welcomed and much needed change in approach toward addressing addiction-related self-help organizations. Humphreys provides an integrated review that encompasses the social and historical context of the mutual-help movement in general as well as information on specific movements across the globe. He draws from literature and research that is multidisciplinary and international in scope, summarizing what is known about the impact of such groups in terms of process as well as outcomes. The book presents information and strategies useful for clinical practitioners, community psychologists, professionals, students, healthcare organizations, and policy makers alike. Equally impressive is the manner in which the disparate information and tenets of community psychology are gracefully interwoven—serving as a sophisticated

example of how theory and principles of community psychology can be used to inform a grave social problem that is too often approached from a viewpoint that is singularly individualistic and clinical.

The book is divided into five parts, each of which stands alone and in concert with the others. In the initial chapter, Humphreys outlines the definitions, scope, and historical context for the self-help movement. The four goals of the book are presented: (1) to describe addiction-related self-help organizations, (2) to evaluate how self-help group involvement affects members, (3) to provide guidelines for clinical and policy interaction with self-help groups, and (4) to bring science to bear on controversial issues in the field. Also in this chapter is clarification of nomenclature and outlines of both the "essential" and "optional" characteristics of self-help organizations that are useful resources for any student, policy maker, or any other individual who chooses to begin working with self-run organizations. Additionally, in this chapter Humphreys presents both "generic factors" and "five inter-related forces" as fostering the self-help group movement, thus emphasizing the historical and social context for addressing the goals of the book.

The second chapter is devoted to (Goal 1) summarizing the origins, philosophy, and membership of approximately 20 of the most widely recognized addiction-related self-help organizations in the modern world (viz., more economically developed nations) and begins with a brief section on "Background and Context" that presents some data on the extensive utilization of self-help groups for addiction-related problems. Although other related groups may exist in less developed countries, Humphreys' review is limited to those in which sufficient information is available and those that met a few other of the outlined inclusion criteria. The overview of the groups included (to name a few: AA, Moderation Management, Japan's All Nippon Sobriety Association, Poland's Abstainers Clubs, France's Vie Libre, Nicotine's Anonymous, Narcotic's Anonymous, and Oxford House residential recovery homes) is thorough enough to gain a broad (and in many cases, extensively detailed) understanding of the various groups and how they contrast with each other.

The third chapter is what many will find most provocative in the book, for it addresses the matter (Goal 2) of whether participation in a self-help group leads to positive substance

abuse, medical, and psychiatric outcomes. Although some individuals may find it controversial, Humphreys begins by making a persuasive case as to why it is important to evaluate "whether addiction self-help groups 'really work'(p. 94)" and the specific types of research that have been and could be conducted to be most useful in approaching this task. The bulk of the chapter, however, is the author's attempt to summarize the empirical evidence to answer this question. In Chapter 3, he does so from a traditional treatment-outcome evaluation standpoint (e.g., does group participation lead to reduced substance use?), while in Chapter 4, he moves to the perspective that one might adopt when evaluating participation in voluntary community groups (e.g., how does participation change friendship networks?) and investigates the broader impacts of group participation on individuals' identities, spirituality, social support networks, and politicization. Taken together the findings are noteworthy.

As Humphreys points out, "evaluation of the effects of self-help group participation always occurs within some conceptual context and from the perspective of some stakeholder" and "much inquiry remains to be done (p. 179)". He further maintains that this inquiry must occur in all related areas including group participation's impact on discrete outcomes, individual and social process variables, and healthcare costs. Despite the vast areas that still require research, the review clearly demonstrates some basic trends that allow for a few conclusions to be drawn. The conclusions suggest some of the benefits of participation in self-help groups in terms of (on average) reduction in members' substance use, associated problems, addiction-related healthcare costs; and in terms of significant changes in some individuals' spirituality, worldview, identity, life-story, social support networks, and/ or politicalization. For individuals interested in this topic, and for those interested in related topics, in Humphreys' review includes extensive and expansive studies and findings, holding important implications for the field, for conducting allied research, and for developing more effective policy.

One chapter of particular note is Chapter 5, which explores how government agencies, clinicians, and healthcare organizations might better interact with self-help groups (Goal 3). The author discusses both the benefits and risks of agencies providing and self-help groups receiving external support, and proposes strategies for governmental support.

Strategies are also provided (emphasizing the need for a collaborative spirit) for clinicians and treatment agencies working with group members. Highlighting the importance and role of the collaboration with such groups, Humphreys specifically outlines a number of possible avenues for professionals to collaborate with self-help group members.

Given the critical need for identifying effective interventions for addiction-related problems and the difficulties often encountered in conducting research with this population, the book's substantive review of numerous studies conducted in many diverse countries and with respect to both outcome and process variables is an important milestone in both the self-help and addictions arenas. Also, approaching the topic from a scientific, psychological, clinical, and healthcare-oriented perspective that focuses on the interaction between the individual and group and the impact of the interactions upon organization members nicely complements the existing literature that more strongly focuses on the organizational and social movements relevant to these groups.

COMMUNITY ACTION

Edited by Brad Olson

The Value of Tracing the Original Sources of Community Psychology: Looking Back Before (and Beyond) Swampscott

On National Public Radio a few months ago a standard segment described what was billed as a celebration of the first rock and roll record. The event taking place in Memphis that same weekend was marking an Elvis Presley album, although naturally there was not a strong consensus among experts about this being the first rock and roll record. As NPR sampled some of the earlier albums, any listener would be easily convinced that dozens of them were clear demonstrations of what would be considered rock and roll—some had even been produced at Sun Studios where Elvis had completed the album recognized in 2004 as the first. As NPR sampled some of these earlier candidates they quickly named a female artist and played a short section of her music. The year they associated with it, which I cannot remember along with her name, was strikingly early compared to the Elvis album, and the sound was strikingly like anyone's definition of modern rock music.

I bring up this radio segment not to draw

attention to the average public's neglect of pioneering females (and artists of all ethnicities)—a problem we are all aware of—or even to draw attention to an organization like NPR that should be better aware of these issues and should have given that artist and other artists even more expanded treatment.

What was more positively demonstrated in this segment was the procedures and aims of rock and roll scholars and their insistence that the primary goal was not about locating that single first album. Rather, their final aim was simply the process and participation involved in the educational game of finding that first album, the following of inadvertent paths on that search, and the rewards of greater knowledge experienced along the way.

This approach would seem a good exercise for anyone interested in the community action interest group or community psychology as a whole—that of locating the first true community psychologist. With rock music, a temptation might exist to go on before and outside Elvis Presley and the other artists played on the NPR segment to that music created by enslaved Americans or even that originating in Africa itself; although the roots of a music is not necessarily the same as an exemplar of a particular school, thus one instance of the subjectivity involved.

With finding the first community psychologist one might be similarly tempted to go to a variety of philosophers or ancient activists from so many possible world cultures. Many might think of a western philosopher like Jean-Jacques Rousseau who advocated that society, the context, corrupted what was naturally good in human beings. Unfortunately, Rousseau's philosophy was a poor reflection of his life, which was far more petty and ego-involving than action-oriented.

There were figures like the great English Quaker William Tuke who utilized the Society of Friends to set up an institution in York that demanded only decency and kindness for those suffering from mental illnesses. There was also Philippe Pinel in France who either on his own action or as a continuation of Jean-Baptiste Pussin's work (the historical record is not clear), instituted what at that time were advanced measures for the mentally ill. Some might even say that Eli Todd's work in the U.S., in creating a retreat for the mentally ill focusing on, above all else, the residents' dignity, hinted at future elements of community psychology. It would be difficult to dispute any of these claims, and undoubtedly many others, but again, the real value of this action is in the search.

But while these works were courageous, heroic in every sense, and while they are excellent candidates for the beginnings of community psychology, I will, for the sake of argument suggest that the real turning point, for community action at least, was best reflected in the work of Dorothea Dix.

Long before the development of psychoanalysis or a North American discipline of psychology, at the flowering of her community action career, Dorothea Dix, in the words of an old professor of mine (a historian of psychology),"...preceded to virtually terrorize the consciences of government officials throughout the world." And consistent with the style of any great community action psychologist, "Her bearing was quiet, gentle, and dignified but her tactics were overwhelming."

In the 1840s, teaching affluent children by day, she chose to spend additional time educating disenfranchised children within her home in the evening, and running Sunday School sessions in the jails.

While I write this, a newspaper article sitting next to me describes an intellectually disabled person refused a reprieve from capital punishment. No doubt, many months later, a newspaper next to you may contain a similar account. There is no telling how our perceptions and any efficacy we have of transforming emotions of abhorrence into action might be have been influenced by the work of Dorothea Dix.

…the real turning point, for community action at least, was best reflected in the work of Dorothea Dix.

Dorothea Dix's community action began with the intuition that a serious misconception existed in the social system: that others in the world had overgeneralized categorizations that the terms *mentally ill* and *intellectually disabled* were equivalent to *criminal* and that they failed to discriminate between rehabilitation and punishment. Many others during her time certainly had similar realizations, but what distinguished her notions was the solidification of that intuition into an unalterable belief, and her holding on to the conviction that she had a more fundamental truth than any other authority or form of social verification available at the time.

Through the acquisition of the most convincing facts and a strong belief in social justice, Dorothea Dix began her effort that ended up directly causing over 30 states in the U.S. and nations as diverse as Japan, Norway, Turkey, Germany and Russia—in addition to Tuke and Pinel's nations of England and France—to create and/ or expand safer and more empowering settings for both the mentally ill and intellectually disabled.

Many history of psychology books possess no mention of her name, but Dorothea Dix's influence has been described, by a notable authority, as such: "Seldom in history has a person catalyzed such widespread reform."

Much would be gained in our field by tracing Dorothea Dix's methods of community action and her prescient use of community psychology principles. Much would be gained as a community action interest group by following the impact her work has had on psychologist after psychologist, through the foreshadowing of community psychology long before it became a discipline.

The prior-mentioned NPR segment pointed out that, in Memphis, Elvis Presley worked at a radio station where he was likely exposed to all the precursors of his own music. Perhaps the celebration in Memphis last summer was not the beginning of Rock and Roll records but a significant product that borrowed from and reflected this prior work. Perhaps there are more pessimistic takes on the event (human biases, limited memory, inability to look at process led to the celebration of this album as the first), yet what knowledge the historians have gained by exploring the history prior to this Elvis Presley record. The most important model these academics offer us, again, is the *search* for the starting point, not the *discovery* of a starting point itself.

COMMUNITY HEALTH

Edited by David Lounsbury and Susan Wolfe

Utilizing a Coalition Model to Address School Air Quality: One Community's Moldy Debate

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It was a typical day at the county health department. The usual traffic in and out, it seemed. Suddenly, I heard this loud male voice: "That's a great Mission Statement! I really like that Mission Statement!" (The mission statement reads 'To promote and protect the health of the residents of X County'). I sat up straight, feeling pretty proud of this county health department. And, then the voice said: "Why don't you do it?" I jumped out of my chair and quickly went into the hall to find out what was going on. My receptionist was speechless. I walked toward the gentleman, extended my hand, introduced myself as the administrator, and calmly asked for an explanation on why he thought we were not fulfilling our mission statement. That one question started us down a road that was to last nine months; a road that was sometimes rocky, sometimes smooth, and always leaving us wondering what lies around the next corner. We found ourselves in the middle of an intense, emotional situation involving a school district and a community.

As we listened to the gentleman who had come into the office that day, we quickly learned that the issue was indoor air quality. The fear was that mold in the school was causing a rash of health issues that many students and most of the teachers in one high school were experiencing. The real problem, however, was that the persons affected by the building environment felt they were not being heard. There was a strong perception that the school district was not communicating with the community, and this resulted in mistrust and fear.

In 1995 this school district undertook a major reconstruction project in the high school building. During the construction process, winter storms resulted in the new wing of the

building being flooded. What later became the crawlspace under this wing was a virtual swimming pool. When students and staff returned to the newly renovated building, health complaints emerged. Because of the persistent nature of these complaints, the County Health Department formed a task force to address the situation and was instrumental in recruiting personnel from the National Institute for Occupational Safety and Health (NIOSH) to visit the campus and conduct a series of environmental tests. The NIOSH report identified some problem areas in the building and made recommendations to school district personnel for remediation. The district followed these recommendations with remediation.

From 1995 to the spring of 2002, concerns about the environment of the high school escalated. Many teachers in the building did not believe the district had done a thorough job of remediation with the initial project, and that was why people were having health problems. Certain patterns seemed to emerge; i.e., symptoms were better or worse depending on the season and those with symptoms experienced a lessening or disappearance of symptoms during vacations or holidays. During late 2001 and early 2002, community concerns escalated, and that is where this case study begins.

During the next two months we spent hours talking to people, going to school board meetings, listening to all sides of the issue, reviewing previous records from the NIOSH report, and learning more than we ever wanted to know about mold. Our County Board of Health heard heart-wrenching testimony on two occasions from concerned parents, teachers and students. The community was polarized, the issue provoked intense feelings and reactions by community members and school district personnel, and the situation had become very political. There were no efforts on either side to talk to the other and resolve the problem. There was a serious breach of trust between the school district and the staff, students, and parents concerned about this issue. Tensions escalated at the school. The students staged a walkout. Teachers were on the verge of panic as everyday someone else appeared with the same symptoms everyone else was having. They lobbied heavily for the district to close the school. And yet, there was no effort by school administration to sit down and talk about these concerns. The school district's position was to defer to science and the experts; there was no evidence that the health problems were related to the building. The community looked to the Board of Health for guidance. The Board of Health, in turn,

looked to the local Health Department Administrator for suggestions. In this environment, with these principals, dealing with this issue, it seemed that a coalition led by a neutral person might be the ideal structure to move the community to resolution.

Discussion
Why a coalition?

Cohen, Baer and Satterwaite defined a coalition as a "group of interested parties (individuals and organizations) that want to influence the attempt to solve a critical problem" (as cited in Rowitz, 2001, p.70. They also developed an eight-step model to build effective coalitions from a public health perspective:

It seemed that a coalition led by a neutral person might be the ideal structure to move the community to resolution.

1. Analyze the program's objective and determine whether to form a coalition
2. Recruit the right people
3. Devise a set of preliminary objectives and activities
4. Convene the coalition
5. Anticipate the necessary resources
6. Define for the groups the elements of a successful coalition structure
7. Maintain coalition vitality
8. Make improvements through evaluation

Coalitions can save resources by reducing duplication, influencing the community/ organization due to its diversified membership, and addressing a larger number of objectives than any single entity is able to do alone. It can create a network for information sharing, as well as bring the community together.

Timing is everything. When a situation has progressed to a crisis point and involves the whole organization or community, barriers can be broken bringing stakeholders to the table. Coalitions can also be useful when the situation is serious, complex, and requires participation of many different groups and individuals with diverse perceptions or interests. Coalitions are helpful when other attempts at resolution have partially or completely failed, and when from the beginning inclusiveness and empowerment have been goals of the process.

There are some disadvantages that have to be considered before entering into this process. Coalitions are time consuming. They require the ability to face conflict head on and to mediate resolutions and to overcome the resistance to the whole concept of collaboration. Coalitions

can also move in a direction that goes against the leader's own thoughts, mandates, and biases. This requires the leader to maintain the collaborative process that will let the group set its own goals and actions.

What characteristics need to be present in the leadership of a coalition?

Successful collaborative leaders often possess many of the following characteristics: the ability to genuinely care about all types of people involved in an issue and relate with ease and respect, trustworthiness and acting in concert with their words, saying the truth even when it is not popular, and guiding the group forward even when there is not a clear path to follow. Axner (2003) believed that coalition leaders displayed a willingness to stay the course with flexibility and creativity to the conclusion no matter how difficult the process. The leader must have a strong understanding of the community's capabilities and resources. A good leader will encourage group rather than individual responsibility. The leader should also model consensus decision making that is not hierarchical. The Institute for Educational Leadership (1994) reported that a successful coalition leader has to also be politically savvy.

Collaborative leaders need to have good facilitation skills that go beyond the meeting to include tolerance and understanding on how to use conflict. Some of these skills include the ability to involve everyone and make sure all sides have been heard, the capability of summarizing arguments, ideas or issues so they are clear to all, the understanding of group process, and the ability to see the big picture (Rabinowitz, 2003). In community based coalitions the leader may need to spend more time keeping all the members moving in the same direction since the group is a blend of various interest groups with varying perceptions and agendas. Rubin (1998) established a set of basic core skills that must be present for successful coalition leadership. These four principles are the overarching guide for any collaborative endeavor:

Principle 1: Develop and be clear as to the purpose of the collaboration.
Principle 2: Strive to see yourself as the other members see you and be able to make adjustments in yourself to build effective relationships.

Principle 3: The success of the group rests on the leader's ability to build and maintain relationships with each member.

Principle 4: As a collaborative leader you are the one to be sure everything gets done. No other member of the group is vested as much, or has higher priorities in the issue (i.e., parent of a student, teacher in the school). As the leader you must roll up your sleeves and pay attention-more attention than anybody else.

Applied Strategies in our Case Study

There was a great deal of interest from disgruntled citizens in being on the coalition. There were many angry people. Finding a balanced representation between all stakeholders became the challenge. We talked with several persons at the school to identify teachers, parents and community members who could provide a balanced perspective on the coalition. People who did not see a problem at the school did not want to get involved in the issue. While we attempted to establish inclusive representation, many of the nay-sayers did not have a seat at the table.

In the initial weeks of the coalition, we used several strategies in an effort to build bridges between the participants and get people listening and talking to each other. We structured a document that contained assumptions for participation in the coalition discussions. It was distributed to the members and we had discussion about each item and how important it was to have group "buy-in" on the items. The members made valiant strides forward with each of the items, but we never reached that utopia where there was a high level of trust and respect between the members. "We got the job done" as one participant stated when it was all over.

Assumptions:

1. Everyone here cares about the health of the teachers and students in this school district.

2. Everyone here wants to develop the process that has the most potential for a positive and long-term solution to the Indoor Air Quality concerns. We all want quick answers, but the best solutions will involve time and a process.

3. Everyone here is willing to begin conversations about the future work we can do on this issue. The focus of this group is not on past events and history.

We made name placards for each member of the group, arrived early to meetings and set the placards strategically so people would have to sit next to each other. This strategy helped us learn people's names and facilitated communication. Ultimately, we borrowed a gavel from a county judge to help control some of the more heated exchanges.

Outcomes.

We did obtain reliable and valid information about the school, but none of our experts were able to connect their science to the health concerns of the students, teachers, and parents. We did not establish a cause-effect relationship with the science. Communication between school district officials and community/ parent/ student representatives was enhanced. Our plan to keep the community at large proactively apprised of our work did not materialize as we had hoped. Both Coalition members and health department officials shared in this failure.

We had access to incredible resources from the State Department of Health. Among those was a nationally recognized microbiologist who had been involved with this school issue from its inception. Many of the coalition members knew her and respected her opinions. Her advice and consultation was invaluable. Additionally, state epidemiologists, coordinating with a Coalition sub-committee developed and implemented a health assessment survey of the students at the high school. There results helped us establish a baseline of information that identified how extensive the health problems were in the student body. We utilized a nationally respected building specialist from Washington State University who spent 10 hours walking through the high school with a sub-committee of members of the Coalition. He presented an extensive report to the Coalition and was responsible for establishing the investigative approach utilized for the building and for the extensive remediation work completed on the building during the lifetime of the Coalition.

Conclusion

The school district provided several resources that ultimately made the difference in the success of the Coalition. For one, they provided the financial support for a microbiological assessment of the school. This assessment was critical in that it showed no evidence of mold levels in the building that could have negatively impacted the health of students and staff. The district also subsequently hired a risk communication specialist to assist in community communication efforts.

Folayemi (2002) summarized the community collaborative process best when he stated, "Yes, I've become a passionate advocate for the collaborative process perhaps because when you look at the process, you find it's the natural, organic, primal way healthy communities are constructed. The coalition can be an example of grassroots democracy at its best and worst (p.197).". This was certainly true of our coalition. While the challenges were sometimes formidable, the belief that the community was being empowered, that the air quality was improving in the school, and that the collaborative efforts of all were having a positive impact made our task worthwhile. Because of the collaborative work of the coalition and the school, the school district subsequently won the Environmental Protection Agency's Indoor Air Quality Tools for Schools 2003 National Excellence and Special Achievement award. This was truly grassroots collaboration at its best.

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Edited by Dot Nary

The following article was written by Rhoda Olkin, Ph.D. and it appeared in the Spring 2004 newsletter of APA's Division 22 (Rehabilitation Psychology). It is reprinted here with permission to provide SCRA members with an additional viewpoint regarding what is required to facilitate full participation of people with disabilities. While readers may not agree with all of the author's assertions, we can all learn from her emphasis on the importance to all facets of accessibility and on attention to all types of diversity. She also describes articulately the fatigue experienced by those of us who must constantly educate in order to gain access to activities that are typically accessed easily by others.

Suggestions to Division 22 to Attract Psychologists with Disabilities to the Division*

by Rhoda Olkin, Ph.D.

In March 2004, I attended my first midwinter conference of Division 22, in Seattle, Washington. I know that Division 22 is trying to attract more students and psychologists with disabilities into the division, and that this recruitment has not gone as smoothly as desired. I have some thoughts about some of the barriers to participation by people with disabilities in Division 22. Bear in mind that these stem from attendance at only one conference and other years and locales may not have had the same limitations, though they may have had other impediments not in evidence at this year's conference.

1. Information is power—give information about accessibility early, prominently, and often. People with disabilities need sufficient information about access issues in deciding whether to attend. This means that such information must be disseminated with the call for papers, so that potential attendees can decide whether to submit a paper. Information needed at this early stage is:
   a. accessibility of the conference setting
   b. transportation options from the airport
   c. whether the hotel has roll-in showers and handicapped rooms with grab bars but not roll in showers
   d. TTY number to contact the hotel
   e. surrounding terrain, where to rent a scooter or wheelchair.

Also, be clear about what costs of reasonable accommodations the Division will pay for. (I was happily surprised to learn that the Division paid for me to rent a scooter, but did not know this in advance, and only learned when someone happened to mention it to me.) Later, at the conference, participants need a list of local accessible restaurants.

2. All conference materials should list TTY numbers for conference information and for the hotel. Communication with Division organizers can be through email if no TTY is available, but this information should be prominently available.

3. Accessibility isn't just about the hotel and the locale; it's also about making the conference proceedings accessible to persons with various disabilities.
   a. Can someone with a visual impairment get PowerPoint presentations in advance?
   b. Do presenters know to read all PowerPoint materials aloud?
   c. Are films open captioned?
   d. Are handouts available in large print or by email?
   e. Do speakers use microphones and repeat audience questions?
   f. Is the need to consider alternate formats clearly indicated in the call for proposals? Consider how schedules enhance or inhibit participation: fifteen minutes is insufficient time to find the only accessible bathroom on another floor, and take care of personal disability needs. Breakfasts at 8 AM are unlikely to get people with physical/systemic disabilities to participate.

4. I strongly suggest picking approximately six places throughout the country and always having the conferences in those locations. This allows conference planners to know the access issues and not having to re-do the work each year, to work with a hotel for repeat business, and to be able to disseminate access information early. It allows potential attendees to know more about the setting when deciding whether to attend. Going to unknown places involves lots of extra steps for attendees with disabilities; the more this can be minimized the more likely we are to attend. I am aware that the Division likes to move around to allow students from different locations to attend, but it might be that this flexibility is costing attendance by more people with disabilities.

Information is power—give information about accessibility early, prominently, and often.

5. Have a Division 22 contact person work with participants with all access needs and run interference with the hotel when problems arise. The hotel will appreciate having one person to work with, and attendees will appreciate having someone to assist with the myriad of issues that can arise last minute. Put the name of this person and contact info (phone V/TTY and email) on all conference materials (see also #6).

6. When the conference is in a city with a university (and most are), work with the local Office of Disabled Student Services at the University; staff can answer many questions about local accessibility and where to procure services (e.g., interpreters) or assistive devices. Make the conference available for little to no fee for local students, and explicitly encourage the attendance of diverse students.

7. When arriving at the conference the first thing I looked for is the number of people of color in attendance. In the train called Diversity, ethnicity is the engine, and disability is the caboose. If there aren't many people in the engine car, the caboose is not likely to get up a good head of steam. Despite the awkwardness of this metaphor, the point is that attention to diversity and culture tends to be a package deal, and the more enlightened an association is about one diversity issue the more likely it is to pay attention to others. The enlightenment tends to follow a sequence—women and gender issues, ethnic minorities, and then trailing behind, g/l/b issues and people with disabilities. Encourage participation by persons with disabilities by increasing participation by other minority groups.

