

Unit One

An Introduction to Community Psychology

What is Community Psychology?

To read any introductory text in the field of psychology, one would guess that the typical psychologist spends all of his or her time dreaming up and conducting arcane laboratory experiments, often of questionable relevance to pressing real world concerns. On the contrary, however, most psychologists work in naturally occurring situations and settings. In addition to the clinical and testing psychologists, with whom the public is most familiar, many people--at all levels of professional training--are entering a relatively new field called community psychology. Community psychology is fundamentally concerned with the relationship between social systems and individual well-being in the community context. Thus, community psychologists grapple with an array of social and mental health problems and they do so through research and interventions in both public and private community settings.

One of the most exciting aspects of community psychology is that the field is developing rapidly and is still in the process of defining itself. It is not easily reduced to the traditional content categories in psychology for several reasons. First, community psychologists simultaneously emphasize both (applied) service delivery to the community and (theory-based) research on social environmental processes. Second, they focus, not just on individual psychological make-up, but on multiple levels of analysis, from individuals and groups to specific programs to organizations and, finally, to whole communities. Third, community psychology covers a broad range of settings and substantive areas. A community psychologist might find herself or himself conducting research in a mental health center on Monday, appearing as an expert witness in a courtroom on Tuesday, evaluating a hospital program on Wednesday, implementing a school-based program on Thursday, and organizing a community board meeting on Friday. For all the above reasons, there is a sense of vibrant urgency and uniqueness among community psychologists--as if they are as much a part of a social movement as of a professional or scientific discipline.

What Community Psychologists Do?

The new and disparate areas of community psychology are thus bound together by a singular vision: that of helping the relatively powerless, in and out of institutions, take control over their environment and their lives. This should, in turn, foster in all of us a greater "psychological sense of community." Community psychologists must, however, "Wear many hats" in working toward the creation of social systems which: (1) promote individual growth and prevent social and mental health problems before they start; (2) provide immediate and appropriate forms of intervention when and where they are most needed; and (3) enable those who have been labelled as "deviant" to live as dignified and self-controlled a life as possible, preferably as a contributing member of the community.

For example, a community psychologist might (1) create and evaluate an array of programs and policies which help people control the stressful aspects of community and organizational environments; (2) assess the needs of a community and teach its members how to recognize an incipient problem and deal with it before it becomes intractable; or (3) study and implement more humane and effective ways for formerly institutionalized populations to live productively in society's mainstream.

The Relationship between Community Psychology and Other Disciplines

It may be useful to describe community psychology by distinguishing it from other disciplines with which it is closely allied. Community psychology is like clinical psychology and community mental health in its action orientation. That is, community psychology aims to promote human welfare. But community psychology arose largely out of dissatisfaction with the clinician's tendency to locate mental health problems within the individual. Community psychologists are more likely to see threats to mental health in the social environment, or in lack of fit between individuals and their environment. They typically advocate social rather than individual change. They focus on health rather than on illness, and on enhancing individual and community competencies.

Community psychology is like public health in adopting a preventive orientation. That is, community psychologists try to prevent problems before they start, rather than waiting for them to become serious and debilitating. But community psychology differs from public health in its concern with mental health, social institutions, and the quality of life in general. In many ways, community psychology is like social work, except that it has a strong research orientation. Community psychologists are committed to the notion that nothing is more practical than rigorous, well-conceived research directed at social problems.

Community psychology is like social psychology and sociology in taking a group or systems approach to human behavior, but it is more applied than these disciplines and more concerned with using psychological knowledge to resolve social problems. It borrows many techniques from industrial and organizational psychology, but tends to deal with community organizations, human service delivery systems, and support networks. Plus, it focuses simultaneously on the problems of clients and workers as opposed to solely the goals and values of management. It is concerned with issues of social regulation and control, and with enhancing the positive characteristics and coping abilities of relatively powerless social groups such as minorities, children, and the elderly.

Fundamental Principles of Community Psychology

“Principles” are (1) the theoretical assumptions on which a concept (i.e., community psychology) is built, or (2) the values that influence and motivate action in the field. The framers of these principles hoped to portray what were commonly agreed-on fundamentals of a community psychology, but they also noted that these were aspirations.

A Respect for Diversity

At one time, psychology was in search of universal principles that would transcend culture or ethnicity. However, the group sampled to establish these universals tended to be White, middle-class college students. The irony in this did not escape psychologists in the 1960s or today (Guthrie, 2003 ; Pedersen, 2008 ; Rappaport, 1977 ; Trimble, 2001). Recognizing and respecting differences in people and their cultural and ancestral heritage is important to a community psychology. Trickett, Watts, and Birman (1994) and Hays (2008) have noted that diversity extends beyond culture, ethnicity, and race and includes considerations of gender, disability, sexual orientation, and those who have been marginalized and oppressed.