8. Put money behind your commitment to increase participation of people with disabilities. Support travel to the conference for people with disabilities. Work towards support of any attendees with disabilities whether presenting or not. Give scholarships/awards to students with disabilities. Offer an award for the best dissertation published in the previous year by a student with a disability (not just about, but *by* someone with a disability). I note that there is an award earmarked for a deaf psychologist, but as far as I could tell, there were no deaf people in attendance and no sign interpreting. Give the award at the conference and make it accessible to people who are Deaf.

9. With all due respect to the current student representative to the Division 22 Board, this position must be held by a student with a disability. This position is an entry point to Division 22. If you are serious about encouraging people with disabilities and keeping them in the pipeline, they must have a position and voice on the board.

10. Recruit for the nascent Disability Studies interest group at the meeting. Many of the psychologists with disabilities that I know respond more favorably to the label of Disability Studies than to Rehabilitation Psychology, and making this aspect of the Division more prominent can bring in new people.

11. Please eat with us. Remember that proximity is not the same as acceptance. At the luncheon on Friday, most of the tables were inaccessible, and I could not choose to eat with others already seated. Instead, I sat at a table in the corner that was the only table that didn't fill up. The Board members should disperse and get to know as many new participants as possible. Invite people to dinner; I ate alone two of the three nights. Have a luncheon/dinner for new participants. Be a *hamishe* organization (look it up in your joys of Yiddish!).

12. Psychologists with disabilities are tired. We have to ensure access for ourselves everywhere we go and train multiple organizations and people about what it means to include us. Since starting my journey to becoming a psychologist, I have trained the University of Oregon, Stanford University, UC Santa Barbara, UC San Diego, VAMC in San Francisco, California State University in Sacramento, the California School of Professional Psychology, and many parts of APA, my state and my county psychological associations. I don't want to do it anymore. Frankly, my expectations for Division 22, being Rehabilitation Psychology, are higher. The association has given careful thought to clients with disabilities, but must also consider professionals with disabilities.

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EDUCATION CONNECTION

Edited by Maurice Elias and Jim Dalton

An Instructional Project to Help Students Keep Up with the Prevention/Promotion Literature

by Maurice J. Elias, Rutgers University

Community psychologists and others who are teach classes related to prevention realized that the literature in prevention and promotion is expanding far more rapidly than any textbook can capture. Relevant literature comes from many fields, and includes mass media and the Internet. As part of our textbook, *Community Psychology: Linking Individuals and Communities* (Wadsworth, 2001), we, along with Jim Dalton and Abe Wandersman, created a format that can be used in any instructional context or with any textbook to help students stay current with the prevention literature.

> **Students work best when they have a purpose; a driving question or focus that leads them to look at the literature.**

We encourage you to incorporate this in your classes as an individual, pair, or group project; review activity; or as part of your assessment procedures. You can delimit the number and nature of sources students consult, or leave it open (we suggest providing some constraints with regard to number and/ or nature of sources). Let us know about any innovative applications and how they go, so we can share them.

Students work best when they have a purpose; a driving question or focus that leads them to look at the literature. So, the first step will be to help students decide a prevention/ promotion topic of interest, and perhaps define the context in which they would like to focus. They can then start their search narrowly and expand as needed to try to derive the most reliable knowledge available.

Instructions to Students

The purpose of this exercise is to provide you with ways to do your own investigations of the literature so you can keep up to date and determine what it is that is worth studying in more detail. We invite you to look at a wide array of outlets for examples that reflect prevention and promotion. These include articles in journals in various disciplines, articles in major newspapers and newsmagazines that address social issues related to community psychology, and Internet sources of information about prevention/promotion topic areas.

The analytic method we recommend is summarized below. It reflects our view that reviews of the literature are best done in a particular context and for particular purposes. We find it is more valuable to read purposefully than generically.

The framework below provides readers with a way of capturing essential information about articles in a way that we and our students have found useful. You may find that there are additional considerations you want to add. You might want to keep track of certain problem areas, make a separate file for work done in different parts of the United States and the world, or have a special focus on mass media and Internet sources or doings in your current community or home town. You may find that initial sources you examine will not have the information you need to answer a number of the questions we suggest, and that you need to read further. Part of the participant-conceptualizer role of community psychologists is to identify knowledge needed for responsible citizenship. You now have a format to gather that information for key social issues.

Guidelines for Reviewing Prevention/ Promotion Articles/ Materials

1. Determine the topic of focus of your review. Remember, as you proceed, record full reference information to be sure you know the source and context of this work.

2. What is the purpose of the work? Does it discuss a community or social issue that could be addressed by prevention/ promotion initiatives? Does it report on a specific prevention/promotion intervention?

3. If a prevention/promotion intervention is described, what protective processes is the program trying to strengthen? What risk processes is the program trying to weaken?

4. What population is the focus of this work? How were particular participants chosen? Some criteria may include age, gender, race or ethnicity, socioeconomic status or class, urban/ suburban/ rural location or

geographic area, nation, or historical/ political/ cultural context.

5. What Key Integrative Social System(s) is involved: health care (includes prenatal/ birth/ postnatal care), parents/ families, peers, schools, religious settings, workplaces, leisure/ recreational, community organizations, media/ Internet/ cyberspace, other?

6. What ecological levels or levels of analysis does the article address? Individual, microsystems, organizations, localities, and/ or macrosystems? What specific persons or groups does it address at those levels? Is it targeted at the right level(s)?

7. If a prevention/promotion intervention is described, does it respond to a planned or predictable life situation (such as an education-related transition) or to an unpredictable life event (a reaction to a stressful or crisis event, such as divorce, bereavement, unemployment)?

8. Does the article focus on a wider community or social issue, such as poverty, social injustice, prejudice, or drugs?

9. If a prevention/ promotion intervention was conducted, who planned it? How much were various constituencies and stakeholders involved? At what points? Were the persons most affected by decisions made in this program involved in making those decisions? Was there sufficient sensitivity to cultural and contextual factors?

10. How was the intervention implemented? Where? By whom? Under what conditions? When was it carried out? How often? Over what period of time? Did the program developers check to see if the program was actually implemented as planned?

11. What is the evidence for the effectiveness of the intervention? What are the sources of that evidence?

12. Which of the objectives were clearly met? Not met? Met partially? Did it have an impact on the wider community? How?

13. Was the intervention implemented in multiple settings or contexts? Was it effective in all settings?

14. Are you convinced that the authors' interpretations or claims of effectiveness are true? Why or why not?

15. What are the most important things you think can be learned from what you read? What important questions does it raise?

LESBIAN/GAY/BISEXUAL/ TRANSGENDER

Edited by Alicia Lucksted and Gary Harper

Labels and Terms: Challenges for Community Psychologists

by Omar Bashir Jamil, DePaul University

For Community Psychologists, understanding the contexts within which individuals and communities operate is essential to appropriate action and intervention. This involves understanding a population with a wide scope and moving beyond a simple cursory examination of the topic of interest. However, this goes in stark conflict with the tendency to categorize and label complex constructs with generalized and blanketed terms. Individuals who are LGBT, especially LGBT individuals of color, are often the unjust targets of such terms, which fail to encapsulate their complex experiences and situations. It is the role of community psychologists, therefore, to educate and challenge such terms in order to give a representational voice to this community, a community that would be otherwise misunderstood or misrepresented.

The first step in this struggle is to challenge already existing terms that are misrepresenting LGBT communities of color. Recently, the term "Down Low", or "D.L.", has been used in media and literature to describe African-American men who have sex with other men (Mays, Cochran, & Zamudo 2004). Beyond this brief description, however, there remains much ambiguity in the understanding of the term or the phenomena that it was intended to describe. Many representations of men "on the Down Low" are of men who have sex with men while at the same time actively deceiving "girlfriends" or women with whom they are in relationships. Often, the men "on the Down Low" are demonized for their deception of their female partners, and are chastised for their cowardice for not "coming out" and admitting their same-sex sexual attractions.

The challenge, then, is to encourage others to understand the contexts of these men who are given this label; to understand the struggles they face in order to develop successful interventions in the community. Many African-American men "on the Down Low" do not have ample opportunity to safely "come out" due to the high levels of heterosexism and homophobia in the African-American

community (Monteiro & Fuqua, 1994). Further, the term does not describe a new phenomenon; individuals around the world who are not "out" throughout history have had public heterosexual identities while maintaining private same-sex sexual relationships (Mays, Cochran, & Zamudo, 2004). Deception with opposite-sex partners is a result of necessity in order to survive as an African-American male in a community which condemns visible gay men and lesbians. Thus, in order to have same-sex sexual relationships one must do so discreetly because there is little room within the community for someone to identify publicly as gay or bisexual. Understanding the context of heterosexism in which these African-American individuals live is therefore important to partially understand these individuals who are "on the Down Low;" individuals who have been unfortunately demonized as pariahs within their community. Challenging such terms and its lay understanding is key to avoid "blaming the victim" and creating positive change for communities in need.

Challenging terms and their understanding within the larger community is not the sole obstacle for interacting with LGBT communities of color. Resisting the inclination to view LGBT communities of color with a "Westernized" lens is also important (Greene & Croom, 2000). Western societies are similar in that many have established and visible gay identities and communities; however, this luxury is often not present in many non-Western societies (Fukuyama & Ferguson, 2000). Since many individuals of color have emigrated from these societies, they may bring their non-Western conceptualizations of same-gender sexual behaviors and its subsequent identities. Often, Western labels such as "Gay", "Lesbian", and "Bisexual" fail to attend to the diversity of sexual expression in non-Western societies. Despite the inapplicability of Western labels to same-gender sexual orientations among many individuals of color, these labels are often used to describe such identities, or are used as the lens by which to interpret these identities. This inappropriate labeling overlooks the complexity of same-gender sexual attractions and desires among culturally diverse populations.

Inappropriate labeling of same-gender sexual behaviors in non-Western cultures often occurs in the understanding of sexuality in Latino/Hispanic communities. In a culturally appropriate examination of Brazilian culture, Parker (1986) found that sexual orientation in Brazil is a much more fluid concept than in the US. In Brazil, one's sexual orientation label as

"gay" or "straight" is dictated by one's position in sexual behaviors; those who were anally penetrated were perceived as effeminate and identified as "gay"; on the other hand those who inserted were masculine and identified as "straight" (Green, 2001). Despite the seemingly insignificant difference between individuals who may identify as either "gay" or "straight" on a behavioral level, there comes a large price for individuals who identify as "gay" as heterosexism and instances of hate crimes due to sexual orientation are high (Parker, 1991).

Carrier (1995) focused his research on examining the history and climate pertaining to same-gender sexual orientation in Mexico. He found a similar process of identification of sexual orientation through one's position in sexual behaviors using differing terminology; men who were anally penetrated were identified as "Passivo" while individuals who did the penetration were referred to as "Activo." This labeling process occurred in more rural areas of Mexico, where a similar stigma was placed on individuals identified as "Passivo" as those individuals who were identified as "gay" in Brazil. However, Carrier found that individuals in more urban settings were able to have an identity of "gay" ("*internacional*") where their sexual orientation was not contingent on their position in sexual activities. It is also in these urban settings where individuals were able to form a semblance of a "gay community" and position for rights in recognition in Mexico.

It is apparent that identities and labels regarding same-sex sexual activities in communities in Central and South America are very different from those in Western communities. The challenge to Community Psychologists is, therefore, to resist the inclination to understand such behaviors and identities through a Western lens (Greene & Croom, 2000). Individuals who engage in same-sex sexual behaviors and identify as "Activo" should not be encouraged to embrace their Western "gay" identity, as publicly identifying in their ethnic minority community may put them at risk for hate crimes or harassment. Further, individuals who identify as "Activo" and "Passivo", through still engaging in same-gender sexual behaviors should not be grouped under the same "gay" group and treated equally in interventions and community work. This is because both groups, though engaging in same-gender sexual behaviors, are of different levels of privilege and power, and face wholly different struggles, both internal and external. By failing to observe differences from cultural nuances, Community Psychologists will fail to adequately address and intervene with communities that have been for the most part unresponsive to previous interventions that have been Western in focus and design.

Similarly, Community Psychologists must also understand that the absence of Western compliments to identities for individuals who engage in same-gender sexual behaviors does not mean that same-gender sexual behaviors do not exist. For example, the lack of a visible "gay" community in many communities in Middle East and South Asia does not mean that same-sex sexual behaviors do not occur. Rather, it is important to examine the ways in which these behaviors occur, by whom, and with whom, and the contextual forces which prevent such a community from being visible and open.

It is also important to note that for individuals of color, Western notions of the "coming out" process and "being out" are very different for LGBT individuals of color. This is due to the high levels of heterosexism and lack of acceptability of LGBT individuals of color within their cultural community of origin (Chung & Katayama, 1998). Due to cultural barriers in acceptability of LGBT individuals, the forces preventing an LGBT individual from feeling safe disclosing her/ his sexual orientation are such that the individual may hide her/ his sexual orientation to those within her/ his ethnic community (Dube & Savin-Williams, 1999). As a result, individuals will disclose their sexual orientation to select friends and possibly some family members, but they are often unable to disclose their sexual orientation to those in their cultural community of origin for fear of ostracism or shaming their family (Trembel, Schneider, & Apparthurai, 1989). Consequently, many LGBT individuals of color are as "out" as they can possibly can be; however this is not considered being "out" by more Western conceptualizations of "coming out", where one is unabashed and unafraid of disclosing their sexual orientation to those who ask (Diaz, 1998).

Community psychologists must be aware of the power of labels and categories, and must be willing to move beyond these preconceived notions when interacting with LGBT populations of color whose experiences are diverse and multi-faceted, and are often misrepresented and misunderstood. By being open to the complexity of the situations facing many LGBT individuals of color, psychologists can better attend to the cultural nuances and contextual forces which face these populations, which may be as important if not greater than already identified issues within the White LGBT community. By keeping an unbiased and open mind, and resisting the urge to view communities of color through a Westernized lens, culturally sensitive and appropriate interventions can be developed to address needed issues with LGBT communities of color.

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LIVING COMMUNITY PSYCHOLOGY

Edited by Gloria Levin
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"Living Community Psychology" highlights a community psychologist through an in-depth interview that is intended to depict both personal and professional aspects of the featured individual. The column's purpose is to offer insights into community psychology as it is <u>lived</u> by its diverse practitioners.

Featuring: Tod Sloan, Ph.D.

How does one go from Mormon missionary to radical global activist? Tod Sloan's life history tracks this personal transformation. Tod lived half his childhood outside the U.S., in countries where his father was stationed as a U.S. government employee and, later, for the Asia Foundation, including Saipan, Japan, Singapore, and Afghanistan. In the U.S., the family (including his two younger siblings) lived in Washington, DC and California. (This theme of uprootedness has continued through his adulthood. "My address on my Green Party business card said 'Nomad,'" he laughs.)

Religion was one constant in Tod's youth. Before his mother died of a brain tumor when Tod was 9 years old, she asked that the children be raised in her faith. Small groups of Mormons were found wherever the family lived. "Mormonism met a lot of my social needs," he says. This was especially so when he entered a large public high school near San Francisco. "I'd go to seminary class before school, at 6 a.m., and read scripture." He socialized with his Mormon classmates in the evenings and all day Sunday. When it came time to apply to college, he chose the Church's Brigham Young University in Utah, although, looking across the Bay at Berkeley, he found the hippy movement intriguing, in contrast to Mormon restrictions.

It was assumed that Tod would pursue a scientific or technological career since he was interested in oceanographic or aeronautical engineering, caught up in the excitement of the moon landing. However, "I didn't understand what it takes to do that kind of science or pursue the math aspects of it. So when I hit college in an accelerated program for engineers, I didn't have the foundation I needed. I bombed out in calculus and physics." He switched his major to history after one semester but still had doubts. "I was only interested in philosophical novelists like Hermann Hesse."

After the first year of college, most young Mormon men do missionary work for a two-year stint. His grandmother offered to pay his expenses, and he was assigned to France. "It was very difficult work; we had to knock on doors for an average of 8, 9 or 10 hours a day." He met constant rejection. "It was generally understood that you could go the whole two years in France and maybe only convert one person." Nevertheless, he enjoyed the French culture and language. "I appreciated the space that the French culture gave for thinking and debate and political discussion. That's when I was aware that I liked talking with people." Ironically, his discussions with non-Mormons and his reading in French philosophy exposed him to new ideas. "Whatever crack there was in my belief system opened much wider. I began to reshape my whole philosophy of life." He also discovered psychology while in France, writing in his journal: "I think I found what I want to do. I want to [do] psychology that in some way helps people." On his return to college, he switched his major to psychology.

Tod relates an incident at Brigham Young that demonstrates the political conservatism of Mormonism and the university at that time, as well as the awakening of his political consciousness. The university convened 25,000 students for an address by its president. "He called for anyone who didn't support the war in Vietnam to stand up. I was way up in the bleachers. I don't know why I stood up. I guess because I'd lived in Asia and I knew vaguely that other people were protesting and felt some sympathy with that. John Lennon was singing anti-war songs, and I was a real Beatles fan. Maybe 10 other people stood up." The president pointed to each and ordered them to come to his office after the assembly. "But he didn't see me way up in the bleachers, so I didn't go." Tod joined a small group of Mormons who wanted to reform the Church. They started a journal (still being published, 30 years later) to raise questions about church doctrines and to be candid about the missionary experience. "We were pushing the envelope a bit about the Mormon experience."

Tod entered the University of Michigan's personality psychology program. "The students seemed really, really smart; I was verbally very slow compared to them. They were very fast on their feet. I'm not sure if it was their confidence or the fluidity of their verbal skills. They were from families that were much more verbally oriented then mine." Because he had very few course requirements, he could follow his interests. He views graduate school as the time when one can explore fully themes and issues. "I know there is an attitude that says: 'Just get it done. Do your dissertation. Get a job.' For me, what marked the rest of my career is that I took 7 years for graduate school and a qualitative dissertation." He took courses from esteemed social psychologists at Michigan, but his main mentor was a clinical professor, George Rosenwald, who involved Tod in researching life history using depth interviews. For his dissertation, Tod conducted interviews with a broad range of people, including a few poor single women in Detroit. "This woke me up to the human reality."

Towards the end of graduate school, Tod lived in a radical politics group house but wasn't yet himself an activist. Instead, his growing radicalism was based in his intellectual explorations solely. "I realized that individual personality was also sociological and cultural and political. Embedded in that is inequality and class, race, gender." His reading in the Frankfurt School of critical social theory directly attacked existentialism, "my favorite philosophy at that time, which says that individual authenticity is the most important thing. But that is a mask for middle class selfishness." Also during graduate school, Tod went into psychoanalysis. "I learned a lot. I was hiding in my intellect from what was going on in my soul and in my life with others." He undertook clinical training to improve his interviewing skills but also as a fallback if he did not obtain an academic job. However, the psychology faculty did not prepare its graduate students much for the academic market: "that there was a game to play out there, for academic jobs." He realized this when Michigan's psychology department hired a new faculty person who had published three articles in *JPSP* while still in graduate school.

He was encouraged by his advisors to interview, "just for the experience," for a position in a new doctoral program in applied personality psychology at the private University of Tulsa. He was impressed with the Dean's vision for interdisciplinary scholarship, and a well-respected scholar had been recruited to establish the new program.

"But the psychology department was traditional and was very skeptical about me. They didn't like my qualitative case study presentation; other people brought in overheads with data, pointing to numbers." He later learned that he had been hired over the objections of his future colleagues.

Finding that academia offered both freedom and time to pursue his interests, Tod resolved to determine how psychologists could address global social problems. He joined Tulsa's peace groups, mostly involved in Central American solidarity work. But he was struggling in meeting academic expectations for ambition or for publishing quantitative research in standard ways. For multiple reasons – looking for ways to contribute to the increasingly applied program at Tulsa, feeling guilty about his middle class privilege, and having an interest in alternative routes to development for poor countries – Tod applied for a Fulbright fellowship. Having married a Venezuelan woman in Tulsa by that time, he proposed a study on modernization and its impact on personality in Venezuela. Just before leaving for Venezuela, his son, Daniel, was born.

In Venezuela, Tod taught a course with one of the most prominent community and social psychologists in Latin America – Maritza Montero. He also took fascinating excursions with a sociologist who was conducting interviews about the meaning of home to rural residents. "I interviewed 10 or so people to see how their life story reflected the degree of modernization of their lives." He got caught up in the sociology of societal development and discovered the work of Habermas, a leftist social philosopher, whose work has provided Tod a useful framework for understanding contemporary society. . Tod's work from this phase is encapsulated in *Damaged Life: The Crisis of the Modern Psyche* (1996).

After 10 months in Venezuela, a pleasant escape from academia and energized with new ideas about social change, Tod returned to Tulsa, only to learn that the department had been mobilized to vote against his tenure. Not only did his absence irk those left behind to handle his workload, but Tod made the mistake of sending a picture to his colleagues of him reading Habermas on the beach, captioned: "Look, I'm working!" Although the department voted against his tenure, a college-level committee overturned that decision, siding with the internal review committee that had supported him unanimously. "It was good news because I hadn't lost my job. But, I didn't want to work with these people who felt I didn't fit

in." Coincident with obtaining tenure, he resolved to do work "in relation to social problems that may manifest themselves at an individual level but can only be resolved through system level work." Tod became more involved in local voluntary work but kept running into the same "20 counter cultural activists" in Tulsa. But having chosen to co-parent his son when his marriage ended, he was restricted to Tulsa. He reached out to like-minded psychologists by attending conferences and became well networked, especially in Central and South America where community psychologists are especially committed to political solutions.

Back in Tulsa, he established and directed the Center for Community Research and Development, done for no pay or release time, in order to provide graduate students and other faculty hands-on experience in the community. However, this work was dismissed by key administrators, saying the University was "not in the business of helping support nonprofit organizations in our community." Over time, younger people were hired in Tulsa's psychology department, and the departmental culture began to change. He eventually gained respect from his colleagues and became department chair in 1999. At the same time, he became involved in the U.S. Green Party's International Committee, which he co-chaired from 2001-03. However, he was concerned about his low salary from the University. Buoyed by his promotion to full professor and a letter from the Department to the Dean expressing appreciation for his fair and capable chairmanship, he approached the Dean for a pay raise. "I felt I might finally be able to repair the damage that had been done to my salary by various decisions over the years. I was making only slightly more than a brand new professor, despite 18 years there." He based his salary request on the average salary for equivalent faculty, according to APA salary figures. The Dean offered far less. At that point, Tod made a fateful decision — to quit.

Actually, Tod had long been questioning his continuation in the department. The protests of corporate globalization in Seattle made a strong impression on him. "I began to see the link between the environmental movement, labor conditions and human rights. I thought, maybe there is something I can do beyond my professor job in Tulsa that will connect me to international issues." In addition, the tepid reaction to the deaths of two department colleagues in quick succession affected his thinking about whether academia was worth the struggle. "Their offices were emptied out,

much of it into the trash, and no one called trying to reach them. Also, we had just lost a couple of great young professors because (Tulsa) wouldn't pay what they were worth." A near-miss auto accident while attending a conference in Mexico was yet another wake up call to the fragility of mortality and the need to use one's time fully. Finally, Tod had grown increasingly irritated by academia's isolation from its host community. He was more than ready for a change and to invest his energies in political activism.

Tod finished out that academic year. When asked if he regrets his decision to quit his academic job, Tod answers: "No. I was no longer the person I wanted to be." On the other hand, he lost many benefits from academia, most important, free college tuition for his son from any of several hundred universities. "Many academics are not aware of how much society has given them to work with, and I don't think they give back enough directly. Basically, the average academic job only requires half time work for 9 months. The other half time you're really free to devote to your academic interests."

Tod's plan was to work for an international community development organization, spurred on by his father, who had been in this field all his life, who assured Tod that his evaluation skills would be of use in answering questions of program effectiveness. However, Tod found it difficult, coming from academia, to break into the international development field. By a stroke of awful serendipity, he was scheduled for a meeting to explore project possibilities on September 11, 2001 with Anne Anderson, the longtime coordinator of Psychologists for Social Responsibility (PsySR). After the Pentagon was hit by terrorists, he called Anne to see if he should still come. He was pressed into immediate action, posting guidance for psychologists on PsySR's website about ways to serve their communities after the terrorist attacks. PsySR later obtained a grant from the U.S. Institute for Peace to explore how psychosocial humanitarian assistance can be coordinated. He coordinated an international dialog conference among practitioners, researchers and planners to integrate different approaches. He also organized PsySR's first conference, held in Washington, DC and attended by many SCRA members interested in connecting community psychology work with political activism. Because of Tod's co-parenting in Tulsa, he was unable to reside full time in Washington. After commuting between Tulsa and Washington for a while, he was able to transfer much of his PsySR work to Tulsa, such as producing its newsletter and being PsySR's webmaster.

Tod's identification with critical community psychology has become a central focus for him. Around 1991, he became a member of SCRA and the informal radical psychology network. At some point, the latter group was transformed into "critical psychology" which he summarizes as a critique of mainstream psychology's individualism and objectivism. "In other words, not seeing the social context of the person and, secondly, treating persons as objects to be controlled." He helped organize the first official conference of critical psychology in 2001 (Monterey) and cites as his main interest and accomplishment the promotion of critical psychology. "A role I've played is to bring together people whose work I have encountered in my travels and provide ways for publicizing their work." (For example, see his edited book, *Critical Psychology: Voices for Change*, 2000.)

While Tod had an interesting time exploring for several years, he was depleting his savings and going into debt. Also, he was in search of a community in which to establish roots and a job that would be "on the edge, where the university and the community interface." He realized that "you can't just do this on your own" but need an institutional or community setting in order to accomplish social goals. As of Summer 2004, Tod became Professor and Chair of the Department of Counseling Psychology at Lewis and Clark College in Portland, Oregon. Tod plans to focus on ways to enhance students' community advocacy competencies and to develop research projects related to practices of dialogue and deep democracy, both locally and internationally. Ironically, shortly after he signed the contract with Lewis and Clark, he was finally offered a chance to do a bit of international development work, conducting action research on the cycle of poverty and violence in Bolivian slums. Tod continues to combine the practical and the theoretical in his work. He says: "When we combine efforts to be both meaningful and effective, theory can be meaningful and aesthetically exciting."

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PREVENTION AND PROMOTION

Edited by Richard Wolitski

Many of us sometimes forget that persons who are incarcerated are still a part of the community. It's also easy to forget that the prison walls that physically separate inmates from the rest of society have gates. Almost all persons who are incarcerated return to the free world, and many go back and forth between jail or prison and the larger community. Thus, the health issues that incarcerated men and women face not only affect their own well-being, they have the potential to affect the health of the community. The health of incarcerated persons is an important public health issue and should be a concern for community psychologists who care about social justice and the well-being of those who are especially vulnerable to health disparities. This column describes one example of research to improve the health and well-being of incarcerated young men who are returning to their families and neighborhoods.

If you would like to submit an article for a future column, please email me at rwolitski@cdc.gov.

Prevention with Young Men Being Released from Prison:
The Experience of Project START

The Project START Study Group

By the end of 2002, more than 2 million adults were incarcerated in the United States, and 93% of those were men (Bureau of Justice Statistics [BJS], 2004). African Americans and Latinos were incarcerated at greater rates than Whites in the US. Incarceration rates are 7.6 times greater for African Americans and 2.6 times higher for Latinos (BJS, 2004). Nearly 40% of incarcerated men are under the age of 30 (Harrison & Beck, 2003).

Men who are incarcerated have disproportionate rates of HIV, sexually transmitted infections (STIs), and hepatitis (Hammett, Harmon, & Maruschak, 1999). The number of confirmed AIDS cases was three times higher in 2001 among incarcerated individuals (Maruschak, 2004), while self-reported lifetime history of STIs among incarcerated men has ranged from 20-35% across recent studies (Altice et al., 1998;

MacGowan et al., 2003). Research that examined STI and hepatitis infection rates among men 6 months after their release from prison found that 24-26% of men tested positive for at least one infection (MacGowan et al., 2004; Sosman et al., in press).

Men leaving prison face numerous challenges that have the potential to limit their ability to protect themselves against HIV and other STIs. Men coming out of prison must re-establish relationships, find employment and housing, and sometimes have to deal with mental health or substance use-related issues. Prisons present a unique opportunity for health education and skills building to help men avoid risk after their release from prison.

There are few prevention services for this population in prison and on the outside when they get out. Not only are HIV and STI prevention services often not provided prior to release from prison, there are few rigorously evaluated HIV or STI prevention programs that can serve as models for those who are motivated to do this work. In recognition of the need to develop and test interventions specifically for incarcerated men, the Centers for Disease Control and Prevention (CDC) funded Project START to develop an HIV, STI, and hepatitis prevention program. Project START focused on young men (18-29 years of age) who were leaving prison and tested the effectiveness of interventions designed to reduce sexual risk after release. Study sites were state prisons in four states: California, Mississippi, Rhode Island, and Wisconsin.

The first three years of the study were dedicated to formative research (Buck et al., in press; Grinstead et al., 2003; MacGowan et al., 2003; Seal et al., 2003, in press; Sosman et al., in press). This research established the feasibility of longitudinal community-based intervention research with incarcerated men in these locations and provided an empirical foundation for intervention development. The formative research provided an understanding of the differences between the study sites, what was feasible within the structure of the prisons, and whether it was possible to recruit men in prison for a risk reduction intervention and maintain contact after release. The formative research provided valuable information from the perspective of staff working in prisons, providers in the community, and incarcerated men themselves. Qualitative and quantitative data collected from young men prior to release (N = 106) and 6-months after release provided insights into how these men thought about their risk of HIV, STI, and hepatitis infection.

These data also documented the multiple challenges that these men faced when trying to reduce their risk and re-establish themselves in the community. These challenges went beyond behaviors that directly affected HIV, STI or hepatitis risk and included housing, employment, mental health issues, and reintegration with family.

These data informed the development of research and intervention activities that followed the formative research phase. The Project START intervention trial involved 522 young men between the ages of 18 and 29 (52% African-American, 23% White, 14% Hispanic, 12% mixed/ other races/ ethnicities). Participants were systematically assigned to either a single-session intervention prior to release or an enhanced intervention. The enhanced intervention included two pre-release sessions and four individual sessions following release.

Intervention activities were based on the following: (1) a harm reduction philosophy—reducing harmful consequences to participant and other in a manner that recognizes the readiness for change and preferences of participants, (2) building problem solving skills—generating possible solutions, determining consequences, choosing best solutions, and creating a realistic plan for action, (3) motivational enhancement: increasing motivation for behavior change through a client-centered but directive approach, and (4) enhancing access to services: providing facilitated referrals to services and reducing barriers to the use of existing community services.

Although men were not paid to attend intervention sessions, they were provided with transportation or child/ elder care reimbursement up to $10 if applicable. Men were also offered free condoms and educational materials at all post-release sessions that did not occur in a prison or jail. Participants were paid for completing each assessment session and were provided with pagers and voicemail to assist project staff in maintaining contact after release.

Single Session Intervention
The single-session intervention took place about 2 weeks prior to release and lasted 60-90 minutes. Young men met individually with a trained interventionist who assessed the participant's HIV/ STI/ hepatitis knowledge and risks. The interventionist and young man worked together to devise a personalized risk reduction plan that the participant would implement after his release from prison.

Enhanced Intervention
Two sessions of this multi-session intervention took place in prison prior to release, and four additional sessions were scheduled 1, 3, 6, and 12 weeks after release. The first in-prison session was the same as the single session intervention session. The second in-prison session focused on the participant's needs after release and included needs assessment, planning, problem solving, and facilitated referrals for housing, employment, financial problems, social relationships, substance use and mental health treatment, legal problems, and avoiding reincarceration.

The post-release sessions continued the plan developed during the in-prison session. In each session, the participant and the interventionist assessed previous plans and goals, problem-solved difficulties, and focused on new goals identified by the participant. Each session included a review and update of the HIV/ STI/ hepatitis risk reduction plan developed in the first session and ended with an updated plan that addressed post-release needs and referrals to existing community resources.

Data Collection
Participants answered survey questions to assess risk behavior prior to release and at 1, 12, and 24-weeks after release. Retention was excellent, with 83% of men completing the 24-week assessment. In three sites, assessments were conducted using audio-computer assisted self-interview (A-CASI) technology. In one site, the use of laptop computers was prohibited in the prison and all assessments were administered by an interviewer. Young men were reimbursed for participating in the evaluation, with the amount varying by the cost of living in each state ($180 to $200 if all assessments were completed).

Preliminary Findings
Project START is at the beginning of its analysis stage, but preliminary intervention trial findings were reported in July 2004 at the XV International Conference on AIDS, which was held in Thailand (Wolitski for the Project START Study Group, 2004). Descriptive analyses provided evidence of elevated risk prior to incarceration and following release in this group. These young men were at considerable risk for sexually transmitted infections before and after incarceration, and often reported having both main and non-main partners. Many men had main or non-main partners whom they perceived to have one or more risk factors for HIV, STI, or hepatitis.

Outcome data were analyzed using logistic regression analyses that controlled for site, time in community, and pre-incarceration levels of risk measured prior to release. At 24 weeks, men in the enhanced intervention (68%) were significantly less likely than were men in the single-session intervention (78%) to report unprotected vaginal or anal sex with any partner since the last interview (OR = 0.41, 95% CI = 0.19, 0.88). This effect was attributable to differences in risk with main partners rather than with non-main partners. Fewer men assigned to the enhanced intervention (54%) reported unprotected vaginal or anal sex with main partner compared to men assigned to the single-session intervention (66%, OR = 0.31, 95% CI = 0.13, 0.71).

Lessons Learned
Project START researchers learned a number of valuable lessons from the formative and intervention research phases. These lessons were related to (1) the challenges of conducting research in prison systems, (2) the needs of incarcerated men, and (3) recruitment and retention.

Challenges of research in prison systems. Working in prisons presents numerous challenges such as: postponing work during prison lock-downs, needing clearance by the Department of Corrections for all project staff, locating a private space for interviews and interventions, and complying with wide-range of prison regulations that limit what can be brought into prisons. As previously mentioned, one of the Project START prisons would not allow the research team to bring laptop computers into the prison. Thus, it was not possible to collect data using A-CASI technology in this site and face-to-face interviews had to be used instead. In all sites, prison policies prevented the distribution of condoms to inmates.

Needs of incarcerated men. Men who are ready to return to the community often face multiple and complex challenges to establishing and maintaining healthy sexual relationships. In order to address these needs, HIV/STI intervention programs for incarcerated men should address strategies to reduce risk behavior directly associated with HIV/STI transmission as well as other needs that may indirectly affect risk. These needs include housing, employment, substance use, mental health issues, and reintegration with family. Programs that establish a bridge between incarceration and reentry into the community may be particularly useful. A critical period is the first few weeks after release, a time during which risk behavior is likely to occur.

Addressing the needs of men who have been released from prison must go beyond simply making facilitated referrals. Program staff may need to locate agencies and staff who are experienced with this population. In addition, it may also be necessary to take an active role in the referral process (e.g., call the agency, be involved in working with participants to schedule appoints, follow up with participants to see if appointment was kept) to help participants become empowered to overcome barriers to service utilization.

Recruitment and retention. Recruiting incarcerated men into prevention programs and research studies is feasible if you learn the prison system and work within its limitations. Maintaining contact with men after release is resource-intensive and requires dedicated and well-trained staff. It is essential to develop trust with participants, to obtain good locator information, to make contact with friends, family members and others named as contacts, and to maintain participants' trust by using the locator information confidentially and within the bounds of the permission given by participants. When working with this population, it is important to anticipate and plan for reincarceration—44% of Project START participants reported at the 24-week assessment that they had been reincarcerated for one or more days. Most young men who have been incarcerated are at-risk for future incarceration. In order to maintain contact with participants, it is necessary to search public databases of incarcerated persons and develop on-going relationships with city, county, and state correctional institutions.

Conclusion
Too often when it comes to incarcerated men and women, communities adopt a "lock-the-door-and-throw-away-the-key" mentality. This is a short-term view that fails to support people who have been incarcerated in making positive changes in the lives. The health of persons who are incarcerated affects the health of their partners, their families, and their communities. Project START provides an empirical knowledge base that can inform efforts to improve the health and well-being of incarcerated men. It also demonstrates the feasibility and efficacy of a sustained intervention approach that starts during incarceration and continues after release to the community. It is hoped that this project will motivate others to conduct research that furthers our understanding of the strengths and needs of incarcerated persons and to implement programs that improve the well-being of current and former inmates, their partners, their families, and the communities to which they belong.

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Self-Help/ Mutual Support

From a Kitchen Table to a University Center: Celebrating 20 Years of the Self-Help Network

Staff of the Self-Help Network

The Self-Help Network: Center for Community Support and Research at Wichita State University (WSU) started on the kitchen table of Wichita social worker Evelyn Middlestadt in 1984. Evelyn saw the need for a clearinghouse of self-help support groups – a means for people to get help and to help each other.

Due to her own and her mother's declining health, Evelyn started looking for a "home" for the Self-Help Network. In 1986 Evelyn and her Board of Directors worked with WSU to transfer

the Network to the Community Psychology Program in the Department of Psychology at WSU. Greg Meissen had been working with Evelyn and became the Network's director.

A first task was to conduct a needs assessment of self-help groups to help guide the Self-Help Network's (SHN) services. The needs assessment showed that self-help groups were in greatest need of members and they wanted the Network to provide publicity and referrals to their groups. These findings led to the Network restructuring its services. Prior to the needs assessment, the SHN was focused on supporting group leaders and providing workshops. Following the needs assessment, the SHN focused on referrals to groups, education of health care professionals, and the development of a statewide directory called *Connections*.

Since then, the SHN has become an internationally recognized Center for Community Support and Research, serving the state of Kansas for 20 years. As a clearinghouse for self-help support groups, the SHN provides hundreds of referrals to over 3,000 self-help support groups and technical assistance to self-help groups and mutual-support organizations statewide. The SHN has published seven editions of *Connections*, a statewide directory of self-help groups, with the 8th edition due to be published in 2005. In addition, the SHN conducts dozens of presentations at professional gatherings, attends health and human service fairs and workshops, and offers a college course on self-help for nursing, social work, and psychology students.

Applying Self-Help Principles to Other Settings
Based on the insights and lessons learned from the services provided to and research conducted with self-help groups, the SHN has grown in new directions. The SHN provides support in non-profit management; coalition or team building; strategic planning; shared leadership development; staff development; formative, process, outcome, and impact evaluation; needs assessment and organizational capacity assessment; grant writing; and board growth and development. The SHN works with non-profits, coalitions, community-based initiatives, grassroots groups, and local and state government.

Over the years, the SHN has been involved in a variety of local and statewide projects directed at providing an opportunity for Kansans to have a voice and share their talents and experiences to create thriving, supportive communities. Several recent projects highlight

the diversity of our initiatives and their relation to self-help.

Assistance to Consumer Run Organization (CROs)
Beginning in the mid-1990s, the Self-Help Network has played an intermediary role between the State Department of Mental Health and approximately twenty-one consumer run organizations (CROs) or mutual support organizations (MSOs) operated by persons with a mental illness. The SHNs assistance is directed at helping CROs succeed as organizations.

SHN staff directly assists 21 CROs by providing support regarding nonprofit management, shared leadership, and financial issues related to operating a nonprofit. The SHN helps strengthen the collective voice of people with mental illness and CROs by helping organize an annual statewide Recovery Conference. The conference, attended by up to 800 people with mental illness and professionals from across the state, provides an opportunity for people with mental illness to share experiences, build partnerships, and address key issues facing people with mental illness.

The Development of the Nonprofit Chamber of Service
The SHN has worked with over 100 nonprofits in Sedgwick County (Wichita is located in Sedgwick County) in developing the mission, bylaws, and services of the new Nonprofit Chamber of Service of Sedgwick County, Inc. The Nonprofit Chamber is intended to build the capacity of the nonprofit sector in Sedgwick County. Based on a report that was developed in 1999, there was a call for new ways to build the capacity of nonprofits. With that in mind, a group of nonprofits with assistance from the SHN started to explore the possibility of a Nonprofit Chamber. The Nonprofit Chamber will provide a strong collective voice for nonprofits, a mechanism to collectively communicate with funders and government officials, share resources and education to build internal capacity, and influence the public policy environment to build community capacity. The SHN has facilitated member meetings, helped the Board of Directors (all directors of local nonprofits) articulate mission and services, created materials and a listserv, and started several initial services, including a Training Cooperative and a Leadership and Governance Project that helps nonprofits find new board members. Most of all, nonprofits are in a position to learn from one another, sharing information and ideas. As the director of a nonprofit serving those with development disabilities said of the

Nonprofit Chamber, "This is about nonprofits helping each other. This truly is self-help."

Kansas Community Leadership Initiative (KCLI)
The Kansas Community Leadership Initiative (KCLI) involved nearly 50 community leadership programs (CLPs) across Kansas. CLPs are often located in Chambers of Commerce and have traditionally been "meet and greet" programs where groups of "up and coming" leaders are provided tours of local industry and business; presentations about community strengths and problems; and networking opportunities with other leaders. KCLI consisted of a series of workshops focusing on contemporary leadership skills and concepts (i.e., consensus building, collaboration, visioning) for directors and volunteers from CLPs. Through this approach, directors and volunteers would be in a position to use them in a variety of settings, most prominently in their own CLPs.

Through the SHN's involvement in the evaluation of KCLI, the CLPs recognized the importance of sharing and learning from each other. The opportunity to connect with other CLPs has set the stage for building leadership across the state. Leadership, much like in self-help groups, is becoming shared with a growing number of people being recognized for their unique strengths and talents in making their communities better places to live.

Leadership Empowerment Advocacy Project (LEAP)
Supported by the Kansas Department of Social and Rehabilitation Services, the Leadership Empowerment Advocacy Project (LEAP) includes three college courses designed for persons with mental illness. LEAP offers a unique opportunity to develop personal and leadership skills that allow students to further grow as community leaders, advocates, and/or human service providers. LEAP emphasizes students' own strengths and recovery, as well as the students' development as life-long learners. All classes are offered for college credit at WSU, and all classes and materials are provided free of charge to students. The first course emphasizes self-discovery, personal growth, and transformation by encouraging students to share their stories and develop confidence that they have something important to give. The second course emphasizes skill development and an introduction to the social services. Students participate in enhanced academic requirements, assist with class facilitation, and participate in leadership projects. The third class includes a 90-hour

internship in a social service agency and a roundtable/ seminar style course where students write about and speak to the class about their internship experiences. Classes are structured so that students learn from one another, build upon their own strengths and experiences, and support those with similar histories.

Community Development for Health Children (CD4HC)
If communities can make the environment more positive for youth, new opportunities for youth involvement and engagement will occur, which will then benefit the entire community. In short, a community that is better for youth is better for everyone. With this in mind, the Kansas Health Foundation, the Self-Help Network, and the University of Kansas Workgroup on Health Promotion and Community Development partnered for the Community Development for Healthy Children (CD4HC) initiative.

The partners developed and implemented a comprehensive, multi-level set of strategies to assist individuals, groups, and organizations as they made their communities better places to raise a child. These strategies included: (a) a statewide multi-media campaign, including television, radio, and newspaper ads, billboards, an interactive website, and printed materials (e.g., calendars, bookmarks, posters); (b) support and technical assistance to individuals, groups, and organizations in local communities; and (c) a "Good to Great" mini-grant program that provided individuals, groups, and organizations opportunities to receive small amounts of financial support for ideas to implement in their local communities. Perhaps most importantly, the CD4HC was an opportunity for youth and adults to connect and learn more about their perceptions and realities. Youth were equal partners in developing and implementing local efforts.

Future Application of the Self-Help Principles
These and other recent projects highlight the SHN's deep history in mutual/ self-help and how the concepts and principles we've learned through our work with self-help groups have been applied to multiple settings and groups. Many of the principles from the self-help group literature can be applied to other settings, including: shared leadership, experiential learning, mutual help and support, and stages of readiness and group development.

The insights we've gained and their application to new settings will expand in 2005 as *One Kansas*, the Self-Help Network's newest initiative is implemented. *One Kansas* is a statewide initiative that involves employees of state agencies and their partners to enhance collaboration and civic engagement. *One Kansas* will provide a series of training modules for 150 staff of state agencies and their partners. Training will include asset mapping, collaboration, outcome-based planning, strategic communication, facilitative leadership, conflict resolution, community diversity, and civic engagement.

These and other projects are implemented by an inter-disciplinary group of 20+ staff who work in self-directed work teams with backgrounds in community psychology, social work, education, business including some that are also self-helpers. Annually, they generate over $2 million in grants for community-based research, innovative community projects, and educational efforts.

For more information about the history of the SHN, self-help groups, or any of our recent projects/initiatives please contact Greg Meissen at (316) 978-3843 or greg.meissen@wichita.edu.

Timeline of Events For the Self-Help Network
1985: Self-Help Network started by Wichita Social Worker
1986: Greg Meissen, Professor in Community Psychology at WSU becomes director
1989: Becomes statewide clearinghouse for self-help groups
1991: Needs assessment of self-help groups article published in AJCP
1991: (800) toll-free information line initiated allowing more access to SHN's services
1994: Over 5,000 referrals provided to self-help groups in single year
1995: Project ACCESS, federally funded project for people who are homeless & mentally ill started – SHN serves as Kansas evaluator
1996: Hosts statewide conference on self-help groups
1998: Begins to offer college course on self-help
1999: Recognized as Center for Community Support & Research at Wichita State University
2000: Partners on statewide community leadership project (KCLI)
2000: Begins partnership with state of Kansas to provide assistance to Consumer Run Organizations (CROs)
2001: Begins statewide project at making Kansas better place to raise children (CD4HC)
2002: Begins work with over 100 local nonprofits to establish Nonprofit Chamber of Service to build capacity of nonprofits
2003: Begins providing LEAP – series of college courses for people with severe and persistent mental illness
2004: Provides support to over 60 nonprofits, coalitions, and community initiatives in single year
2004: Database of self-help groups becomes "online" at http://www.selfhelpnetwork.wichita.edu/
2005: *One Kansas* Project implemented, providing staff from state agencies and their partners leadership skills and concepts to make their communities stronger
2005: 8th Edition of *Connections* directory published

SOCIAL POLICY

Edited by Preston Britner

"Everything Old is New Again"

by Lisa Minich, University of Cincinnati

I was introduced to community outcomes research two years ago at the beginning of my graduate school career. The first project I worked on involved helping the local United Way plan a Success By 6® initiative, a community-based initiative that works to ensure that all children are healthy and ready to succeed in school by the time they begin kindergarten. Implicit in the idea of the initiative is an emphasis on community outcomes. The goal is not to help certain children who are receiving service through programs, such as Head Start, but rather to help the entire community of children, including all of those children who might never be part of what we think of as social programs.

The planning process for the local initiative revealed to me just how difficult it is for human service professionals to stop thinking about program outcomes and start focusing on community outcomes. Indeed, so interested did I become in the topic that I decided to study it for my Master's thesis, which I will not discuss here other than to note that I interviewed two dozen Success By 6® initiative directors around the country. I learned that some communities really have embraced the notion of community outcomes and all that entails (although others have not). Between my inaugural planning experiences and my frustration at finding relatively little in the evaluation literature, I came to assume that community outcomes measurement was a new idea in the field of

evaluation. Recently, however, I discovered an interesting piece by Alice O'Connor on the history of community outcomes that made me realize the truth of the expression, "everything old is new again."

O'Connor on Community-Based Initiatives
Community-based initiatives have been a means of addressing social concerns, most notably poverty, since the beginning of the twentieth century. These initiatives were founded in the belief that social problems have complex, interrelated origins in the social, economic and physical spheres and worked to use institutions to create change for both individuals and the larger community. During the first half of the century, largely motivated by the desire for social reform, community-based initiatives were planned and evaluated using a mixture of experience and social science theory. Further, community-based initiatives were seen as an opportunity to learn about the nature of social problems and what might be done to eradicate them. While settlement houses had been around much earlier, during the 1960s settlement houses were created with the express purpose of stimulating change.

What began to erode the focus on community outcomes was the federal government's funding during the 1950's for the evaluation of individual programs to inform policy. These efforts firmly oriented the emerging field of evaluation to program outcomes. Not an independently recognized research field prior to the 1960's, evaluation came to focus on the scientific method, demanding controlled experiments and replication to determine the effects of the program at hand. Funding streams shifted in the interest of supporting programs that would attract national attention. Legislatures used evaluation in battles over social welfare issues, further heightening the need for scientific rigor in program evaluation.

A science of evaluation had been created, although it was not without its critics. Controlled studies of interventions may not account for other factors that come into play when interventions are implemented at new sites. Some evaluators called for the retention of qualitative evaluation methods, but with little avail. The evaluation policies of the Great Society programs called for cost-benefit analyses and regular controlled experiments, and those evaluators who stuck by qualitative design methods found themselves out of the mainstream.

Two Challenges
Two aspects of the practice of evaluation pose challenges for our ability to help evaluate community-based initiatives, and hence for our ability to extract best practices from their experiences. The first challenge is that evaluators think in a way that is almost antithetical to measuring community outcomes. Community-based initiatives work to bring about change on a systems level rather in program clients, and community outcomes can be difficult to measure, especially in the beginning stages. Evaluators may emphasize outcomes to the point that process findings are overlooked, and this can be disastrous to community-based initiatives, which often produce not only outcomes that are readily measurable, but also (and usually first) changed processes that are subtle and not readily defined or measured. Two illustrative examples from my work with Success By 6® initiatives come to mind here. One particular initiative identified a major bank taking up its credo of prevention as one of its most important achievements, because investors are much more likely to listen to their banks than to the United Way. Another initiative's ultimate goal was to "get men in suits to talk about childcare." Not all community changes can be easily quantified, especially those that must take place before other, more readily measured changes can occur.