Hays (2008) included 10 categories in her system for noting diversity (Table 1.1), the ADDRESING system. Okazaki and Saw (2011) would add to this list an 11th category, that of Immigrant Status.

Rappaport (1977) called for the acceptance of “the value of diversity and the right of people to choose their own goals and life styles” (p. 3). If diversity is respected, how might that affect our thinking? Certainly, *different* would not mean *inferior* (lower) or *deficient* (lacking). Early models of abnormality that assumed such positions would have to be discarded, and new models that appreciated the contribution of social and cultural factors would have to be incorporated into our conceptions of health and pathology (Sue, Sue, Sue, & Sue, 2013). The assumptions of merit and achievement would also need to be reconsidered, along with resource distribution and the criteria for allocations. From a belief in the diversity of people also comes a recognition of the distinctive styles of living, worldviews, and social arrangements that are not part of the perceived mainstream or established traditional society but that more accurately characterize our society’s diversity. Moreover, a recognition of these distinctions keeps diverse populations from being compared with perceived mainstream cultural standards and then being labeled as “deficient” or “deviant” (Snowden, 1987). Such a recognition of diversity increases our ability to design interventions that are culturally appropriate and thus more effective (e.g., Dumas, Rollock, Prinz, Hops, & Blechman, 1999 ; Marin, 1993).

Sue (1977) , early in the community mental health movement, pointed out the differential treatment and outcomes for ethnic minority group clients in the system. He called for provision of responsive services to these populations. These demands for more cultural competency in treatments, emphasizing the importance of understanding relationships and context in our interventions, have continued over several decades (Sue, 2003). Sue believes these variables of cultural capacity to be just as important, if

TABLE 1.1 The ADDRESING Framework for Diversity

A ge,
D evelopmental and acquired **D** isabilities,
R eligion,
E thnicity,
S ocioeconomic status,
I ndigenous heritage,
N ational origin,
G ender.

Source: Adapted from material in Hays, P. A. (2008). Addressing cultural complexities in practice: Assessment, diagnosis, and therapy (2nd ed.). Washington, DC: American Psychological Association.

not more important, than specific treatment techniques. Padilla, Ruiz, and Alvarez (1975) also called attention to the barriers of geography, class, language, and culture that led to a lack of Spanishspeaking and -surnamed populations in mental health systems. The recommendations of barrio- (neighborhood) and family-focused services have been models for what community-based services should be. In particular, the emphasis continues to be on respect for cultural context in devising treatments. When interventions fail, it is not necessarily the fault of the client or patient. The system and its assumptions can also be at fault and must be examined. Bernal and Sáez-Santiago (2006) described a framework (Table 1.3) for deriving what Pederson (1997) called a “culturally centered” community intervention. The APA has adopted Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (APA, 2003) in recognition of the importance of diversity in psychology. In terms of research, the recognition of diversity within populations has slowly but steadily been rising. In early issues of community psychology journals, about 11% of the articles addressed ethnic minority populations (Loo, Fong, & Iwamasa, 1988). Martin, Lounsbury, and Davidson (2004) found this rate to more than double in the time period from 1993 to 1998, with approximately 25% of the articles in the American Journal of Community Psychology addressing diversity issues.

The study of ethnic minority groups is really the practice of **good science** (Sue & Sue, 2003). Given our understanding of population (the people in whom we are interested) and sample (a subset of those people), accurate sampling requires recognition of who is the population. The

cultural variations in ethnic groups make them different “populations” for study. Considerations of culture and community are integral to one another (Kral et al., 2011 ; O’Donnell, 2006).

O’Donnell proposed the term **cultural–community psychology** because all communities were best understood within their specific cultural contexts. Building on the work of Trickett (1996), who described the importance of both culture and context in understanding and working in diverse communities, O’Donnell commented that all community phenomena and interventions should be preceded by the phrase “it depends.”

Given the emphasis on diversity and the appreciation of cultural and ethnic factors, it is not surprising that 23% of the membership of the Society for Community Action and Research self-identifies as ethnic minority (Toro, 2005). In comparison, approximately 6% of the APA membership self-identifies as ethnic minority.