The other aspect of evaluation practice that challenges our ability to evaluate community-based initiatives is the demands of funders, the driving force behind almost every evaluation done by local agencies (who, as O'Connor would argue, are the ones now in charge of managing the community-based initiatives.) Perhaps as a result of the evaluator's insistence on controlled, measurable outcomes, funders often insist that the programs and initiatives they fund provide hard data as proof of their accomplishments. Sometimes this type of evaluation is successful —there are community outcomes that are easily quantified and measured (infant mortality rates, pregnancy rates, school dropout rates)—but not always. Widespread change does not happen quickly, and often requires a shift in public thinking or current policy. Funders may downplay the importance of those types of changes, and community-based initiatives run the risk of losing funding if they cannot produce results as quickly as their funders would like. Several Success By 6® initiatives told of impatient funders who expected to see improvements in school readiness after only one year of effort, and in one case, some funders did not even want to wait through the planning process. In order to meet the demands of funders, many Success By 6® initiatives found themselves too focused on providing programs which, while not quite in line with the ideals of a community-based initiative, were able to provide the types of results funders wanted to see.

What Needs to Happen?
Community initiatives have a long history, and obviously community psychologists have long embraced them. But community psychologists are also sometimes evaluation researchers, and my hope is that I have raised some questions about whether our "community orientation" has sometimes been compromised by our "evaluation orientation." Community-based initiatives have the potential to create meaningful change in the community, but measuring that change might involve fundamentally different procedures than we use to measure change among program participants. To do this job, evaluators must be willing to do four things:

1. Be willing to forego a sole focus on outcomes. By focusing strictly on outcomes, valuable process information is bypassed. When working to change a system, understanding *how* it is done is infinitely more valuable than just knowing it was done.

2. Bring out some of the evaluation tools that have been put aside since the 1960s, especially case studies and combinations of qualitative and quantitative methods. Become willing to once again rely on experience as a valid source of knowledge.

3. When community outcomes can be measured empirically (and many can), make use of population surveys rather than data from program participants. One thing that struck me in my conversations with Success By 6® staff was that most initiatives used population data to mark a baseline for their community, and then never revisited that data source to track changes. Program outcome data cannot provide an accurate measurement of community change.

4. Help educate funders about how community-based initiatives operate, and how community outcomes can (and should) differ from program outcomes. Encourage patience. With more understanding from the pocketbooks about how community-based initiatives differ from programs, initiatives will have more of a chance to flourish.

O'Connor, A. (1995). Evaluating comprehensive community initiatives: A view from history. In *New approaches to evaluating community initiatives, volume I: Concepts, methods and contexts*. Retrieved August 28, 2004 from http://www.aspeninstitute.org/Programt1.asp?bid=1271&i=83.

STUDENT ISSUES

by Sawssan R. Ahmed and Jacquelyn Brown
SCRA Student Representatives

New Student Representative!

We're glad to announce the results for the 2004 SCRA Student Representative elections. Jacquelyn Brown is a second year student in the Community and Culture Psychology program at the University of Hawai'i at Manoa. Her term began in August 2004 and will end in July 2006. She may be reached and congratulated at jacquelynrbrown@yahoo.com.

Student Research Grant

The 2004 SCRA Special Issues Student Research Grant was highly competitive this year due to five quality applications. We would like to congratulate the second-ever recipient of this grant award, Jordan Braciszewski from Wayne State University. We look forward to seeing the results of his research on homeless adolescents. We would also like to thank Gina Hijjawi, Michelle Redmond and Leanne Valentine, our hard-working grant reviewers!

AJCP Special Issue on Student Research

At the January meeting of SCRA's Executive Committee, Dr. Bill Davidson (editor in chief) and others proposed that we investigate the option of publishing a special issue of the *American Journal of Community Psychology* (AJCP) that focuses on student research and that features papers for which students are first-authors. The AJCP is not only SCRA's primary journal, but also a highly-renowned and prestigious peer-reviewed journal. Such a special issue should therefore prove an unusual and priceless opportunity for student members of SCRA. At this point, we need to hear from you: would you be interested in submitting a paper for such a special issue? If so, what research area would your paper speak to? Please email Sawssan (sawssan@wayne.edu) promptly with ideas, so that we may gauge interest in such a venture!

Call for AJCP Reviewers!

Last year, a call was issued in these pages for students to sign on as reviewers for the *American Journal of Community Psychology* (AJCP). Thirteen of you took advantage of this opportunity, and have since then reviewed a number of submissions to this journal. Again, our thanks to Dr. Bill Davidson for enthusiastically encouraging such involvement. If you are interested in becoming a reviewer for the journal, email Sawssan (sawssan@wayne.edu), and please specify what your areas of interest and expertise are. We will promptly forward your inquiry to AJCP.

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.

WOMEN'S ISSUES

Edited by Mary Ellen Dello Stritto and Christina Ayala-Alcantar

Creating Opportunities for Social Transformation: Listening to the Voices of Battered Latinas

by Julia L. Perilla, Department of Psychology, Georgia State University (jperilla@gsu.edu)

From the beginning community psychology has stressed the importance of context in the study of human behavior so that interventions and research are appropriate to the people and situations for which they are designed. At the same time, some social scientists have advocated for the reformulation of the role of our professions in today's societies. They emphasize the potential of our work as tools for the liberation of oppressed and marginalized people in light of their own realities (Martín-Baró, 1994; Serrano-García, 1990; Watts, Griffith, & Abdul-Adil 1999), a basic tenet of the ideas of a community psychology of liberation. A person or group's context is essential in understanding their reality and thus in intervening effectively or conducting research that is valid and respectful. In addition, new ways of seeking knowledge that emerge from the experiences of people who are creating the truth of their reality must be created and used in our collaborations in community.

This new perspective does not require that we throw away all of the existing knowledge, however. What must happen is for psychologists to "relativize" that knowledge and critically review it to determine its usefulness and validity for the people with whom we are working (Martín-Baró, 1994). For this to happen however, we must create more horizontal relationships between researchers and participants and between practitioners and the people with whom they work. Fals Borda (1988), for example, proposes participatory research as one of the methods with which to do away with the unbalanced relationship between researcher and participant. Others have attempted to design and conduct interventions that enhance their potential as liberation tools (i.e. Perilla, Lavizzo, Ibañez, & Parker, 2000; Perilla, Lavizzo & Ibañez, in press; Serrano-García, 1990, Watts et al., 1999). This methodology appears particularly relevant in our work with Latina women who have been abused.

Although a great deal still needs to be learned about the texture of violence in Latino couples, it appears that domestic abuse has both universal and culture specific elements. The scientific literature on domestic violence has advanced a number of theories that have served as the basis for programs and interventions. Whereas these have almost exclusively been advanced from a Western middle-class perspective, they have assumed universal relevance and applicability. The voices – and thus the reality – of people of color and of immigrants and refugees in the United States have just recently begun to be included in the discourse.

Mainstream conceptualizations of domestic violence, for example, may not only not serve Latino families affected by domestic violence, but they may in fact add to the stress of battered Latinas and their children and even create their unintended re-victimization. For example, the emphasis on individual independence and autonomy as the primary goals of many battered women's interventions has emerged from the belief that all women must strive for these characteristics. This philosophy does not take into consideration the cultural norms and scripts that are such a central part of a woman's identity. For many Latinas (as well as members of other ethnic groups who hold strong traditional values regarding gender roles) who have been socialized to believe that their roles as wives and mothers are the most important ones in their lives, the idea of having to leave their partner and become autonomous adds to the stress and trauma of their situation. It may be that, in the end, some women may decide that this is exactly what they will do. However, the opportunity for each woman to decide for

herself the direction of her life is not only self-empowering and respectful, but may actually enhance the potential for her safety. Women's voices, therefore, are essential in our work for social justice.

The voices of women have been a constant guide in my life – both personally and professionally. As a child growing up in Latin America, I learned very early of the wisdom of women's voices. My maternal grandmother and great-aunt, who with my mother provided the most profound influence in my upbringing, demonstrated an unquestionable wisdom about things that ranged from home remedies to child development and rearing to social justice. These women's wisdom did not emerge from academia – neither one had completed elementary school – but from an experience-based understanding of the world. I was not conscious of the importance of this particular characteristic of their lives until as a graduate student I began to work with immigrant Latinas who had been battered. By that time the voices of the women in my family had been relegated to a fond place in my memories and were only brought to the forefront by the voices of these new women in my life.

In 1990 a Catholic nun who had seen Latina women with bruises and black eyes appearing at the mobile clinic where she worked asked me to help her establish the first support group for Spanish-speaking abused women in Georgia. Although I had been doing groups in our Psychotherapy Clinic for some time, I felt apprehensive about this new task since I had no training on domestic violence. The nun assured me that we would learn together. My initial skepticism quickly transformed into my first conscious lesson regarding community work: the fundamental necessity to listen to the voices of women. The message for me had both professional and personal relevance. As I sat in the circle and listened to their stories I realized that the women whom I was supposed to guide were instead giving me the language with which to give voice to my own experience. I too had been a battered woman, but my vocabulary (in Spanish or English) did not contain words to describe what for many of us was simply a fact of married life. This experience not only helped to contextualize a crucial period of my life, but also made me aware of the

limitations of academic training to understand fully the everyday realities of many women. At the same time, it highlighted the tremendous potential of women's voices as tools for transformative work in community.

Caminar Latino, the comprehensive domestic violence intervention program that emerged from that first support group, has been guided from its start by the voices of its women participants. The inclusion of children as part of the group was never a question. The centrality of family in Latino cultures mandates that women place their family as the central axis of their lives. Services that do not offer childcare often go unused, as women strive to fulfill the cultural directive to place their children's and partner's needs before their own. The children of women in the support group were at first welcomed into the middle of the circle, where we could all keep an eye on them. It became clear very quickly, however, that some of the older toddlers were paying close attention to our conversations and that they needed to have childcare in a separate room.

Within a few months, the woman who provided childcare pointed out that the children needed a lot more than babysitting services, because they seemed to be deeply affected by the violence in their family. The idea was unanimously echoed by their mothers. I pointed out that I knew nothing about working with children who witness violence in their homes, but they insisted that I could learn about working with children, the same way I had learned to work with women. I was given the task of finding a program and materials for Latino children affected by violence in their home. The task was quickly accomplished, given the scant literature on Latino youth that in the early 1990s contained no such resources. We realized that it would be up to us to develop a youth curriculum, which we did in collaboration with the women, who served as our community consultants.

Some time later, the women requested an addition to our program for which we were again unprepared. Although they were satisfied that the children were being provided appropriate services and the women were at more liberty to work on their healing as survivors, they thought

it was time for Caminar Latino to offer an intervention for Latino men who batter. They believed, as we had assured them, that the responsibility for the violence against them was not theirs, but that of their violent partners. Thus they were not clear why, if that was the case, we weren't offering a group for men who batter, so that they could work on their own violence. All of them wanted the violence in their lives to stop, but very few wanted to leave their relationships at that moment.

The women were undaunted by our arguments that we knew nothing about working with violent men and they assured us that we could learn this new set of skills, just as we had learned in the past. They were equally unconvinced by our explanation that for a program working with battered women it was not customary (even accepted) to work with violent men. They asked if this approach had been tried with Latino families. We had to admit that, to our knowledge, it had not. Their perseverance in requesting this added service, which to them appeared as central to their safety and that of their children, won out. A Mexican man who indicated his willingness to work on his own violence and work with other Latino men obtained training from Antonio Ramírez, who had been doing this work in California and Mexico, and Caminar Latino opened its first intervention group for Spanish speaking men in 1995.

After working simultaneously (although in separate groups) with survivors, men who batter, and their children for almost a decade, we have realized that the women were right all along about the specific needs that as Latinas they had to increase their own and their children's safety. In the process we learned not only about working with children and men, but also about the wisdom of the women. Their voices have guided us in creating a comprehensive intervention program for Latino immigrant families affected by domestic violence whose main objective is the increased safety of women and children. The program conceptualizes domestic violence as a violation of their fundamental human rights (Perilla, 1999). We have learned from our participants that conventional models that looked exclusively at battered women or solely at men who batter did not work for our community. Because of the centrality of family in our culture, the family unit was the most appropriate place in which to intervene. This of course meant that, in addition to our work with men, children would have to be a central part of our efforts, not simply a peripheral service for abused mothers. Caminar Latino currently offers three support and reflection groups for women, 2 levels of a men's

> **We must create more horizontal relationships between researchers and participants and between practitioners and the people with whom they work.**

intervention group that includes a substance abuse component, an adolescent group, 2 groups for children (4-7 and 8-12), and a playgroup for infants and toddlers.

The abused women's support and reflection groups use a framework informed by third-world feminist theories, in which the women have the opportunity to explore the meaning of their abuse from a social and cultural perspective that takes into account their status as immigrants. During group sessions, women are encouraged to make use of the support provided by other participants, as well as participate in the discussions during the weekly reflections regarding topics of common interest. Group members play an active role in the ongoing development and evaluation of the program and are encouraged to provide input regarding new reflection topics and ways to improve the services.

Over the years, the evolution of the women's program has reflected the participants' increasing sense of ownership in their groups. For example, the program was originally called "Latino Families at Risk." The name was changed to Caminar Latino (Latino Journey) at the request of the women, who indicated that they wanted a more positive label for the program. In the same spirit, women in the second level group began to keep journals when they indicated that they wanted to document their healing process. They designed the format of the journal to include several art media, so that all women could make use of this tool, regardless of their literacy level. This sense of group ownership and the awareness of untapped potential reflect the collective strength of survivors in their process of transformation.

In addition, women are gaining an increasing awareness about their rights and options. Many of the women have learned to drive or are attending English or computer classes, some have retrained to work in non-traditional jobs (i.e. taxi drivers, heavy machinery operators), and others are seeking residency status under VAWA guidelines[1]. Their knowledge of services and resources in the community has decreased their isolation and many of the women have become involved in church and community programs. Women in the second level group have requested opportunities to explore together issues such as parenting, discipline, education, sexuality, etc. because of its immediate relevance to their lives and those of their families. In addition, the women's program is a good example of the potential that exists within ethnic communities

to develop core groups of trained individuals. One of the current group facilitators is a former member of the original abused Latinas' group. Two other former group members have helped establish small groups for other battered Latinas: one in an Atlanta suburb and the other among migrant farm worker women in South Georgia. Long-term members of the program have spoken at domestic violence rallies and vigils, have served on planning committees for a victims' conference, and one now serves on the board of directors of Caminar Latino, Inc. If success were measured in terms of level of *concientización* (critical consciousness), one would have to argue that the women's program in Caminar Latino is remarkably successful.

The impact of this approach has taught us other important lessons as well. In our work with these families we have become aware of the limitations of our profession as a tool for social change when we attempt to have people adapt to oppressive circumstances without attending to their inherent liberation potential. We have been challenged about our self-definition as "experts" on the issue of domestic violence and been forced to re-define our idea of expertise on this topic. As academically-trained professionals we have learned just how easy it is to take our privilege, our status, and the power they bring and misuse it in our work in ways that often go unchallenged. It is easy to fall into hierarchical models that are often more expedient, but that contradict and weaken the liberation component of our work.

We have learned that as our program name suggests, "caminar" is a journey that must be undertaken at the pace and time of each person with whom we work, which very often does not match our own. In addition, over the years we have become aware of the challenge of incorporating a psychology of liberation perspective into our work within the larger society in which hierarchy and bureaucracy are the prevailing models. Along with the challenges is the satisfaction of seeing individuals and families gain a new understanding of their role in making the world a more peaceful place and the pleasure of observing the emergence of leaders from within the community who will continue the work into the next generation. There is also the excitement of seeing students become open to new, broader, and more meaningful opportunities for their chosen careers, as they incorporate their experiences into their professional identities and begin to trust the voices of the women with whom they work. The potential for social change at many levels is truly remarkable.

[1.] The Violence Against Women Act (VAWA) provides a remedy for battered women to apply for legal residency on their own, rather than having to rely on their spouse's willingness to apply on their behalf.

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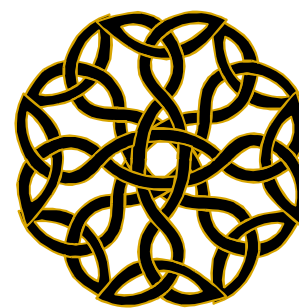
THE COMMUNITY STUDENT

Edited by Sawssan Ahmed and Jacquelyn Brown

The Community Student has two special articles for you this issue. In the first, Milillo highlights the application of psychological social theories to crimes of war against women. She challenges psychologists to rethink methodology to make research more applicable to real-world problems. The article is personal and timely as it is rooted in her interest in the psychology of gender, but also stems from the abuses in the Abu Ghraib prison that recently dominated headlines.

In the second piece, three students share their thoughts on the American Psychological Association (APA) annual conference in Hawaii this past summer. Amidst thousands and thousands of psychologists and hundreds of sessions, those in Division 27 found themselves together at the SCRA presidential address. Nathaniel Israel, Natalie Crespo, and our new SCRA student representative, Jacquelyn Brown, give us reflections on their APA conference experiences.

"Unmasking" The Usefulness of Our Research: Integrating Social Theory and Gender Violence In War

Diana Milillo, Department of Psychology, University of Connecticut

Like many students trained in psychology, I have always been intrigued by the processes that underlie our everyday actions, motivations, emotions, and decisions. Yet, on my path down the road of social psychology, I have more than once questioned the application of all of our knowledge to "real-world" phenomena. While many of our theories set out to explain very important questions – e.g., How is prejudice maintained and reduced? Under what types of conditions might people exploit power? How do group dynamics influence behavior? – it is curious that a large portion of the research is done without ever really being applied to the groups or communities it may best serve. With these doubts in mind, I became pleasantly lured into the world of community psychology.

During my college and graduate school years I found my passion in the broad spectrum of the psychology of gender. One area that I specifically honed in on is the psychology of violence against women, an area that is hard to leave at the theoretical level. I began to see clear connections between some of the "classic" social psychological theories and the processes involved in horrific abuses toward women worldwide. In particular, when rape and assault are used as tactics of war, they involve extreme forms of deindividuating conditions, group identity, and an exploitation of normative ideas about culture and gender.

During the time when I first began to look at this area, the United States had not yet declared war on Iraq. Yet, as my interest in the topic took shape, the U.S. had gone into, fought, "ended" the war, and began reconstruction in Iraq. As I write this, there is a resurgence of interest in these relevant social psychological concepts, as the imminent news of abuses toward Iraqi detainees surfaces. To date, six U.S. soldiers face investigations for charges including cruelty toward prisoners, assault, and indecent acts toward prisoners in the now infamous Abu Ghraib prison (Hersh, 2004). As the global public sees these horrendous pictures – of detainees hooded and stripped, tortured by dogs and humiliated by their captors – I believe psychologists have a duty and an ethical obligation to "give away" what we have learned from our studies. And indeed, I am glad to see it headed in that direction; Dr. Philip Zimbardo, professor at Stanford University, described in a Boston Globe editorial the impact of his mock-prison experiment, which made the case that even normal, well-educated college students can act in evil ways, given the right combination of power and authority (Zimbardo, 1969; 2004).

Gender Violence in War

While millions of women are raped worldwide each year, a large (yet inexact) number of women are raped in conflict-ridden regions, often as a tactic of war. As Susan Brownmiller posited in 1975, rape as a tactic of war has been an integral part of every documented war throughout history. In her analysis, women's bodies become the battlefield for power dynamics not only between enemies, but for men over women as well. The United Nations estimates that between 250,000 and 500,000 women were raped during the 1994 genocide in Rwanda (www.un.org). Comparable tortures are reported globally, including Bosnia, Liberia, Congo, Vietnam, China, and Pakistan. Though the situations vary, there are systematic ways in which soldiers brutalize enemy women. Women are usually either kidnapped or taken to a 'rape camp' with other women or are raped in their own homes, in front of their (specifically male) family members or neighbors. The level of violence they might endure varies; some are raped by one sole perpetrator, others are gang-raped; some women are raped once, others may be raped many times or consecutively for weeks; many are also victimized by a very high level of force and threat – using knives, guns, sticks, broken bottles, burning charcoal, a hot iron, and so on (Stiglmayer, 1994).

Social Psychological Characteristics of Rape in War

Group Identity. Psychology has come to understand that it is almost basic human nature to identify one's self with one's group (Allport, 1954). Everyday gestures (e.g., wearing a team shirt, donating to an alma mater) signify that humans hold a strong desire to favor their in-group, maintain a positive self-image, and by contrast, distance themselves from an out-group (Tajfel & Turner, 1986). This is the basic premise of Social Identity Theory (Tajfel & Turner, 1986), which has been important in the formation of later work on prejudice and stereotypes. Almost always in war, a sign or pledge to one's group is quite visible; soldiers wear some type of uniform. But from much of the anecdotal evidence, their behavior takes on another level of meaning. In many cases, it is not just one soldier who rapes, but a gang of soldiers who storm a house and village. These kinds of rapes signify a strong desire to identify with their in-group – so much so, that they create a bond or brotherhood together from ritualistic sexual violence (Stiglmayer, 1994; Sanday, 2001). One soldier who was later interview about his participation in the war in Bosniawas told to "prove he was a real man and a real Chetnik" by raping and killing (Stiglmayer, 1994, p. 156).

Deindividuation. Many times, the perpetrator is indistinguishable to the woman. He may look like any other man around because of his uniform, or actually look non-descript because he is wearing a mask or face covering. What this does is create an almost total state of anonymity. Their victims cannot recognize them

– the perpetrators are deindividuated, and therefore not personally responsible for their actions (Zimbardo, 1969). Social psychological studies have shown that the less self-awareness one has, the more aggressively one will behave (Diener, 1979). Similar increases in aggressive behavior have been found when people are in a large group (Prentice-Dunn & Rogers, 1982). The deindividuated state of anonymity may be a driving factor in the extraordinary level of physical violence rape victims suffers during times of war. Taken together, the allegiance to one's in-group might suppress one's obligation of personal responsibility, and replace it with a feeling that one is acting victoriously for the group.

Social Dominance. Wherever there is physical violence, there is undoubtedly emotional violence. In many of these cases, not only are victims traumatized through rape, but they also suffer through demeaning and stereotypical words – about both their gender and ethnicity. The systematic use of stereotypic insults corroborates with Social Dominance Theory, which implies that violence is one way, but not the *only* way to maintain power differentials (Sidanius & Pratto, 1999).

Social Dominance Theory first argues that some people have a higher preference for group-based inequality than others. Further, these individuals use justifications and stereotypes (or, as the authors define them, "legitimizing myths") to rationalize why their group deserves to be on top and why those on the bottom deserve what they get. In war, the dominant group uses these stereotypes and violence to justify their position in battle as legitimate and just, because of some moral, psychological or social deficiencies of the lower status group (in this case, women ethnic minorities). From interviews with rape victims about their capture and rape(s), we can infer that their perpetrators used traditional stereotypes as a "green light" to commit the acts. For example, one Jewish woman reported being called a "dirty" and "cheap" Jew by her German perpetrator during WWII (Brownmiller, 1975). Several Serbian authorities were documented telling their victims to "make them coffee," which was believed to be a euphemism for sexual assault. Likewise, some of the Bosnian rape camps were given names like "Fast food restaurant" – again, insinuating that

the women were there to service them (Olujic, 1995). Social dominance is demonstrated in these examples, as well as in more explicit motives for "ethnic cleansing" of a subordinate enemy group.

Social Roles and Ideologies of Gender. Most of the world still holds on to gender roles that support what social psychologists call "protective paternalism" (Glick & Fiske, 1996). That is, it is men's duty and social role to provide for and protect *their* women and children. In many cultures around the world, as one author puts it, "female and male honor depend on women's chastity (Olujic, 1995)." And, in many cultures, being raped – under any circumstance – is grounds for a family to disown the victim. Rape is often used in war to evoke what has been called the "honor/shame" complex – to show enemy men that they cannot protect their women (Olujic, 1995). As I mentioned before, perpetrators commonly rape women in their own homes, in front of their family members – especially a father, husband, brother, or children. This behavior reiterates that the man (or men) cannot fulfill one of their more basic social roles as protector. Collectively, rape in war rips away at the fabric of community: Many women feel deep shame, they are blamed and banned from their families (or fear they would be if they told), or they aren't allowed to marry since their honor has been compromised.

Is Psychology Ready to Unmask its Theories? There are slow signs that the burden of responsibility is being placed back on the perpetrator. For the first time in 2001, the International Criminal Tribunal convicted several Bosnian Serb leaders for crimes of sexual violence against women – specifically rape and enslavement – considering them crimes against humanity (www.hrw.org). Furthermore, now is as pressing a time as ever for the press to inform the public of human rights violations.

However, what should be the psychologists' role in this issue? I believe we, and other professionals, can set the tone by first naming the problem and validating its importance by talking about it and studying it. But *how* should we begin exploring the complex issue of gender violence in war? Can we approach it as we do more traditional research on violence against women (e.g., using attitudinal and correlational measures), or does this area necessitate an

entirely different methodological approach? Being trained in experimental social psychology may limit the practicality of doing causal research; but it doesn't mean we should discard the theories. Integrating multi-disciplinary theory and multi-method study could provide a richer understanding of these large-scale problems. For instance, qualitative coding of interviews with rape survivors (often done at refugee camps) can be a way to uncover systematic themes toward the functions of this violence.

Taken together, the lessons we've learned either in psychology classrooms or through global politics must be integrated to use in understanding phenomena and informing future research and intervention.

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Student Reflections on the 2004 APA Conference

Nathaniel Israel
Wayne State University

The highlight of the APA experience, for me, was Dr. Toro's presidential address and the discussion that ensued. Dr. Toro outlined various approaches to conceptualizing the field of community psychology, the potential dangers in creating a single label or perspective under which to subsume the field, and the opportunity for expansion inherent in embracing the diversity of the field and its members. The address was important for me not in that conclusions were reached regarding how to conceptualize the field, but rather in the admission that the definition of the core value or values of community psychology continues to evolve.

Clearly, there is the danger that community psychology as a field could fail to cohere sufficiently (in terms of values, methods of inquiry, and standards of evidence) to remain important to the larger field of psychology, or to persons with whom community psychologists study and take action. This danger came through in several comments. But what was also apparent was that community psychology as a discipline is well-equipped to begin this new journey, one of dialogue with its members and with other communities of persons to continue to create a sense of meaning that is relevant both in terms of advancing scientific inquiry and practicing social action. As a graduate student it is exciting to be a part of this next chapter of thought and practice in community psychology.

Natalie Crespo
University of Hawai'i at Manoa

One of the most satisfying experiences of this year's APA conference was the series of SCRA events. I appreciated hearing from members who are further along in their careers. I also enjoyed meeting other graduate students who shared my feelings of excitement and anticipation as they go through similar experiences as students.

Dr. Toro's presidential address was interesting in that he spent a lot of time taking stock of where SCRA has come from and where it is going. As a new member, I appreciated learning more about its history. It was also interesting to listen to people's comments, and I liked that this was an included aspect of the address. It was surprising to me at the time that students' input was requested. I shared that I saw community psychology as being the perfect field for me and that others who identify as community psychologists are accomplishing the sorts of things that I would like to accomplish in my own career.

I agree with Jacquelyn Brown's comments that part of the difficulty with bringing more students into the field is that it is difficult to describe or explain community psychology in a concise way. I often find myself struggling to answer people when they ask me what I'm studying in school or what sort of career I expect to have. This is also the exact quality that I like about community psychology – that it is broad and allows people to apply their skills in action research, program evaluation, critical thinking, community involvement, and public policy towards an immense variety of things while staying under this "Big Tent."

I expect to be a community psychologist for the duration of my career, and I hope that as I continue to work and learn I will also become a good representative for the field. After the conference, I felt more connected to SCRA and I plan to continue to be involved in the organization.

Jacquelyn Brown
University of Hawai'i at Manoa

As I walked into the Honolulu Convention Center, I was shocked to see so many people pouring into the lobby and even more people in Kamehameha Hall. A virgin to the world of professional conferences, I have to admit, I was overwhelmed by the magnitude of APA. At the same time, I was so excited because within this mass of conference attendees were people that I wanted to meet – people doing similar work as me, people who I cite in my papers, people who have laid the foundation for our field, and people who I'll probably work with in the future.

For me one of the best parts of the conference were the poster sessions. There were so many posters and they were only up for a short time that it was next to impossible to review them all. But I found the sessions to be a key place to meet people, especially other students. It was inspiring to meet a high school student out of Florida presenting his research on volunteering, to see the work coming out of NYU on homelessness, and the many other diverse topics that community psychology students are working on throughout the world

The other great part of the conference was the conversation that followed Paul Toro's presidential address. Initiating that conversation was such a community psychology thing to do and provided a great space for attendees to connect. What got me, and I think many other students, excited was the fact that our opinion was sought out on the future of the field. I sincerely hope that we can find space and time to continue that conversation.

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NATIONAL SAFE START INITIATIVE:

REDUCING THE IMPACT OF EXPOSURE TO VIOLENCE

Edited by Inga James and David M. Chavis
Association for the Study and Development of Community

Introduction

In the late 1990's, the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) began to recognize that a child's early exposure to interpersonal violence often has long-lasting deleterious effects. While early responses and services exist for direct perpetrators and immediate victims, there were too few interventions or treatments in place for the young victims of exposure to violence, despite the recognition of the potential harm to young children. The Attorney General, Janet Reno, through the Department of Justice realized that, in general, communities do not have integrated, comprehensive services to respond to children who have been exposed to violence and that, where such services exist, they are often crisis-oriented and reactive. Thus, OJJDP committed itself to increasing its role in the prevention of children's exposure to violence and in the development of comprehensive services for children who have been exposed to violence. Out of this commitment, the Safe Start Initiative (SSI), a national demonstration project aimed at creating and enhancing services to young children exposed to violence, was born. A five-year project, funded in 2000, SSI is located in 11 sites across the US. Seven of the sites are in urban areas, two are in rural areas, and two can be found in tribal sites.

Children's Exposure to Violence
Exposure to violence, as defined by OJJDP, is "being the victim of abuse, neglect, or maltreatment, or a witness to domestic violence or other violent crime (Department of Justice, 1999)." It is estimated that nearly three million children are exposed to violence each year (Poe-Yamagata, 1997), with nearly all being exposed to multiple forms of violence. Particularly at risk are preschool age children and infants.

The research on how to best serve young children who have been exposed to violence is incomplete and offers little in the way of guidance for program development or systems coordination. This is particularly true of children who have witnessed, but who have not been direct victims of, violence. From the available evidence, however, it is clear that children who witness violence can suffer from the same types of symptoms as those who are abused themselves. These symptoms include post traumatic stress disorder, developmental delays, and psychological, emotional, social, and behavioral problems (Osofsky, 2003; Schwartz & Gorman, 2003).

To fill identified gaps in knowledge about services, OJJDP issued a notice of funding availability in 1999 for five years of funding to plan and implement services and programming for children exposed to violence, with an emphasis on children under the age of six. Grantees were to develop comprehensive and coordinated community systems to respond to and prevent the harmful effects of violence on children. The funding announcement (Department of Justice, 1999) listed several objectives:

- Development of a community assessment of the extent and nature of children's exposure to violence;
- Measurement and enhancement of community awareness about the impact of exposure to violence;
- Improvement of access to services;
- Improvement of identification, referral, and services to children exposed to violence;
- Increased collaboration and coordination of services to children, particularly those exposed to violence; and
- Development of training and support to direct service providers about exposure to violence.

These objectives were to be met within a culturally competent framework that addressed the unique needs of all children and their environments. Services were to be developed with an eye toward policy and systems change that would ensure long-term institutionalization of the goals and objectives of the Safe Start Initiative. This initiative has had the uniquely broad mandate to increase the knowledge base of both systems change, as well as intervention and treatment of children exposed to violence (CEV).

Each of the 11 funded sites was tasked with achieving the above objectives. A Safe Start National logic model was developed (see Figure 1). Sites were encouraged to develop their programming based on their own community needs, resources, and other community conditions. Thus, although all sites have developed programming that is based in the available research and practice knowledge, no two programs, systems change strategies, or service delivery systems are identical because of the different settings (i.e. urban, rural, tribal), policies, services, systems, and community conditions of each site. For example, some sites are working intensively with local law enforcement to integrate these services with referral and treatment for children exposed to violence. Another site has targeted the early childhood education system within the community to assist teachers in the identification and referral of children exposed to violence. Still another site has a community outreach worker that resides and works in the community and has become a word-of-mouth point-of-entry for families seeking Safe Start services.

Even the very definition of violence has varied according to environmental and cultural conditions of the participating communities. Urban communities have focused on domestic and, in some cases, community violence. A rural community has included violence against animals as part of its definition. Tribal (Native American and Native Alaskan) consider all forms of violence reason for intervention (e.g., television and verbal).

Safe Start National Evaluation

OJJDP wanted to further the knowledge base for the field of practice working with children exposed to violence (CEV), as well as create systems and programs to assist children exposed to violence. To that end, each of the 11 funded sites are required to develop an internal evaluation plan, hire and work with an evaluation team, and provide outcome data to the Department on a regular basis. Grantees were expected to develop rigorous designs (experimental or quasi-experimental) to test the effectiveness of their intervention or treatment programs. Some sites are working with evaluation teams located within their organizations, while others have contracted with external evaluators for services.

Local evaluation teams are responsible for measuring the outcomes of the objectives listed previously. Their efforts center on two primary areas: impact assessment and intervention research. The *impact assessment* looks at the community, systems, and agency impacts of this initiative and measures changes in policies, resources, practices, procedures, and other conditions including, but not limited to systems integration and a comprehensive and balanced approach to reducing the impact of children's exposure to violence. The *intervention research* is geared to evaluating the effectiveness of the treatment program designed to serve children exposed to violence.

In addition to local evaluation efforts, OJJDP included a national evaluation in its overall plan. This evaluation includes outcome and process studies and will provide a cross-site analysis of site activities, processes, and impacts. Working closely with the local evaluation teams, the National Evaluation Team (NET), led by the Association for the Study and Development of Community (ASDC), is developing case studies of each site which will explore the context and capacities of the communities hosting the Safe Start programs, as well as the programmatic and systems change activities. The aim of the case study method is to provide an overall understanding of the factors that best converge (or diverge) to create effective systems and service delivery strategies and procedures for responding to violence exposure. The case studies, using cross-case analysis, will be used to confirm and refine the logic model. In contrast to community trials, a cross-case study design was seen as the best method to learn from a formative multi-site initiative that shared common goals and an overall framework for action, but varied in implementation methods.

All of the 11 sites are required to participate in the case study process (involving both qualitative and quantitative data). Additionally, four of the sites have been awarded additional funding to enhance their intervention research to further expand knowledge in the field. These additional resources are intended 1) to strengthen the rigor of a site's intervention research design, 2) to increase the power and/or precision of outcome findings, or 3) to expand and improve tools or measures available for client identification and assessment. The additional funding is expected to increase the knowledge base regarding programs for reducing the impact that exposure to violence has on children, as well as methods and approaches to evaluate such programs.

Figure I. Safe Start Overall Logic Model
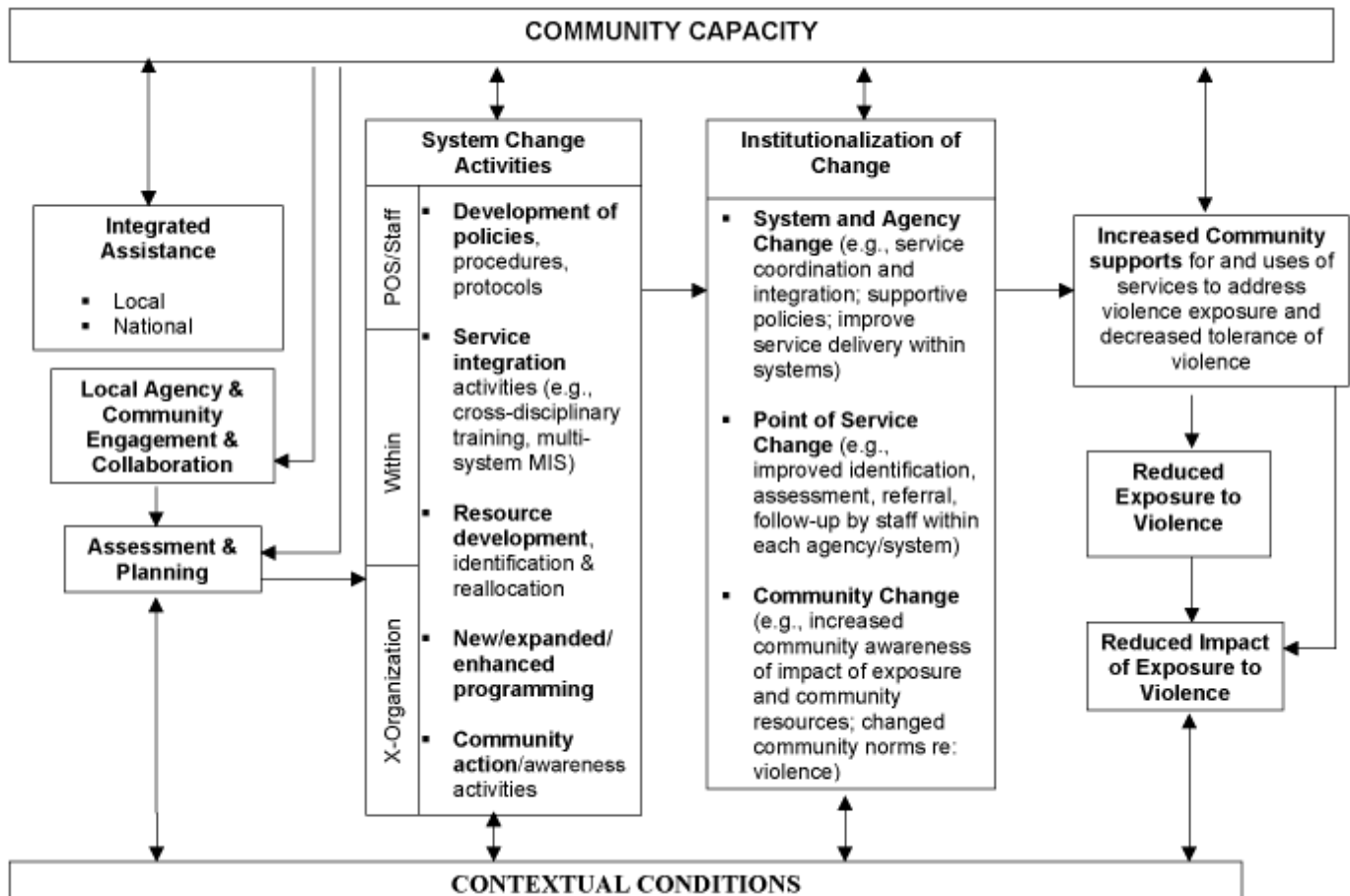
In addition to the outcome and process studies, the NET is also examining and identifying promising practices for working with children exposed to violence that have grown out of the Safe Start work. A report outlining these promising practices will be completed in the near future. Because replication of the Safe Start Initiative is the long-term OJJDP goal, this demonstration project is being watched with great interest for the contributions it makes serving the estimated three-million children who are exposed to violence annually.

In the initial stages of the Safe Start Demonstration Project, Caliber Associates was the lead on the National Evaluation. In 2004, that responsibility was transferred to ASDC. ASDC will be conducting the National Evaluation through the project's end in 2005.

Training and Technical Assistance
In keeping with its goal to develop comprehensive services for CEV, OJJDP also provided for training and technical assistance (T&TA) for Safe Start sites. T&TA is provided for programming, evaluation development, and long term local sustainability of the initiative. T&TA providers work closely with the program and local evaluation teams, as well as the national team members (e.g., Program Officers, National Evaluation Team) to develop site specific T&TA plans. ASDC has been responsible for providing technical assistance on evaluation (evaluation capacity building) to local sites, the NET, and OJJDP since the beginning of the initiative. Materials developed as part of the Safe Start evaluation technical assistance effort and local evaluation information can be found at www.capacitybuilding.net.

Now wrapping up the fourth year of this five-year initiative, the Safe Start demonstration sites are developing specific, actionable sustainability plans. Efforts include attention to both fiscal sustainability and institutionalization of the mission and goals of SSI. Safe Start communities are working to integrate the programming of the Initiative into its systems of response to family violence, child abuse, and community violence prevention.

Special feature
This special feature highlights some of the activities of SSI. The feature begins with a description of the literature about promising methods for treating children exposed to violence. This review provides a guideline for practitioners interested in working with this population. The second and third papers describe the role and activities of local Safe Start collaboratives, in Washington County, Maine, and Pinellas County, Florida. Following is a paper relating the efforts in Rochester, New York, to mentor pre-school teachers in an effort to assist them in identifying and working with children exposed to violence. Finally, the evaluation team in Bridgeport, Connecticut, describes their efforts to integrate evaluation efforts into program development.

The Safe Start Initiative is of particular interest to community psychologists because of its dual focus on deriving knowledge of systems change as well as intervention and treatment. This dual focus has been a challenge for program staff and evaluators. OJJDP recognized from the beginning that without systems change, these children's needs would not be addressed. At the time this initiative started, few communities recognized CEV as children requiring immediate and long-term attention. Policy changes recognizing that these children are victims that should be receiving mandated services or at least be eligible for services were among the major accomplishments of the Safe Start sites.

Safe Start also provides the opportunity to learn how local communities can be incubators for effective intervention and treatment methods. The evaluation and the national level can help inform us about how contextual conditions, as well as institutional capacity, can affect intervention development and implementation.

Overall this initiative has provided a learning opportunity for national and local evaluators to work together. Furthermore, it has provided a venue for national and local program staff to begin creating a learning community that fosters greater awareness of CEV, as well as a method of disseminating of knowledge about the impacts of exposure to violence on children and intervention methods for these children. This special feature represents one of our first steps to disseminate what we are learning and to encourage others to address the research and programmatic challenges of address the needs of CEV.

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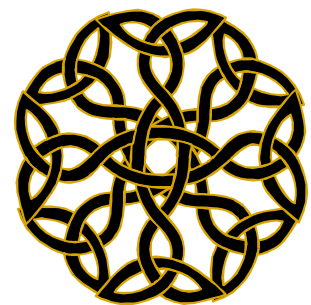
Interventions for Children Exposed to Domestic Violence

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University of Illinois at Chicago

Although the exact number is unknown, estimates suggest that at least 3.3 million children witness domestic violence in the US annually. The negative effects of children witnessing domestic violence include emotional distress, somatic complaints, developmental delays, post-traumatic stress symptoms, externalizing behaviors such as aggression and delinquency, and internalizing behavior problems such as anxiety and social withdrawal. The purpose of this manuscript is to offer guidance for agencies seeking to improve their services to children by reviewing the literature regarding existing intervention strategies, providing an overview of the services provided to children by domestic violence agencies in Illinois, and identifying additional resources. While few systematic evaluations have been conducted of programs that intervene with children to reduce the negative impact of witnessing intimate partner violence, preliminary studies suggest that small group counseling and other interventions may be effective. These interventions include encouraging open discussion of the children's experiences, dealing with feelings of responsibility for violence in the family, identifying feelings, dealing with one's own anger, identifying/using social supports, enhancing self-concept and self-confidence, learning about the cycle of violence, and developing conflict resolution skills.

Common Practices

A review of the literature reveals a number of practices often used by interventions designed to reduce the impact of exposure to violence among children. Unfortunately, data regarding the relative effectiveness of specific interventions for children who have witnessed domestic violence do not yet exist. However, a description of these common practices of interventions may be useful for agencies interested in developing state-of-the-art services for children exposed to family violence.

Providing Information and Building Group Cohesion.
Because many of the interventions provided to children are conducted in small groups, early sessions often consist of providing information about the group, setting up group rules, and generally getting to know one another (Grusznski, Brink, & Edleson, 1988; Peled & Edleson, 1995).

Information such as the purpose of the group, the length and duration of the group, and definitions of various types of violence are often provided. Ground rules for the group are often developed by facilitated discussion within the group (Graham-Bermann, 2001). Common ground rules address issues such as use of violent words or actions, the ability to not speak or "pass" your turn to speak, interrupting others when they are speaking, and confidentiality (and the limitations of confidentiality in cases of child abuse).

"Breaking the Silence."
A primary goal of many therapeutic interventions is to promote open discussion of the children's experiences. Although some may feel that it is best if a child does not dwell on disturbing events, the process of retelling or reenacting a traumatic event in the safety of a therapeutic relationship can be in itself a healing experience (Groves, 1999; Peled & Edleson, 1995; Wilson, et al., 1989; Wolak & Finkelhor, 1998). Recalling the trauma allows children to integrate the experience into their understanding of themselves and their world (Groves, 1999). Speaking openly with others about violent events can also serve to reduce the sense of shame and isolation suffered by many children of battered women. An analogy that has been used with younger children to facilitate open discussion is to discuss how things are scarier in the dark than in the light. Another activity involves brainstorming lists of fun secrets and secrets that can hurt, and discussing the differences (Grusznski, Brink, & Edleson, 1988). Another approach used to counteract a child's hesitation to disclose his or her experiences is to encourage the parent(s) to give the child verbal permission to talk about the family before the individual counseling or small group starts (Wilson et al., 1989).

Dealing with Feelings of Responsibility for Violence in the Family.
In the course of discussing the traumatic events, it is important to help children understand why their parents fight, and more importantly to realize that the fighting is not the child's fault (Graham-Bermann, 2001; Groves, 1999; Peled & Edleson, 1995; Wolak & Finkelhor, 1998). Children should be helped to understand that parental actions are adult issues, and not the responsibility of the children. Children should be dissuaded from

the belief that they can change their parents' violent behavior. Interventions that focus on this issue include discussions of parents' use of violence and emotional, verbal, alcohol, and drug abuse, with the emphasis that each person is responsible for his or her own actions. Children may be encouraged to write stories related to actual violent incidents, and then to identify the individuals responsible for specific behaviors. These stories can be read to the group or acted out (Grusznski, Brink, & Edleson, 1988; Wilson et al., 1989).

Identifying Feelings.
An important objective of many interventions for children exposed to violence is to provide children with a better means of expressing themselves (Peled & Edleson, 1995). Learning to identify and label feelings not only helps children express themselves to others, but may also help them better understand their reaction to fighting between their parents. Group facilitators will commonly ask children to identify different feelings, and describe situations when they might feel that way. Others use vignettes to facilitate discussion. For example, a vignette might read: "Your two best friends go to someone's house to play without you. How do you feel?" Older children might be encouraged to rate the intensity of their feelings on a ten-point scale (Wilson, et al., 1989). Given that many children from violent homes have found it dangerous to express their feelings, learning when it is and is not safe to express feelings might also be important (Grusznski, Brink, & Edleson, 1988). Grusznski and colleagues (1988) describe a variety of techniques and activities that can help children of all ages to better identify and express feelings.

Dealing with Anger.
Teaching children to effectively manage anger is an important step in breaking the inter-generational cycle of violence. Developing relaxation skills is a common anger control strategy. Another strategy is to have groups of children brainstorm healthy and unhealthy ways of dealing with anger. Children can then be encouraged to make up conflict scenarios involving peers, siblings, parents, or teachers and then role-play non-violent methods for handling the conflict (Wilson, et al., 1989). Jouriles and colleagues (1998) work with the mother and child together with the goal of

> **Teaching children to effectively manage anger is an important step in breaking the inter-generational cycle of violence.**

reducing aggressive behavior. In these sessions, the mother and child document aggressive behaviors, discuss strategies that they have used to address these behaviors, and explore new behaviorally-based solutions. Modeling non-aggressive behavior, rewarding and reinforcing non-aggressive solutions, and implementing consistent and appropriate parental responses to aggression are all part of the treatment program (Jouriles et al., 1998).

Identifying/Using Social Supports.
Social support interventions often focus on the positive aspects of the children's current social support system and provide them with resources for maintaining or enlarging this network. Previous social supports that the children have used are discussed, with attention to which ones were most helpful. Local community resources for various problems are identified and discussed. The children are encouraged to identify a support system that could be used if they are upset or have suicidal feelings. Some of the fears that children may have had about telling someone about their problems can be discussed, including reasons why some families keep fighting a secret (Wilson et al., 1989).

Self-Concept and Self-Confidence.
In Wilson, Cameron, Jaffe, and Wolfe's (1989) 10-session intervention for 8 to 13 year-olds exposed to domestic violence, one 90-minute session is devoted exclusively to exploring children's self-concept and boosting their self-confidence through the use of a "life puzzle." Similarly, Grusznski and colleagues (1988) describe an esteem-building activity where group members create two collages, one that includes words or pictures that represent how others see them, and one that represents how they view themselves. When children are asked to present their collages, other group members will oftentimes reinforce and add to the positive attributes presented and refute the negative ones. A positive group experience usually translates into a positive experience of themselves and their capacity to be respected and cared for (Peled & Edleson, 1995).

Learning about the Cycle of Violence and the Dynamics of Family Violence.
Understanding the cycle of violence and debunking the myths that surround family violence are common goals for interventions with children of battered women. To personalize the concept of the inter-generational transmission of violence, children may be asked how their mothers and fathers deal with anger and how they handle their own anger. Children's concerns that violence is inevitable in their own lives must be addressed. Furthermore, misconceptions around spouse abuse, for example, that all batterers are mentally ill, can be discussed and accurate information provided. Discussing the cycle of violence and reasons for separating or staying with one's partner can further children's understanding of the dynamics of family violence (Wilson et al., 1989).

Conflict Resolution/Problem Solving/ Communication Skills.
With older children, groups might discuss violence in personal relationships, and address anger management and the use of conflict-resolution skills within these relationships (Groves, 1999). Children from violent homes often lack healthy models of adult relationships. Teaching and modeling assertive (as opposed to aggressive) communication skills, problem solving skills, and other healthy relationship skills are an important step in the process of breaking the cycle of violence (Graham-Bermann, 2001; Peled & Edleson, 1995). In conflict situations, Grusznski and colleagues (1988) advocate altering one's goal from forcing a change or expecting agreement to understanding the other person's position. Seeking understanding rather then forcing change is often a novel idea for group members, and helping children understand the difference between these goals is very important.

It is difficult for children to recover from the effects of exposure to violence if the violence persists.

Symptom Reduction.
In addition to needing emotional support, increased coping and safety skills, and preventive interventions, many children exposed to domestic violence will also need relief from specific symptoms that result from exposure to violence such as insomnia, nightmares, depression, anxiety, and other post-traumatic stress disorder (PTSD) symptoms. For example, if a child is suffering from insomnia and nightmares, practitioners might work with the parent and child to build soothing and comforting bedtime routines.

Increasing Safety and Stability.
Child advocates and counselors help the families create safe, stable, and nurturing environments for their children. It is difficult for children to recover from the effects of exposure to violence if the violence persists. In situations where children continue to live in dangerous environments, practitioners strive to help the non-abusive parent obtain safety for herself and her children. In accomplishing this task, the advocate must often help the family address additional stressors, such as substance abuse or housing difficulties. In situations where the children and mother are not living with the batterer, therapeutic interventions aim to promote the children's feelings of safety and security. Counselors work with parents to help them understand the children's need for consistent routines. With parental permission, treatment may also include consultation with teachers or childcare providers to develop consistent strategies for supporting the child's development (Groves, 1999). Typical small group interventions with children include problem solving various ways to handle "unsafe" situations and identifying or role-playing ways to stay safe while parents are fighting (i.e., going to neighbors, calling the police; Gruszynski, Brink, & Edleson, 1988; Peled & Edleson, 1995; Wilson et al., 1989).

Dealing with Repeated Separations.
As counselors approach the end of any small group or therapeutic relationship, some preparation for termination is important. When working with children likely to have experienced numerous separations from both family and friends, this preparation is critical. For counselors working in temporary domestic violence shelters, the topic of termination must be addressed early in the therapeutic process because families sometimes leave shelters with little advanced notice. Discussing separation from the therapeutic relationship can often lead to discussions about other separations in the children's lives. When discussing marital separation, issues that children often raise include limitations or imposition of access time with the non-custodial parent, new partners in their parents' lives, being used as a messenger between the parents, conflicting loyalties to parents, ambivalence about parents, and wishes that their family were together again (Wilson et al., 1989). Such discussions can be facilitated by having the children draw pictures of their family in the past, present, and future. Films on divorce and separation are also useful. Children can be encouraged to explore strategies among themselves that might enable them to facilitate the positive aspects of their relationship with their parents or come to terms with ongoing and inevitable difficulties. Advantages and disadvantage of living in a stable single-parent family compared to a violent two-parent family can be discussed.

As the end of the therapeutic relationship draws closer, children can be encouraged to reflect on how they felt at the beginning of the new and unfamiliar group compared to how they feel at the end of the group with new friends and new experiences. This discussion can help alleviate children's fears of new and unfamiliar situations in the future (Wilson et al., 1989). The skills and strategies that they have learned to empower and protect themselves should be reviewed. Having the children discuss what they have learned from and like about one another is also helpful. Discussing how the children have dealt with other separations and stresses in their lives and encouraging them to focus on the positive aspects of their experiences and relationships helps terminate the group on a positive note (Wilson et al., 1989).

Services to Children in Illinois
In addition to reviewing the literature regarding interventions for children exposed to violence, domestic violence agencies in Illinois were surveyed regarding their small group interventions for children. Each year, Illinois Department of Human Services (IDHS)-funded domestic violence agencies provide nearly 150,000 hours of service to more than 25,000 children. Over 100,000 days of shelter are provided to nearly 8,000 of these children. To learn more about these services, a brief survey was distributed in the Spring of 2001 to 67 IDHS-funded domestic violence agencies asking them to describe the services they offer to children of battered women. Of the 67 agencies surveyed, 36 agencies returned surveys describing their small group interventions for children.

The average number of small group sessions provided to children was 12, with a range of 2 to 40. Most services were provided in 90-minute sessions, with a range of 30 minutes to two hours. The average number of children served in small groups per agency was 180, with a range of 20 to 750 per year. The optimal group size reported by most agencies was 8, while the typical group size was 10. Thirteen agencies used a specific intervention manual or curricula. Some of these specific interventions included: Focus 1-4, Anti-Violence games, Stop the World, ICADV Children & Teen Curriculum Collection, Sunburst, Groupwork with Children of Battered Women, Kids Rights: Children's Domestic Abuse Group Manual, Learning the Skills of Peacemaking, Non-Violence S.K.I.T., No Way to Violence Information and Activities Booklet, Parenting Under Stress: Activities for Parents & Kids, and Systematic Training for Effective Parenting (STEP).

The following topics were covered by the majority of the small groups: identifying feelings (77%), communication skills (76%), conflict resolution/problem solving (72%), self-esteem/self-concept (72%), safety planning (62%), anger control (60%), attitudes about violence (55%), and safety skills (53%). Other topics that were addressed less frequently included: the dynamics of family violence (48%), learning about the cycle of violence (48%), dealing with feelings of responsibility for violence in the family (40%), social competence (38%), identifying/using social supports (33%), art therapy (32%), dealing with separation (28%), information about local resources (21%), symptom reduction (i.e., nightmares, depression, anxiety; 17%), and child advocacy (14%). Thirty-one percent of agencies specified "other" small group topics including tutoring, parent/child activities, relaxation, recreational activities, good touch/bad touch, and play therapy.

Summary
Comparing the list of topics covered by interventions for children that are described in scientific literature to the list of topics addressed in small-group counseling sessions by domestic violence service providers in Illinois, it appears that domestic violence agencies in Illinois are providing state-of-the-art interventions to children who have been exposed to family violence. Unfortunately, the absence of any research comparing the effectiveness of alternative interventions makes it impossible to provide recommendations regarding the length, format, or content of effective interventions. Until such research is available, 'best practice' interventions for children exposed to domestic violence will continue to be defined by clinical knowledge and experience rather than empirical studies.

For agencies interested in further developing their services, there are a number of sources of information. First, agencies can review the list of interventions described in this manuscript to identify topics that their interventions are not currently addressing. Once service gaps are identified, agencies can consult some of the source material referenced in the text to learn more about specific interventions, or consult other material (Note: some general resource material is included at the end of this article). Practitioners may also want to contact other domestic violence agencies that serve similar populations to learn about their interventions. If an agency has a well-developed small group intervention, then consider reviewing their program or co-leading a small group with their group facilitator. If you aren't doing so already,

consider incorporating evaluation into your child services. Information obtained from discussions with children and their caregivers, client satisfaction surveys, or pre-post evaluations of behavior change can all be used to improve services. When conducted carefully and systematically, these evaluations can be published to benefit others who are also striving to provide the best possible services to survivors of domestic violence and their children.

Selected Resources
Shelter from the Storm: Clinical Intervention with Young Children Affected by Domestic Violence (www.bostonchildhealth.org/ChildWitnesstoViolence).
   The Shelter from the Storm training manual contains complete workshop materials, including lectures, reproducible handouts, a bibliography, a disc with 120 slides (done in PowerPoint), and a list of resources.
Malchiodi, Cathy A. (1997). *Breaking the silence: Art therapy with children from violent homes* (2nd ed., rev. & exp.). Bristol, PA, USA: Brunner/Mazel, Inc.
   In this book, the author describes art therapy from intake to termination, noting the complex issues involved at various levels of evaluation and interpretation. The emphasis is on the short-term setting where time is at a premium and circumstances are unpredictable.
Wolfe, D.A., et al., (1996). *Youth Relationships Manual: A Group Approach with Adolescents for the Prevention of Woman Abuse and the Promotion of Healthy Relationships.* Thousand Oaks, CA: Sage.
   David Wolfe's Youth Relationship Project was designed to prevent teen dating violence among youth placed in alternative care by child protective services. Because the experiences of these children and those exposed to family violence are very similar, his Youth Relationships Manual can easily be adapted for use with teens that have witnessed family violence. The effectiveness of Wolfe's intervention has been documented (Werkele & Wolfe, 1998).
Peled, E. & Davis, D. (1995). *Groupwork With Children of Battered Women: A Practitioner's Manual.* Thousand Oaks, CA: Sage.
   This manual describes the children's program at the Domestic Abuse Project of Minneapolis and is an excellent guide for both new and experienced counselors who work with children exposed to domestic violence.

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Collaborating to Provide Rural Victims of Child Abuse with Appropriate Forensic Interviews; A *Safe Start* Promising Practice Approach to System Innovation

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Background and Context

Forensic interviewing of children has become increasingly important in the context of child maltreatment investigations performed by child protection services and in the criminal investigation of child abuse and child sexual assault cases. Child forensic interviewing models stress the importance of reducing the number of interviews a child may face in order to avoid the potential trauma of repeated interviews (Cooke & McMahon, 2002). According to Washington County, Maine's assistant district attorney, the primary goal of child forensic interviewing is to reduce the risk of causing harm to a child during a required interview, since little assurance exists that this particular interviewing method will actually lead to increased success in obtaining convictions (personal interview, 2004). Yet in cases where children are victimized by adults, prosecutors face the dual challenge of collecting accurate descriptions of the criminal act, while paying close attention to the developmental status of the child to avoid retraumatization (Cooke & McMahon, 2002).

This article's purpose is twofold. First, it is an effort to describe the adoption of forensic interviewing practices by a rural collaborative in Maine. Second, it explains how "on-the-ground" efforts of this collaborative play out when applied to the challenges of implementing a new approach to interviewing children who have been exposed to violence. The activities of the Child Abuse Response Team ("the collaborative" or "the collaborative team"), who contributed to the overall efforts of Maine's Safe Start Initiative- Keeping Children Safe Downeast- forms the basis of the description and analysis of collaboration.

The collaborative consisted of local law enforcement, Washington County district attorneys, Maine child protection staff, "first responders," the local *Safe Start Initiative* staff, and counterparts in the Passamaquoddy Tribe. Multiple tasks of the collaborative included the identification and selection of an appropriate child interviewing model, the training of personnel in the chosen interviewing methodology, the provision of an appropriate physical facility in which to safely conduct interviews, and negotiating the challenges incurred as initial interviews were conducted with children.

In an effort to understand the success of this particular collaborative activity, five "dimensions of collaboration" are drawn from the range of interactions, activities, and circumstances that contributed to the implementation of a child forensic interviewing system. Placing the diverse elements of the collaborative environment into dimensions, such as *clarity of goals*, *membership representation*, and *role flexibility*, provides a framework for bringing coherence to the collaborative's work.

The collaboration to adopt and implement a systematic protocol for child forensic interviewing was facilitated under the auspices of Keeping Children Safe Downeast (KCSD), a five-year *Safe Start Initiative* in Washington County, Maine administered by the Maine Department of Human Services and the Washington Hancock Community Agency, funded by the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

In addition to the forensic interviewing project, KCSD activities have focused on:

- increasing access to training for mandated reporters of child abuse;
- improving the timeliness of referral and mental health assessment for children exposed to domestic or community violence
- the creation of a public awareness campaign to improve community knowledge of the incidence and impact of children's exposure to violence; and
- increased success in prosecution of child abuse perpetrators with emphasis on improved and uniform investigation protocols and data collection practices

Keeping Children Safe Downeast plays a particularly critical role in Washington County, Maine, due to the county's remoteness and socio-economic challenges. On the easternmost point of the continental United States, stretching from the Gulf of Maine to the Canadian province of New Brunswick and the St. Croix River, Washington County is nearly twice the size of Rhode Island. The county covers 2,569 square miles of mixed softwood forest, blueberry barrens, abundant freshwater ponds and streams leading to the granite shoreline. Its 47 municipalities and two Passamaquoddy Tribal reservations comprise a total population of 33,573, including a child population (0-17years of age) of 7,721 (US Census, 2001 estimated). In economic terms, Washington County suffers the highest unemployment rate in the state at 8.8% (Maine Department of Labor, 2002). Its median income, at $27,197, ranks lowest in the state when compared to the Maine state median of $37,589 and a national median income of $41,990 (US Census, 2001). Nearly a quarter of the county's children live in poverty (23.4%), representing the state's highest child poverty rate, considerably higher than the state rate of 12.9% or a national rate of 16.2% (US Census Small Area and Income Poverty Estimates, 2001).

Placing the diverse elements of the collaborative environment into dimensions, such as *clarity of goals*, *membership representation*, and *role flexibility*, provides a framework for bringing coherence to the collaborative's work.

Methods
Data informing the description of a forensic interviewing model and a collaborative approach to its adoption were derived from three primary sources. First, meeting notes and minutes describing the collaborative's two year history of interaction were reviewed. Second, semi-structured interviews with key members of the collaborative were conducted, using a uniform protocol of questions, but allowing for iterative development of each interviewee's perspective. Lastly, the local Safe Start Initiative's formal planning documents, such as annual implementation and strategic plans, were reviewed. The resulting data was content analyzed for thematic commonality. As the local project evaluator, my participant observations contributed to qualitative data collection. Activities and concepts defined in interviews, notes, and observations, were compared to collaboration checklists, formats and constructs defined by observers such as Mattessich and Monsey (2003), Winer and Ray (2003), and Wolff (2002).

Child Forensic Interviewing
A child forensic interviewing model and curriculum called *Finding Words,* developed by the American Prosecutors Research Institute (APRI) in consultation with [1] (Walters et al., 2003) was adopted by KCSD. The curriculum emphasizes child development and age appropriate questioning, the use of anatomical dolls and drawings, and pertinent research on the function of children's memory. It has been promoted by the APRI nationally and adopted in ten states (Walters et al., 2003). While acceptance of the *Finding Words* curriculum as a promising practice appears favorable, little scientific evaluation of its effectiveness has been documented.

This model shares a basic orientation with other prominent child interviewing approaches, such as the Child Cognitive Interview, Step-Wise Interview and Narrative Elaboration (Cooke & McMahon, 2002). Basic elements of forensic interviewing common to all these models include emphasis on an introductory interview phase, rapport building, a developmental assessment, a child competency assessment, clarification and closure (Cordisco & Carnes, 2002).

Finding Words' training delivery methods, which feature instruction to teams of practitioners from the fields of child protection, law enforcement, and prosecution, melded well with the collaborative, interdisciplinary approach of the KCSD Child Abuse Response Team. In the Fall of 2003, four members of the Collaborative team attended and completed the *Finding Words* training, conducted by APRI. Representatives from the Passamaquoddy Tribal Police Department, the town of Eastport, Maine, Police Department, the Washington County Department of Human Services, and a Washington County assistant district attorney received certification in child forensic interviewing at this training. By August of 2004, six child interviews had been completed in the Passamaquoddy Pleasant Point Reservation interview room involving children ranging in ages from 6 to 14 years.

Dimensions of Collaboration
The path to a collaborative accomplishment – an implemented program or solution – may be circuitous, prolonged, and frustrating. But as a child protection manager stated, describing the mutual benefit to prosecutors and child protective workers of systematic forensic interviewing, "I don't see how this could have been accomplished in any other way"(Recorded Interview, 2004). This characteristic of uniqueness of opportunity, resulting from a fortuitous convergence of cross-agency collaboration, compliments the five dimensions of collaboration that serve as an organizing framework for presenting a narrative of the collaborative process: 1) clarity of goals, 2) membership representation, 3) role flexibility, 4) skilled facilitative leadership, 5) agenda agility. Following are examples of activities and circumstances illustrating the five collaborative dimensions that contributed to the realization and implementation of a model for child forensic interviews in Washington County, Maine.

Clarity of Goals. Agreed upon, clearly defined common goals are accepted as a key element in collaboration (Osher, 2002; Wolf & Foster, 2002). In its first meetings, organized "in response to the idea of developing a Forensic Investigation Team," the collaborative members established the practice of setting clear goals and objectives (KCSD Child Abuse Investigation Committee Meeting Minutes, 2002). Initial planning activities centered on providing local and state police with training in the areas of interrogation techniques, courtroom presentation, forensic photo documentation, and child development. A formal implementation plan clearly elaborated goal areas related to training needs in forensic evidence management and the need to "create and implement an… Interview/Investigation Room (KCSD Annual Implementation Plan,

2002)." A general lack of availability for training in child abuse investigation was noted in the plan.

The collaborative also articulated focus issues and identified barriers to goal achievement such as: a need for coordination; the development of a forensic interview room; multiple role expectations for child protection workers serving as criminal forensic interviewers; the need to cooperate with neighboring counties; a uniform protocol for all child abuse investigations; and a need for flexibility (Meeting Minutes, 2003, 2004).

Membership Representation. Many observers of the collaborative process stress the importance of group composition and its contribution to success (Wolf & Foster, 2002; Mattesich & Monsey, 2003; Winer & Ray, 2003). Yet recommendations for diverse group composition (Wolf & Foster, 2002) contrast with advocacy for more homogeneous membership (Winer & Ray, 2003). The KCSD Child Abuse Response Team faced well-defined goals that were fairly technical in nature. Thus, membership needed to include participants from the affected professional fields who possessed a high degree of familiarity with the goal parameters, and exhibited broad knowledge of the attendant technical issues. Agency and institutional representation was deemed more contributive to success than establishing broad, grass-roots community membership. To this end, mid-level to upper management staff from the regional Maine Department of Human Services, the local Maine State Police barracks, a lieutenant of the Passamaquoddy Tribal Police, local police chiefs, the Washington County District Attorney, Assistant District Attorney, the KCSD Policy Coordinator, and later in the development of the collaboration, the KCSD Project Director, formed the membership of the collaborative team.

As might be expected in a rural community with a relatively small population, many of the collaborative's participants were familiar to each other from former cross-agency work experiences, contributing to a general level of professional homogeneity. From a cultural standpoint, the collaborative was largely representative of Downeast Maine's predominantly white (93.4%) population of Western European heritage and ethnicity. One collaborative member represented the Passamaquoddy Tribal Police. His formal and informal ties to tribal child protection and child abuse prosecution systems (virtually self contained within the jurisdiction of the reservation's Tribal Council) served as pivotal bridges to tribal decision making that lead to

Passamaquoddy acceptance of the prototypical child forensic interviewing model. During the collaborative's debate over methods for implementing a child forensic interviewing model, the Tribal government applied for and received a federal grant to create a forensic interviewing room within reservation facilities. The Tribal Police Lieutenant coordinated the collaborative's need for a secure interviewing environment with availability of the Passamaquoddy's newly funded reservation forensic interviewing room. The result of his coordinated strategy led to the Passamaquoddy Tribe's offer to provide a child forensic interviewing facility, accessible to all county children and the trained forensic investigating team.

Skilled Facilitative Leadership and Role Flexibility. The collaborative team meetings were facilitated, first, by the KCSD Policy Coordinator, and later in the team's progress, by the KCSD Project Director. From the inception of collaborative activities, the facilitator diligently maintained communications among the participants, in written memos and announcements, aided by necessary phone contacts. The facilitator(s) engaged the services of the local Safe Start Initiative project evaluator to provide the collaborative with appropriate data to stimulate decision-making and to provide background information from scholarly literature. While the communications maintenance and data provision functions of capable facilitation are supported and recommended by other observers (Osher, 2002), what may be somewhat under-appreciated is the fostering of informal ties among collaborative members, conducted "away from the conference table," a facilitation technique skillfully employed in this context.

> Networking that occurs after the meeting is a very important outcome. Outside of the process, often in phone conversations, I assured members that finger pointing would not take place… in order to maintain their interest (KCSD Project Director, 2004).

An authoritative facilitator can reduce the overt influence of power derived from professional or political status roles and elevate the group status of participants that do not hold positions of influence outside of the collaborative context. In this sense, leadership authority within the collaborative can flow in an equally distributed manner among all participants, resulting in a more egalitarian process of openly shared ideas.

> The DA called the meeting and asked me to facilitate … because he wanted to be able to be free to exchange and discuss and not appear to be leading and directing (KCSD Project Director, 2004).

The District Attorney's willingness to relinquish a role of authority while participating in collaborative discourse is indicative of the *role flexibility* identified earlier as a dimension of collaboration. Sometimes referred to as *role release*, or, *role rotation* (Winer & Ray, 2003), this condition of collaborative relationship may be facilitated early in the meeting process as a mutually agreed upon construct by collaborative members. The group's adherence to role flexibility empowered the Tribal Police lieutenant to assume leadership in the establishment of the first forensic interviewing room at the reservation. An objective to create an interview room at the regional State DHS Office had been agreed upon early in the collaborative's agenda. Flexibility of roles, or more specifically, the transfer of leadership authority to the Tribal Lieutenant, facilitated the breakthrough that allowed more rapid progress in an alternate direction.

Agenda Agility. A review of the collaborative team meeting notes reveals an agenda of objectives that included a desire expressed by law enforcement, "first responder" representatives, and child protection collaborative members to improve the rate of criminal child abuse convictions. Attempts to gather and provide accurate data regarding referrals and case dispositions, though addressed cooperatively and in good faith by evaluators and prosecutors, proved problematic. A thorough, local and statewide forensic data collection system, although partially recorded and stored electronically, has yet to produce results for reliable analysis, at least not within time frames that would have moved the collaborative forward. These technical challenges have elongated work on this agenda area. At the same time, discussion and increased focus on the child forensic interviewing model, and accompanying training, began to emerge. The timely availability of a nationally recognized forensic training session and the roughly concurrent awarding to the Passamaquoddy Tribe of funding in support of a tribal forensic interviewing room likely influenced a change in the collaborative's direction. The group's agility in shifting agenda and activity direction contributed to successful adoption of the steps required to implement the full complement of the child forensic interviewing model activities. A strict or slavish adherence to written plans and agenda's could have stalled the collaborative's momentum.

Discussion
The unique collaboration among the federally sponsored Safe Start Initiative, State and

County agencies, and the Passamaquoddy Tribe faces barriers of geographically dispersed service areas; a limited funding base; and separate tribal and state law enforcement, judicial, and child welfare systems. Despite these challenges, collaborative members have developed new programming to address the needs of children suffering abuse and the potential trauma of exposure to family and community violence. Their collaboration is multicultural, benefiting from the partnership of the tribal community. Though a small numerical contingency in the collaborative's membership, the Passamaquoddy representatives have been instrumental in the development of the forensic interviewing facilities and access to training. To date, six children have benefited from the interview process, having been safeguarded from risk of further traumatization. Increased cooperation with neighboring counties has been spawned, based on the apparent success of this methodology. Additionally, potential interest statewide may unify prosecutorial approaches to the forensic interviewing of victimized children under the common rubric of the *Finding Words* curriculum. The need to rigorously evaluate the efficacy of the approach remains. Statewide implementation could provide sufficient cases to bring validity to such a study.

[1] CornerHouse is an Interagency Child Abuse Evaluation and Training Center located in Minneapolis, Minnesota

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Promoting Systemic Change through Collaboration

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The Office of Juvenile Justice and Delinquency Prevention (OJJDP) chose Pinellas County, Florida, as one of eleven sites for the five-year, federally funded Safe Start Initiative. Pinellas Safe Start's mission is to prevent and reduce the impact of violence on young children and their families by enhancing and integrating the supports and services offered by community providers, agencies and institutions, and by creating a community culture of keeping children valued, cared for, and safe. The vehicle by which the mission is accomplished is collaboration.

Nowadays, collaboration is a key requirement for many funders as a method for reducing service barriers and increasing service quality. This article will describe the strategies employed by the Pinellas Safe Start site and share lessons learned on sustaining efforts to promote systemic change through collaboration. The article will describe what collaboration looks like in practice and what can be done to promote collaboration. One achievement resulting from Pinellas County's efforts to marshal a network for building a common agenda for working with children exposed to violence will be presented.

Over the past four years, a partnership between child serving agencies that promotes awareness and effective responses to young children exposed to violence has been cultivated through a deliberate focus on collaboration. The lead agency for the Pinellas County Safe Start Initiative is the Juvenile Welfare Board of Pinellas County, a 55-year-old special taxing district created to plan, fund, and coordinate services for children and their families who reside in Pinellas County. The project manager for the site works for the Juvenile Welfare Board, which is the fiduciary body for the grant.

From the beginning, the Pinellas Safe Start Initiative invoked a spirit of collaboration in developing appropriate responses to children exposed to violence. More than 30 organizations participated in the initial application process for the Safe Start grant. Additionally, more than 50 local organizations, representing a broad spectrum of community sectors, have been involved in some aspect of the planning and implementation of the Safe Start project since it was funded by OJJDP in 2000. Community partners include a network of agencies and citizens with a common interest in the health, safety and well being of children. They represent government, private nonprofit organizations, law enforcement, the judiciary, domestic violence agencies, child protection services, and other children's services.

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Development of the Collaborative
Technical support funded by the Safe Start award from OJJDP helped in the formation and development of the collaborative body. In the early facilitation of the Leadership Council (initially called core strategic planning group, and then for a short time, the Safe Start system

management board), training and technical assistance funds were utilized to contract with a skilled facilitator to help plan and conduct the meetings through a consensus-building model called "facilitative leadership." In this model, the agenda includes very specific reference to the objectives of the meeting, the desired outcome/result of each agenda item, the role of the presenters and the membership regarding each item and action items for future meetings. The model emphasizes consensus development instead of voting whenever possible, although guidelines for voting were established for use as needed.

There are three primary groups of partners involved in the Pinellas Safe Start Initiative: the collaborative, the Safe Start Partnership Center, and the Safe Start Leadership Council. The collaborative is similar to a network of providers, citizens and public agencies. It is an informal body of people that has an interest and a commitment to improving the system to protect children. It is open and inclusive to those who wish to advance the vision of Safe Start in a multitude of ways.

The Safe Start Leadership Council is the governing body for the Pinellas Safe Start Initiative, with community stakeholder work groups formed as needed to plan and implement specific programmatic aspects of the Initiative. It is responsible for overseeing the implementation of Safe Start and approving all plans. This Council meets quarterly on a set schedule and has adapted membership and format, to meet the needs of the local initiative. The third group of partners is The Safe Start Partnership Center (SSPC). This funded collaborative service entity consists of five agencies: two domestic violence agencies, one child mental health service agency, the local health department and the local telephone referral -211 hotline. Each of the SSPC agencies has a contractual relationship to deliver services to children and families that are at risk of or have been exposed to violence in Pinellas County. Moreover, the SSPC provides training and outreach functions to local service providers and community members.

The Leadership Council is the formally defined decision-making group that includes representatives (voting and nonvoting members) from each institution within the CEV service system. The voting members include a representative from community-based care (protective services), a child-serving treatment agency, public schools, law enforcement, a community council, judiciary, county government and the health department. The nonvoting members represent the Juvenile Welfare Board and the Public Defenders Office. Project staff, local evaluation team members and resource personnel also attend the Leadership Council quarterly meetings.

The leadership's goal was to foster healthy relationships within the partnership before engaging the community at large. In order to guide so many partners in collaboration, the Leadership Council developed a Memorandum of Understanding to establish a common framework of systems change. The framework was fashioned after the principles from the Safe Start Summit, as the council members recognized the national initiative's lessons learned could greatly inform the local initiative. [1]The Safe from the Start Summit was an outgrowth of the U.S. Departments of Justice (DOJ) and Health and Human Services (HHS) recognition that the Nation is facing the consequences of previous inadequate investments to protect its children. They convened a summit of 150 practitioners and policymakers from both the public and private sectors in June 1999 to contemplate the problem of children's exposure to violence and create a national blueprint for action. The National Summit provided the opportunity to learn from participants' experience and expertise, which lead to crafting a set of key operating principles and concrete steps for a practical action agenda.

A key principle of Safe from the Start is "work together." This has been one of the most important guiding principles for Pinellas Safe Start. The Safe Start initiative strives to provide opportunities for staff and stakeholders from different systems and perspectives to work and train together. Safe Start committees and work groups are fluid, adaptable, and generally results-oriented – they do not meet just to meet, and many work groups have changed, or been suspended and later reactivated, as needed, to address various objectives in the work plan. The results orientation is reinforced by each committee or work group actively focusing on specific goals, objectives, and products.

Another key principle of Safe from the Start is to "make adequate resources available." This includes staff to carry out decisions; secretarial/administrative support to prepare and distribute minutes, meeting announcements and copy reference materials; and gaining the support of the home agencies to allow staff to attend meetings. The local Safe Start leadership agreed that this is important to achieving the local vision and incorporated this idea into their guiding principles.

Another framework that informed the strategic development of Pinellas Safe Start is "spectrum of prevention." The *Spectrum of Prevention* [2] helps expand prevention efforts through identifying multiple levels of intervention and encouraging people to move beyond the perception that prevention is about teaching healthy behaviors. The *Spectrum* uses a strategy development process that includes six levels for promoting prevention; influencing policy and legislation, changing organizational practice, fostering coalitions and networks, educating providers, promoting community education, and strengthening individual knowledge and skills. Although some members had prior knowledge of this framework, many members of the planning body leadership group, as well as other stakeholders, learned about it together at a teleconference hosted locally at the Pinellas County Health Department.

One of the series within the Spectrum of Prevention framework, called "Partnerships for Preventing Violence" sponsored by federal Department of Health and Human Services, Department of Education and the Office of Justice Programs, was particularly beneficial in informing Safe Start partners. These frameworks and the facilitation provided through training and technical assistance support of OJJDP contributed to the development of The Memorandum of Understanding, which outlines the following

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nine collaborative principles and seven collaborative practices for the Safe Start collaborative. The collaborative principles provide the guidance for the shared vision of protecting children from exposure to violence. The practices outline the specific activities that the Leadership Council identified as important to activate the principles by local collaborators to ensure the vision can be realized.

Collaborative Principles

- To recognize the developmental steps necessary in creating change and acknowledge the time and resources necessary in bringing together diverse partners into a functional whole.
- To come together in new ways that build, enhance, and add value to existing systems and resource mobilization for serving children exposed to violence.
- To challenge community attitudes, institutional policies and practices, and the allocation of community resources related to violence and children's exposure to violence.
- To assist in seeking sustainability for Pinellas Safe Start activities beyond the federal grant period.
- To promote the respectful sharing of information, to the extent authorized by law and established rules, and participate in consensus decision-making in any Pinellas Safe Start effort.
- To engage in program planning, design, and implementation that is flexible, individualized, and responsive to the diverse needs of families with children exposed to violence.
- To design a comprehensive response system for children exposed to violence that includes the interplay and interdependence of a broad constituency of formal and informal networks of community-based resources and supports.
- To identify and remove barriers and promote access to an array of resources and supports to strengthen families, as it is safe to do so.
- To be clear about the goals, relationships, direction, and outcomes being pursued by Pinellas Safe Start, and each partner's role/function in that process.

Collaborative Practices

- To allow staff to participate in select Pinellas Safe Start decision-making bodies (i.e.

committees, work groups, task forces, councils, and others) that reflect an appropriate cross section of the partners and that promote solution-focused approaches/strategies, open communication, flexibility, and mobilization of sufficient resources to effectively achieve the Pinellas Safe Start mission. To abide by and implement decisions recommended by Pinellas Safe Start decision-making bodies and approved by the Pinellas Safe Start Leadership Council with the understanding that all partners are encouraged and able to provide input during the decision-making process.

- To provide appropriate cross-system training to other Pinellas Safe Start partners, and agree to participate in appropriate cross-system training offered by other partners.
- To help develop a data-sharing policy, to the extent authorized by law and established rules, that benefits all partners, does not violate the internal data sharing policies of any partner, and directly serves the achievement of the Pinellas Safe Start mission.
- To integrate any "universal" screening tools approved by the Pinellas Safe Start Leadership Council into existing child or family assessment or intake tools, and share that data, to the extent authorized by law and established rules, with Pinellas Safe Start staff, other partners, and the community, in accordance with the Pinellas Safe Start data-sharing policy.
- To engage with other partners in developing mutually agreed upon program practices that protect family integrity and enhance family functioning for all family members with whom it is safe to do so.
- To recognize that some collaborative efforts will include conflict, to make every effort to resolve such conflicts in a respectful manner, and to request mediation through Pinellas Safe Start staff when conflicts are not resolved to the satisfaction of one or more partners.

The Memorandum of Understanding (MOU) was distributed to over 100 organizations in Pinellas County. Sixty seven signed MOUs were returned to the Leadership Council. The table at right presents the number of signed MOUs by organizational type.

Mental health service providers (16.4%) and child/youth organizations (13.4%) represented the most MOUs signed, followed by child welfare agencies and child youth organizations (11.9% and 10.5% respectively). In addition to signing the MOU, several of the agencies made specific commitments to the Pinellas Safe Start Initiative. These commitments included dedication of staff time to serve on committees and workgroups, and to provide community education, and sharing of material resources, such as training products, legal and fiscal expertise, strategic planning and specific mechanisms for information sharing.

Table 1. Signed Memorandums Of Understanding (MOU) by Organization Type

Organization Type	Number Signed MOUs	Percentage of MOUs
Child Care Providers	3	4.5
Child Welfare Agency	8	11.9
Child/Youth Organization	7	10.5
Education/Early Childhood	1	1.5
Existing Community Collaborative	5	7.5
Health Services	4	5.9
Faith Organizations	3	4.5
Mental Health Services	9	13.4
Domestic Violence Agencies	3	4.5
Private Practitioners	1	1.5
Education /Universities	3	4.5
Emergency Services/Law Enforcement	3	4.5
Local Government	3	4.5
Substance Abuse Services	2	2.9
Neighborhood/Community Organizations	5	7.5
Judiciary	2	2.9
Other	5	7.5
Total	67	100.0

The MOU has provided the guidepost for developing systematic changes regarding children exposed to violence in Pinellas County. Changes on the systems level include the creation of policies, procedures, and forms that have aided in the institutionalization of Safe Start principles into organizational practices throughout a cross-section of partners. Examples include the development of systematic screening protocols to identify children's exposure to violence in six agencies and an agreement among all child protection and domestic violence agencies regarding communication in shared cases.

The Children's Summit

A prime example of Pinellas Safe Start's collaborative strength in mobilizing the community's focus on children exposed to violence was the *Children's Summit: A Call to Action*, convened in August 2003. The idea for the annual summit emerged from ongoing discussion during the Leadership Council. During the meetings members suggested strategies for increasing the visibility and providing a forum for coordinated discussion and action of children's exposure to violence. In particular, one member of the Leadership Council embraced the idea and acted as the catalyst to get the support from other council members who in turn encouraged support in their individual agencies and the community at large.

This Summit was organized through a combination of resources. Staff paid for by the Safe Start grant coordinated planning meetings and provided administrative support for the Summit activities. Technical Assistance from the National Civic League, a Safe Start national partner, aided in planning and facilitating the Summit, and resulted in a tightly organized event. A local facilitator was hired to help organize, keep the meeting on track, develop break-out group activities and provide written guidance and orientation for volunteer facilitators, recorders and resource personnel who conducted the break-out sessions. The effort also required the organizations with staff on the planning committee to free up personnel to work on this project, including planning, development of handouts, and in kind contributions of supplies and other resources needed to make the Summit a reality.

The Summit was co-sponsored by the Pinellas County Community Alliance for Families and Children and Pinellas Safe Start. In the spirit of the 1999 National Summit on Children Exposed to Violence, the purpose of the Pinellas Children's Summit was to bring together community partners to discuss issues related to protecting children from violence and abuse, and to develop action plans for preventing and reducing the negative impact of exposure to violence on children.

The Summit was designed as an opportunity for practitioners and advocates from a variety of disciplines to work collaboratively in identifying and prioritizing issues that impact the Pinellas community's ability to serve and protect children and their families. It offered a forum for building relationships, networking, and diffusing knowledge regarding children exposed to violence across disciplines and community sectors. According to the project planners, "the process was as important as the product."

Over 170 participants from 90 local and state agencies, coalitions, collaboratives and citizen groups attended the event. The Summit included opening comments from a cross section of professionals working with children exposed to violence, as well as a young woman who grew up in foster care, and a youth currently involved with the foster care system. A local media representative closed the proceedings by encouraging participants to continue their involvement in promoting effective responses to protecting children from violence and abuse.

The dialogue was structured through the use of breakout sessions on four priority concerns; Creating Safe and Healthy Communities, Helping Youth Avoid Problem Behavior, Out of Home Care, and School Readiness. Staff and consultants from a variety of child and family serving community agencies facilitated each breakout group. In the morning session, the participants assessed the strengths, challenges and trends facing the community with regard to their priority concern. The participants returned to their groups in the afternoon to develop recommendations for actions based on their morning work. Members of the Summit Planning Committee, the Pinellas Safe Start Leadership Council, and other community partners were available to answer content questions on the topic areas and serve as recorders in the workgroups.

The summit conveners realized in the planning phases that there would be a need to further the dialogue begun at the Summit in order to build action plans, identify leadership and committee structures for the action groups, and schedule future action group meetings. The original plan for the summit indicated at least three meetings would be convened to follow up with the action team participants. Since the summit, two community meetings have been held. One such meeting to continue the dialogue, co-sponsored by the Healthy Start Coalition and Pinellas Safe Start, was attended by 53 community members. Action teams formed at the summit were invited to present updates at subsequent Pinellas Safe Start Leadership Council meetings to further inform collaborative decision making regarding children exposed to violence.

The proceedings from the summit were recorded and reported back to the participants in November 2003, and the final report was disseminated in spring 2004. The proceeding document[3] is 38 pages of easy-to-understand and useful information. It presents each of the four "priorities for action" and "strategies for action" developed by the breakout groups in easy to read tables. The document outlines factors that can influence child safety and well being, presents data and trends in Pinellas County, and lists risk and protective factors from current research. This information can be used as a quick reference for participants interested in learning more about children's exposure to violence Moreover, the information is a useful tool for participants who want to apply for funding for services, as it gives a comprehensive snap shot of Pinellas County statistics related to at risk children. The Pinellas Safe Start project director was recently informed that all local volunteer guardians ad litem (GAL) and GAL staff used the summit proceedings document in their in-service training.

The Summit is one example of how the Pinellas Safe Start Initiative brings partners together to focus on their shared goal of keeping children valued, cared for, and safe. Planning is underway for a similar collaborative event in 2004. Through implementing the collaborative principles and practices outlined in the MOU, common ground has been laid for achieving systemic change resulting in the awareness and prevention of children being exposed to violence and the reduction of the impact

exposure to violence has on children through an enhanced, integrated community response to the issue.

Lessons Learned

Safe Start's organizational role has been both a boundary spanner and convener. In the boundary spanner role, the initiative has broadened the CEV network by introducing and integrating CEV awareness and service strategies to service providers and community members that had no former CEV role. As a convener, the initiative pulls resources together from various sectors of the community and serves as a catalyst to promote systemic collaboration by providing a forum for information sharing and cross training on the effects of children's exposure to violence. During the implementation of the Pinellas Safe Start project, several lessons in collaboration have been learned:

- Working together at all levels to ensure systemic change is critical. Legislation and policy development must be supported by staff participation in collaborative activities and planning. This is essential for a coordinated response to children and families whose lives are impacted by many systems. The specialized knowledge and resources of specific sectors/disciplines are necessary, but a holistic approach to families that brings these various types of expertise together is essential.

- Training and preparation of staff of different fields need to include cross-system experiences and perspectives. This lesson has policy implications at local, state, and national levels for organizations that have mandatory training requirements, as there is a need for policy makers to recognize and require cross-system training. Moreover, there is a need for alignment and coordination of this interdisciplinary approach so that staff from different sectors may get credit toward their annual professional development hours for participating in training provided by others. Staff from different disciplines need to train together, and learn to understand and appreciate what others

bring to the table. For example, Safe Start Partnership Center staff present the Safe Start curriculum to mothers in jail, during grand rounds at the local hospitals for medical staff, and during roll calls at the local police department.

- Building trust and relationships in a relatively safe and low-stakes setting is important. Although it takes a great deal of time to articulate and agree on collaborative principles, a benefit from the process is that trust is built through interaction. The trust built through working with collaborative principles helps to set the stage for later communication and agreement on more concrete matters.

In mobilizing and sustaining a comprehensive community initiative over time, there must be flexibility to adapt to changing conditions.

- In mobilizing and sustaining a comprehensive community initiative over time, there must be flexibility to adapt to changing conditions. For example, Pinellas County recently underwent a major transition, not only in leadership but also in organization and strategy, in the service provision model for child protection. The state privatized the service delivery system through a Community Based Care model, which was designed to build partnerships in the community by transitioning all foster, adoption and child protective services to local providers. The plan became effective in Pinellas County in June 2000, about the same time that Safe Start was funded by OJJDP. The initial service contract for the lead agency was terminated in March 2004. As a result of the change in lead agencies and the coming transition, community leaders and local providers met regularly to begin the planning process. This change required the focus of community effort and attention. Safe Start Leadership Council, staff, and partners joined with and supported community planning rather than scheduling competing meetings and events. Based on the experiences of working together collaboratively, the Safe Start initiative was able to play an important role in assisting in the planning for Community Based Care.

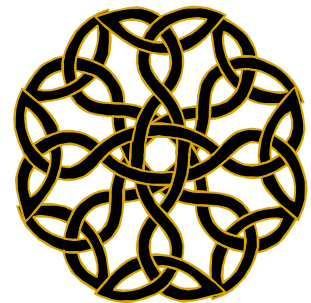- Focusing on a common mission helps to get past obstacles. Children's exposure to

violence is a mobilizing issue that gets the attention of people across sectors and roles, and helps to keep them involved. This focus, coupled with principles that guide the collaboration's effort, will increase project success.

Collaboration is not free. But as Pinellas Safe Start has learned, collaboration can generate positive system change through bringing together talent and creativity to mobilize and sustain a comprehensive community initiative. Funders must recognize and set aside resources for staff support, meeting expenses, communications, materials, documentation, meeting space and other collaboration expenses. Although community motivation may help to sustain the effort, maintaining a cross-system effort without dedicated resources is challenging.

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Notes:
[1] See http://www.ncjrs.org/ojjdp/182789.pdf for the proceedings from Safe from the Start
[2] http://www.preventioninstitute.org/tools.html
[3] To review a copy of the document go to www.jwb.org

Rochester, NY: Early Childhood Education Intervention

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Background

Children born in 1992 in Rochester, NY, had many opportunities to be exposed to violence by the time they turned six: 12,773 to witness or hear about a serious violent event, 342 to be affected by a suicide, 281 to witness or hear about a murder. Combine this with the annual average of almost 6,250 domestic violence reports to police during the same period, and it is clear that young children in Rochester live in an environment where exposure to violence is extremely likely.[1]

Rochester Safe Start (RSS) is one of the community's responses to these grim statistics. Since 70 to 80 percent of the City of Rochester's four-year-olds are in some form of childcare (Lotyczewski et al., 2000; Pryor, 1994), the Safe Start collaborative decided that childcare centers and early childhood education classes would be ideal places to reach children exposed to violence. This did not preclude other ways of reaching children exposed to violence in Rochester (e.g., an adaptation of New Haven, Connecticut's Child Development-Community Policing model, in which social workers respond with police to scenes of domestic violence where young children are present); it simply focused some of RSS's energies on an environment where many young children spend a significant amount of time.

The Early Childhood Education Intervention (ECE)

The team charged with designing the Intervention considered two models: direct service to children exposed to violence (CEV) at childcare centers, or training staff to support the children. Direct service, the thinking went, would reach a limited number of children, overlook CEV who were asymptomatic, and miss at least some children due to under-reporting of exposure. Direct service would be costly, as well, and while it might benefit CEV presently in pre-K classrooms, it would require sustained funding to help future cohorts.

On the other hand, training classroom and childcare staff to work with CEV was thought to hold the potential for longer lasting, more cost-effective impact. Emerging research on early childhood education indicated that improving ECE quality has effects as powerful as individualized preventive interventions (Montes et al., 2001). The research suggested that improvements in ECE quality would lead to improvements in children's social-emotional adjustment, which in turn would give children more tools to deal with adverse events outside the classroom. For these reasons, the team chose working with the adults to improve the quality– including teachers' support of CEV – over direct service to CEV.

Mentoring is a challenging process, one that is time-consuming and sometimes frustrating, but the payoff can make the frustrations worthwhile.

The next decision was whether to train via group in-services, workshops, college courses, etc., or use more intensive, in-class mentoring. The team chose a mentoring model, based on the professional development literature (e.g., American Institutes for Research, 1999), as well as broad experience with the mentoring model in Rochester's early childhood community. Mentoring:

· Recognizes that lecture and instruction alone do not change practice; rather, what changes practice is hands-on, practical, on-site help with active learning focused on specific goals. That is, mentoring is compatible with adult learning theory.
· Reaches all the adults in the classroom, not just the teacher. The model is collective participation. The impact of training is intensified because everyone in the classroom has common interactions reinforced by the mentor.
· Appeals to childcare providers who work long hours for little pay, and are often unwilling to spend many after-work hours in training. Mentoring is incorporated into the workplace itself.
· Responds to the individuality of the staff, as well as their developmental levels.
· Has long-lasting effects on practice.

RSS hired a lead mentor with rich experience in early childhood education and the mentor training model to supervise a team of five other mentors. RSS chose the mentors based on their general experience in the early childhood arena, as well as their backgrounds in particular areas (e.g., one is grounded in the arts, another has worked with special-needs children, another has worked with substance abuse clients). Mentors were each assigned to seven classrooms and visited every two weeks, with a minimum of five hours per month spent in each.

Once relationships between the mentors and classroom staff were established, the mentors employed a number of activities, depending upon the strengths and needs of the staff. Mentors based their work on the understanding that children exposed to violence need adults who can establish solid relationships with them, and secure, predictable, comfortable environments through which they can express themselves. The most common tasks that the mentors initiated were:

· Modeling appropriate strategies to support social-emotional development.
· Developing written observations of designated children, noting detailed adult/child interactions, sharing these observations with the teacher, and using the observations as a basis for discussion about individualized action plans.
· Helping the teacher develop action plans for working with children exposed to violence, which may include making changes in the environment, suggesting ways to work with the parents, enriching the classroom activities, varying the approaches used to instruct children and communicate with parents, and selecting appropriate resources.
· Sharing resources, including professional reading, opportunities for in-services, and linking staff with available services.
· Arranging for teacher-/teaching assistant-guided observation visits to exemplary classrooms, and then encouraging the teacher to implement the specific practices observed that support children exposed to violence.

Mentoring is a challenging process, one that is time-consuming and sometimes frustrating, but the payoff can make the frustrations worthwhile. Unlike "one-shot" in-services,

which are seldom truly internalized, mentoring is geared towards long-lasting impact on teacher knowledge and practice. A primary objective of the ECE Intervention was internalized learning that would translate into "second nature" behavior throughout teachers' careers. The ultimate goal was to touch the lives of many children exposed to violence, not only effectively but also efficiently.

Two Examples

In order to understand RSS mentoring as it was implemented, consider in detail the mentoring process as it involved two children, "Joseph" and "Shavonne." We have changed the children's names and combined the particular circumstances of many cases into these two scenarios:

· Joseph is four years old and attends a pre-K housed within one of Rochester's public schools. His father was killed in a shootout with police, prompting Joseph to withdraw from the other children and worry a great deal about his mother. The family was active with child protective services.

· Shavonne is also four and attends a pre-K in one of Rochester's childcare centers. Before her father was issued a restraining order, Shavonne was in the house when her mother was beaten on several occasions. She cries often during the day. She loves to play in the classroom's dramatic play (i.e., housekeeping) area, but hits other children when they have a toy she wants to play with, or sometimes for no reason at all. The other children began to be frightened of Shavonne and separated themselves from her as often as they could. Other parents were complaining, and the director was considering whether to ask Shavonne to leave.

Rather than one-on-one support for Joseph and Shavonne, the mentors worked with the teachers and other classroom staff. In Joseph's case, after building a relationship with the teacher – the first crucial task of a mentor – the mentor wrote extensive observations of Joseph. After several hours of observations, the mentor shared them with the teacher.

It was evident from the observations that Joseph had very few interactions with other children. He played by himself or painted at the easel, creating bold stripes and shapes with mostly red paint, occasionally interacting with

an adult at the adult's initiative. The mentor in Joseph's classroom knew that children exposed to violence need to tell their stories. When a child is withdrawn, often he can get "lost" in the daily hurry and scurry of managing 18 four-year-olds. In this case, no one was listening or watching for Joseph's stories.

The teacher, both caring and competent, was shocked by the observations. She and the mentor brainstormed ways to better support Joseph. They seized upon Joseph's interest in easel painting to point the way to increasing his interactions with staff. They also decided to facilitate play with another rather quiet child. The teacher's aide was brought into the conversation. The plan was for both teacher and aide to devote at least five minutes each day specifically to Joseph during the free choice time. The mentor modeled a few simple strategies for facilitating expressive language, and the teacher and aide practiced them through role-playing.

The next week, the mentor arrived just before free choice time and continued her written observations of Joseph. Joseph was at the easel painting, the aide by his side this time. The aide said, "tell me about your picture." Joseph said, "blood." The aide replied, "You are using red paint to show that there is blood." Joseph said, "There's blood when you die." "Sometimes," the aide said, "yes, there is blood." "That's my father," said Joseph. "Your father died and there was blood," said the aide.

Later, the mentor watched and wrote as the teacher played in the block corner with Joseph and a child named Carlos. Neither of the children spoke to the other. They built separate structures. The teacher asked Joseph to tell her about his building, and he told her it was a motorcycle. The teacher said, "tell Carlos." "Carlos," Joseph declared, "I'm building a motorcycle." "I'm building one, too," Carlos replied.

This time when the notes were shared, the teacher said, "Joseph hasn't yet increased his interactions on his own. But he is more open, and I feel good that I have begun to build a relationship with him. That's the first step, I think."

Shavonne's teacher was desperate for help. It is our experience that most pre-K teachers enter

the profession without understanding that even very young children can be violent in the classroom. This particular teacher, feeling ill equipped to handle Shavonne, had already asked the director to remove Shavonne from the childcare center. This request was not unusual. Unlike attendance in the elementary grades, attendance at pre-K is not mandatory. Often, children in Rochester's childcare centers who misbehave severely are shuttled to several different childcare centers in the course of a year.

Although we think that young children are not aware of violence, they usually see and hear more than we believe they do. Shavonne never saw her mother being beaten, but what she heard had impact, causing her to act out in school. The mentor identified two immediate needs. One was the need to stop Shavonne from harming other children; the other to convince the teacher that Shavonne needed to stay.

The mentor's training included the impact of domestic violence (DV) on children, so she knew that sometimes the child identifies with the victim, and other times with the perpetrator. It was obvious that Shavonne believed the world was a hostile place, a place where the only way to get what she wanted was through hitting. That is, she identified with her father.

The first thing the mentor did was to provide material from her DV training for the teacher so she would better understand the dynamics of DV. The teacher needed to know why Shavonne behaved as she did, and why the mother allowed such abuse to go on in the first place. With the aid of a resource manual, the mentor informed the teacher of other ways to support the family, including a local Family Violence Program.

A child who believes that power equals force has to learn how to be powerful in a different way and needs to understand that a classroom is a safe haven. So, while the immediate goal was to eliminate Shavonne's hitting, the long-term goal was to help the child problem-solve in a peaceful way.

The mentor was quick to observe that the teacher was very directive in her teaching. Free choice was not really choice. Children were rotated through learning centers in a regimented way. The dramatic play area, a center that by

its nature needs to be spacious, was instead cramped. There were few things to play with in the center.

Based on her observations and training literature, the mentor initiated a conference with the teacher focusing on the question of power. "Since Shavonne believes that her power can only come from hitting," reasoned the mentor, "what other ways can you use to make Shavonne feel powerful?" The mentor guided the discussion toward the realization that one can feel more powerful when one has choice. Gradually, the mentor led the teacher to the realization that incorporating more choice into Shavonne's time at the center would help her. The mentor encouraged the teacher to stock the dramatic play center with a wider variety of playthings. Classroom staff gave Shavonne special jobs, like sponging off the breakfast tables and washing the paintbrushes at the end of the day.

The mentor encouraged the teacher to greet Shavonne warmly each day, and say to her, "Shavonne, this is a safe place for you. I want you to have a good day. I know that you will try very hard to be kind." The teacher asked the director to greet the child in the same way, and the aide followed suit.

The mentor modeled a strategy learned from training. She sat with Shavonne and described in detail two children interacting appropriately at the sand table. "Hmmm, Jessie just asked Joshua to please pass the funnel. Joshua said, 'sure.' Jessie and Joshua know that talking to each other like that makes them both have fun." Shavonne made no comment. She just listened. The teacher was encouraged to take a few minutes of each day to try this strategy.

Afterwards, although Shavonne sometimes resorted to her earlier misbehaviors, most days she was calmer. The teacher ceased her requests for Shavonne's removal from the center.

Evaluation
Over the course of the two-year intervention, 85 Early Childhood Education teachers enrolled and were randomly assigned to either the experimental group (i.e., the group that received mentoring) or the control group. Thirteen teachers withdrew from the study midstream. In all cases where consent was obtained from their replacements, the replacements were assigned to the condition of the exiting teacher.

From a potential pool of approximately 1,500 parent consents (~18 children per teacher), 625 parents consented to participate in the evaluation over the two years. There has been only a trivial amount of attrition (~15). Parents consented to access to measures of their children's social-emotional adjustment in the pre-school period, as well as academic, attendance, and disciplinary records through the end of 4th grade. For social-emotional outcomes at the child level, as well as impact on classroom quality, the evaluation of short-term outcomes is based on a pre-existing data collection collaboration, the Rochester Early Childhood Assessment Partnership (RECAP).

Through RECAP the Local Evaluator has access to child-level data on a number of useful measures (for children whose parents consented). One is the Teacher-Child Rating Scale (T-CRS), a biannual gauge of socio-emotional adjustment. The T-CRS consists of 32 items grouped into four empirically derived scales: task orientation, behavior control, assertiveness, and peer social skills. Each scale contains four positive and four negative items, each of which is measured on a five-point Likert scale corresponding to how much the teacher agrees that the item describes the child. T-CRS's alpha coefficients of internal consistency range from .87 to .98, with a median of .94. Studies correlating the T-CRS with the Walker-McConnell and Achenbach scales suggest strong convergent and divergent concurrent validity (Perkins and Hightower, 1999 and 2000).

Annually RECAP uses the Early Childhood Environment Rating Scale - Revised Edition (ECERS-R) to measure the quality of the ECE environment. ECERS-R consists of seven subscales: space and furnishings, personal care routines, language-reasoning, activities,

Working to better incorporate the critical role of families in supporting children exposed to violence is the Intervention's next big step.

interaction, program structure, and parents and staff. According to Harms et al. (1998), inter-rater reliability studies indicate 86.1 percent agreement across the scale's 470 indicators, no item has agreement lower than 70 percent, the subscales achieve internal consistency of .71 to .88, and the overall scale internal consistency is .92.

In addition to these pre-existing measures available through RECAP, the Local Evaluator created a parent survey to measure levels of exposure to violence, as well as symptoms of such exposure. Analysis of the first year's batch of parent survey data shows the symptoms scale to be reliable (alpha scores from .65-.80, depending on the sample tested), and the measure to have strong convergent concurrent validity, with large effect sizes (.42-.55) on the symptoms scale for children whose parents say they have been exposed to various types of violence. Due to the instrument's early promise, RSS is working with Bridgeport Safe Start Initiative to validate the instrument.

The Local Evaluator also created a violence/referral log filled out by every teacher in both groups at the end of every month. This log aims to document classroom and non-classroom violence that comes to the teacher's attention, as well as referrals to services for the child or his/her family.

Evaluation of the intervention's short-term impact on CEV social-emotional health is in process. Results are expected by the end of summer 2004. In future years, as the children reach primary grades, the evaluation will shift to analysis of elementary school records to determine whether the intervention had a lasting impact on children's academic performance and behavior.

Next Steps in the Intervention
Working to better incorporate the critical role of families in supporting children exposed to violence is the Intervention's next big step. Plans are being made to train parent group leaders and childcare site coordinators, who often have more sustained contact with parents. Applications for sustained funding for the core service and these supplements have been submitted to state and federal agencies.

To learn more about the Intervention or its evaluation, contact Lead Mentor Connie Valk Hampton at cvalkhampton@childrensinstitute.net or 585.295.1000.

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Notes:
[1] Numbers in this paragraph were calculated using data from Center for Governmental Research (1999).

Building the Evaluation Capacity of Community-Based Organizations: The Bridgeport Safe Start Initiative

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Increasingly funders are requiring accountability from programs receiving funds (Government Performance and Results Act, 1993). Although a positive outcome that will increase the probability that programs will effectively utilize scant resources, small community-based organizations often do not have the capacity to provide required data or the resources to effectively implement a quality improvement or evaluation plan for their organization. Since the early 90's the Federal government has moved towards funding systems of care for children's services such as the Comprehensive Community Mental Health Services for Children and their Families Program (Center of Mental Health Services of the Substance Abuse and Mental Health Services Administration) and the Safe Start Initiative (Office of Juvenile Justice and Delinquency Prevention of the Department of Justice). These systems of care initiatives encourage change at the systems level including policy changes, collaboration among providers, and novel approaches to delivering community-based services. They also require comprehensive evaluation strategies that collect data at the child, family, program and systems level.

This evaluation requirement provides a unique opportunity to not only utilize data at all levels to improve service delivery and to guide program and policy decision making, but also to increase the evaluation capacity of community-based programs. This paper will highlight the process to enhance the evaluation capacity of a community-based program within the Bridgeport Safe Start Initiative (BSSI), one of 11-funded sites of the Safe Start Initiative, and will provide an example of how Federal system of care funding can be utilized to not only increase services and collaboration within a community, but can also be used to increase the evaluation capacity of community-based organizations.

Request For Proposal (RFA) Process
Part of the plan for BSSI included increasing the capacity within the community to provide services to young children exposed to violence in the home. The BSSI partnered with the local evaluators to develop and implement an RFA process that included a comprehensive approach to building the capacity of organizations to effectively respond to RFA's in a manner that included the articulation of their theory of change and a plan to test the efficacy of their intervention. This decision was made for two purposes: 1) to produce fundable proposals within the initiative that had an increased possibility for efficacy and, 2) to increase the capacity within the community to write fundable grants. The work to develop community capacity drew upon lessons learned from other grant-making and grant-implementation systems carried out and evaluated with community-based organizations (Crusto & Wandersman, 2004; Yost & Wandersman in W.K. Kellogg Foundation, 1999). These granting systems incorporate results-based accountability concepts into program development, implementation, and evaluation with the goal of assisting programs achieve desired outcomes.

The RFA process included mandated participation in a 2-hour training that walked applicants through the grant application. It also provided a brief evaluation training that included: 1) development of logic models (with an emphasis on insuring that chosen outcomes made sense given proposed activities), 2) the identification of measurable outcomes that are meaningful, feasible, and doable, and 3) the articulation of the methods to collect the outcome data. The training was hands-on and gave applicants the opportunity to practice new skills. Additionally, applicants were given an application manual that provided step by step instructions, a sample grant proposal that modeled what was being requested, and resource materials on logic models and outcome measures. Finally, applicants had a 2-week period of technical assistance (TA) when they could contact the evaluation team and ask for assistance for anything including help with a literature review to provide examples of best practices; assistance in the development of their logic model; or guidance regarding the selection of outcomes and measures. All TA responses were shared with each applicant.

Ten community-based programs participated in this RFA process; although not all were

funded, all had the opportunity to enhance their skills in developing RFA's including developing programs based on best practices, articulating their theory of change, and identifying measurable outcomes to assess program efficacy.

Building the Evaluation Capacity of Funded Programs

The RFA process resulted in 3 programs receiving funding from BSSI. One of the programs, KidsMatter[1], provides comprehensive developmental and mental health assessments of children under of the age of 6 and their families. Services also include care coordination and referral to appropriate programs. Within BSSI this program was seen as the main portal to entry into services. When funded, KidsMatter was entirely focused on developmental assessments and care coordination and saw limited use for a systematic program evaluation. The evaluation team worked closely with KidsMatter staff to fully articulate their theory of change and to choose measures that would be useful in both the outcome assessment process and provide reliable data that could be utilized to assess efficacy of the program. During this process the evaluation consultants also assessed the current data capacity within the program including a review of referral and other program forms and a review of computer and database capacity. This assessment revealed that the program's capacity to collect or utilize data for ongoing program development was very limited. Forms in use were entirely qualitative and maintained only in client files and there was no systematic data collected regarding how, where, when or by whom services were delivered to families. Finally, although the program had computers for staff, they were only utilized for email and word processing.

The evaluation team worked closely with program staff to develop referral and other forms that not only incorporated the data requirements of the BSSI local and national evaluation plans, but also enabled all of the rich clinical information collected by the program to be quantified and therefore entered into a database. A manual was also produced for the program that defined each data element being collected; this enabled new program staff who were not part of the form development process to fully understand what was expected and helped to insure continued use of the forms once the BSSI evaluation effort ends. This pencil and paper form development process – although time consuming and frustrating at times for both the program and evaluation staff – produced forms that met the clinical needs of the program and the data needs of the initiative.

The next step in the process was to create a user-friendly ACCESS database, which served as the program's management information system and allowed the staff to enter and store program data, produce queries that enabled them to download the data in ways useful for their work, and to produce the monthly and quarterly data pulls required of the local and national funders. Prior to the ACCESS database being loaded on their computers, program staff participated in a training that explained the database and were given an instruction manual that described the use of the database, including all queries. As they were learning the evaluation system, program staff also had the opportunity to contact the evaluation team as needed to obtain technical assistance on the use of the database. The program utilized this resource to enhance their data management skills.

So What Do I Do with This Data?

Once the program began to submit client demographic, service utilization and outcome assessment data and staff level data regularly, BSSI staff and the evaluation team began to meet with them quarterly to look at data quality and to identify where the collection process would need to be enhanced. About a year into this process, the conversation at these meetings changed and became more about how to use the data to enhance their staff's understanding of their program and to identify where practices may need to be modified or enhanced. The program staff and leadership became active participants in this process as they learned to think about data, to ask questions of the data and to utilize the data to enhance service provision to families. At this point the evaluation team knew that the great effort put forth to enhance the capacity of this program had been successful, the program staff had moved from being very hesitant about the evaluation process to embracing and utilizing it on a daily basis. Now with about 18 months of funding left for BSSI the conversation has progressed to how the program can use the data to apply for sustainability funds. They now collect data that documents how and where their service is provided, they know what dosage of the intervention produces the best outcomes for children and families, and they can speak to the efficacy of their interventions based on the results of validated measures. This is a program that now has the capacity to continue to grow and expand to meet the divergent needs of their client population.

Lessons Learned

The most striking lesson learned for this evaluation team was the significant amount of time that was needed to implement this process. In total, from the beginning of the process until the first data pull was sent to the evaluation team it was a 9-month process. During these 9 months the evaluation team spent an average of 8 hours per week in meeting with the program, developing forms and creating the database. Some of the meetings were fruitful and others more of a struggle as the program and evaluation team worked to reconcile their different agendas, philosophies, and approaches to the work. It took an additional 9 months until the program was utilizing the data in their work with families and in making program and policy decisions. During this time the evaluation team worked with the program to collect the data in a routine and consistent manner and to be able to utilize the database to meet their clinical and program needs.

Another important lesson that has been documented by other teams (Wandersman, et al. 2003) is that the relationships among the evaluation team, funded programs, and the funder are key. In this process we had multiple relationships to nurture. The most important relationship for this project was with the Bridgeport Safe Start director and leadership team, who made the final decisions regarding the structure of the evaluation and the amount of resources that would be allocated to this process. We also worked to nurture our

…the relationships among the evaluation team, funded programs, and the funder are key.

relationships with the program staff. Our approach was to have a key contact with each program that facilitated the direct work with the program, worked with them to develop the evaluation plan, modify forms and to support them while they made major programmatic changes. Other evaluation staff were brought in for specific purposes (e.g., the development and ongoing technical assistance of the database). This approach allowed for direct communication and decision-making and reduced the number of decision-makers in the process, thus streamlining the development of the evaluation plan.

We also found that education at every step of the process was key to obtaining buy-in.

We also found that education at every step of the process was key to obtaining buy-in. Training opportunities included the RFA process where applicants were required to participate in and evaluation training where they learned to develop logic models and choose measurable outcomes and the provision of TA to programs as they developed their grant proposal including providing literature on best practices and having an evaluator work with them in the development of their evaluation plan. Additionally, ongoing technical assistance regarding utilization of the database including assistance with writing additional queries was essential. Each of these opportunities has contributed to the development of a program that understands how to think about data, thinks through the steps necessary to collect it, asks questions of the data and can run the analyses to answer their questions.

Although listed last, the first lesson we learned was the importance of gaining buy-in from the project leadership. The BSSI Management team was willing to go out on a limb and request a level of data from their funded programs that was previously unheard of in this community. They listened to the vision of the evaluation team, added their insights about the community and together we created an evaluation structure that would enhance how services would be delivered and provide the tools necessary so that programs could be sustained after the federal funding ended. They committed their support both in terms of backing up the evaluation team but also the financial resources necessary to complete this process.

We would be remiss if we left the reader thinking that this process worked well with each of the funded programs we worked with. The success outline above was the "best case scenario" of the programs funded by the Bridgeport Safe Start Initiative. When we reviewed the process of collaborating with the programs that were less successful in this process we concluded that the key factor that mediated success in this initiative was nurturing a relationship with program leadership so that the educational process could occur. The degree of success in this process dictated the degree of incorporation of the evaluation process within programs.

In conclusion, we believe that large-scale Federal programs such as OJJDP's Safe Start Initiative give evaluators the opportunity to work with communities and programs to enhance their evaluation capacity. Furthermore, we found that this work can lead to lasting change within a community or program in the areas of utilizing data for ongoing program development, policy decision-making and in sustaining programs. Our training as community psychologists has led us to see that this approach to evaluation work expands the role of the evaluation team from just providing required Federal data to teaching programs how to evaluate themselves. This process helps to enhance programs so that they provide services that are appropriate, effective, and sustainable for the children and families we serve.

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Note:
[1]Program name has been changed

THOUGHTS ON SCRA AT THE APA CONVENTION THIS YEAR

by Bradley D. Olson

It would be a large task to list the many new thoughts and age-old concerns of community psychology and its identity that emerged at the APA Convention in Hawaii. Depending on the community psychologist you asked, a different slice of themes would likely appear, reflecting the particular sessions attended. I know that my perception of what themes re-occurred was partially influenced by the reading material I had on the flight over—specifically an article describing that the primary value distinguishing certain Asian cultures from Western was a greater reverence for older citizens. I had therefore been ready to think about many of the related issues—the value of greater reverence, the virtue of respect for those further along in life, whether or not that respect needed to be earned, and unnatural biases some hold toward others who are at different points of the lifespan. Yet I was certain that many of the issues I was primed to hear related to age and cultural perceptions of age did objectively appear throughout several Division 27 sessions, although sometimes in more explicit and sometimes in more implicit forms.

To just give one instance, the Society's presidential speech and the discussion, commentary, and events that followed could be interpreted as having had an underlying theme of age, status, and empowerment. During the speech a number of questions were posed such as whether community psychology had now at this point reached "middle age" which of course included all of the crises associated with this period. This was brought up while contemplating the suitability of a set of defining terms to best capture the identity of community psychology, whether such a focus would attract others to the field, and whether trying to attract others to Division 27 was a desirable goal at all.

There is a natural inclination to better define one's group identity. Moreover, the meaning of community psychology could be better identified through a more specific application of labels (e.g., we are about prevention, participatory action research, rural or urban psychology or some other set of terms). There was even the question brought up of whether the term "diversity" itself was the best descriptor for SCRA—not just cultural diversity, but the whole possible universe of diversities. I liked this idea.

Toward the latter half of the speech, when the conversation was opened to all, the lifespan theme among community psychologists emerged again. One student spoke by first ensuring everyone of her enduring commitment to community psychology and then describing why other students like her had initially been attracted to community psychology but eventually changed their minds. It was insightful information even though many of us had heard similar stories before. But what struck me even more was the behavioral response from junior and senior members. Immediately after the student spoke, from several points in the room, with some emotion, there was a quick succession of calls to hear from more students, asking more of them to speak up, asking for more of them to be heard. From the beginning and throughout, the President and other hosts had been open to input from everyone—none of the emotionality of these calls, none of the defensiveness, was directed toward them. But there was a distinct tone suggesting that it was time to address such issues and even a detectable sense of urgency.

From this encouragement, student voices were heard, and from others, reflections on how the Division can better incorporate (even revere) the wisdom that often comes from this younger stage of the life process. Then, symbolically, the last comment was made—the content reminding me of the tendency of certain cultures to respect older age and believe in its wisdom—calling for a better appreciation of older Division members who have distinct perspectives to offer the field. If SCRA does little else in the coming years but work harder to better capture the varied forms of wisdom, that may qualitatively differ across the lifespan, but that are equally precious at each stage, we would make progress toward living up to such a prized label as "diversity."

But diversity as a descriptor brings many challenges associated with authenticity. Diversity is such a uniquely ideal term because, though it is a single word, by its nature it expands and envelopes, capturing all the distinct components of our field—the topics, the methodologies, the people. Diversity, however, in its most abstract sense reflects differences and a group based on myriad differences risks moving into a more chaotic state if there is nothing strong enough to hold the entity together as it moves forward. Authenticity seems to be the key to this cohesion. In terms of diversity, authenticity may require us to always be looking for ways to be more inclusive, and it may even require that some rethink their definition of who is and who is not, technically, a "community psychologist."

Let us take, for example, the goal of attracting a wider audience to join SCRA. Promising greater diversity is certainly a way to achieve this. We might say, though, that the goal is to interest a person in SCRA who has an expansive, experiential expertise within a particular community and is consistent in the use of community psychology principles, even though – and this is where it may be more difficult for some – that person may not have a high school degree. But if we are serious about getting her or him interested in SCRA, we should be ready to take her or him in on an equal basis. That is, the person should be considered a community psychologist. When introduced, if she or he wishes, that person should be introduced as a community psychologist. Again, if we are serious, the SCRA community must be cognitively ready to perceive that person fully and completely as a community psychologist.

Authenticity might also force us to ask even more complicated questions. For instance, is a social worker who in every way practices community psychology a community psychologist? Is that same person a community psychologist if he or she had never heard of community psychology? If we want to attract such "outside" others we might want to first make certain that we are already prepared to perceive them as "inside" by making our personal determination of who is and who is not a community psychologist based, not on an academic degree, but on a consistent set of actions, a consistent set of beliefs, and a consistent (or not so consistent) state of mind.

Whenever goals are held as such ideals and values as valued as they are in SCRA, there will always be significant challenges remaining. Such challenges require the unique flexibility and openness to change that define our field. The challenges require the confidence that the entity will hold together even when more traditional attachments are abandoned. They require a distinct appreciation of members across the lifespan and on every other node within the universe of diversities. They require the belief that something stable can be based on change—that through consistent redefinition, the most productive approaches can come from a field defined by variation, self-reflection, and a dynamic dispersion of ideas. As occurs within every Eco, Biennial, and other gathering of SCRA members, this year's APA convention consistently reflected our goals.
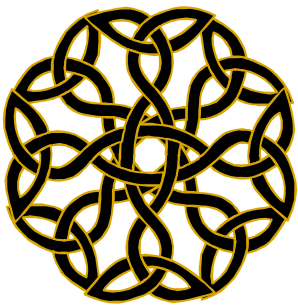
And the winner is...

The winner of the 2004 APA Convention Student Poster Competition is
Janice Habarth
of the University of Michigan, for her poster entitled
"Assessing the Residential Environments of Low-Income Mothers"

Congratulations Janice!

Job Posting

Tenure-track Assistant Professor, Developmental Psychology and Education Duke University

Duke University invites applications for a tenure-track assistant professor position with a joint appointment in the Department of Psychology: Social and Health Sciences and the Program in Education. We are interested in scholars whose work lies at the interface of child or adolescent development and educational psychology or school performance. Special consideration will be paid to candidates whose work focuses on achievement and/or the measurement of ability and intellectual talent, especially as these relate to gifted education. The resources of Duke's Talent Identification Program might facilitate such interests. This position is part of a Duke University initiative to enhance its mission in education research.

Applicants should send a copy of their curriculum vitae, a letter of application explaining the nature of their research and teaching interests, and three letters of reference to: Professor Harris Cooper, Chair Psychology and Education Search Committee 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.

William T. Grant Scholars Award

Each year the William T. Grant Foundation awards up to $300,000 ($60,000 per year for five years) to each of five post-doctoral, early career researchers from diverse disciplines. The grants fund research that increases knowledge about the factors that contribute to the successful development of young people ages 8-25.

Now in its 25th year, the William T. Grant Scholars Program promotes positive youth development by supporting original research on: (1) the effects of contexts (e.g., families, schools, community-based organizations, religious settings, informal activities) on youth development; (2) improving the systems, organizations, and programs that serve youth, and (3) the use of evidence by influential policymakers, practitioners, advocates, and members of the media, and their views of youth.

The application deadline for 2006 is July 1, 2005. For application guidelines, including expanded eligibility requirements, visit www.wtgrantfoundation.org or contact the Foundation: William T. Grant Scholars Program, William T. Grant Foundation, 570 Lexington Avenue, 18th Floor, New York, New York 10022-6837, Phone: 212-752-0071, Email: wtgs@wtgrantfdn.org.

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 of 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.