TABLE 1.2 Framework for Culturally Centered Interventions

Language (Native language skills) A carrier of culture and meaning

Personal relationships Especially as might be influenced by similarities or differences in ethnicity and race

Metaphors The ways in which meaning and concepts are conveyed

Cultural knowledge Traditions, customs, and values

Theoretical model for intervention The psychological bases for action

Intervention goals Need for agreement as to what is to be accomplished

Intervention methods Culturally sensitive and respectful of the community

Consideration of context The historic, social, political, and economic setting are seen as important to the person, the setting, and the intervention

Source: Adapted from material in Bernal, G., & Sáez-Santiago, E. (2006). Culturally centered psychosocial interventions. *Journal of Community Psychology*, 34, 121–132.

Notably, certain marginalized groups continue to be ignored or underserved — for example, homosexuals, individuals with disabilities, and women (Bond, Hill, Mulvey, & Terenzio, 2000). Bond and Harrell (2006) caution that there is little work on the subtleties, contradictions, and

dilemmas that arise from working with the many diversities that exist within our communities. Along with the obvious issues of competing ethnic groups, there are the intersections of gender and ethnicity, the combinations of sexual orientation and class, or all of these considerations together creating practical challenges to the practice of community psychology. Although diversity has a history of recognition within the field, its implications are still being worked out and understood.

The appreciation of diversity has been important to community psychologists' work in various groups and communities. However, research has found that community is created most easily within homogeneous populations. This tension between diversity and homogeneity is an area that community psychology must better address (Townley, Kloos, Green, & Franco, 2011).

Of note is Toro's (2005) comment on how the field has become so diverse. This diversity extends to the many theories, approaches to problems, issues addressed, and populations served. Although some may call this a lack of focus, Toro believes it to be an indication of health and vitality as the field expands its boundaries and takes on new challenges.

You will see numerous studies on specific ethnic groups in this text . There are also growing numbers of studies focusing on other aspects of diversity. We will not reference one particular chapter that deals with this topic. That is because diversity is integral to any of the considerations within the field. This is very different from what was found in the 1960s. Community psychology was one of the areas in psychology that championed the need for inclusion of diversity in the mainstream of the discipline.

The Importance of Context and Environment

Our behaviors are governed by the expectations and demands of given situations. For example, students' behavior in lecture classes is different from their behavior at a dance. Even the levels of our voices are governed by where we happen to be. At a ball game or sports event, we are louder. At a funeral, or in a church or temple, we are quieter. Raising our children, we may tell them to use their "inside" voices, or allow them to use their "outside" voices when the occasion permits it. Kurt Lewin (1936) formulated that behavior is a function of the interaction between the person and the environment [$B = f(P \times E)$]. A social-gestalt psychologist, Lewin intended to capture the importance of both the individual and his or her context. To consider the individual alone would provide an incomplete and weak description of the factors influencing behavior. It would be like

a figure without a ground. Therefore, any study of behavior must include an understanding of the personal dispositions *and* of the situation in which the person finds him- or herself.

Roger Barker (1965), one of Lewin's students, studied the power of “ **behavior settings** ” in guiding the activities of a setting's inhabitants. People in a given setting acted in prescribed ways. Violation of these environmentally signaled patterns was punished. As a result, these patterns persisted over time. Barker's and Lewin's works have underscored the importance of environmental factors in behavioral tendencies. Regularities of behavior are not determined solely by personality and genetics. Behaviors are also the result of environmental signals and pressures on the individual. Different environments bring different behaviors. Change the environment, change the behavior.

Empowerment

Empowerment is another basic concept of community psychology. It is a value, a process, and an outcome (Zimmerman, 2000). As a value, empowerment is seen to be good. It assumes that individuals and communities have strengths, competencies, and resources and are by nature nonpathological. As a process, empowerment is a way in which individuals and communities feel that they have some say in and control over the events in their lives, the structures that shape their lives, and the policies that regulate those structures. Community psychology emphasizes the value of the democratic process. As an outcome of democracy, people can feel empowered. In psychological terms, a feeling of efficacy is the belief that one has power over one's destiny. It is the opposite of helplessness. It is what Bandura (2000 , 2006) has called agency (being an actor within one's world, and not merely a passive observer), self-efficacy (a belief that one can make a difference), and collective efficacy (a belief of a group or community that together they can bring about change). Beyond these cognitive components, empowerment includes action on one's own behalf.

Empowerment is viewed as a process: the mechanism by which people, organizations, and communities gain mastery over their lives. (Rappaport, 1984, p. 3)

At the community level, of analysis, empowerment may refer to collective action to improve the quality of life in a community and to the connections among community organizations and agencies. (Zimmerman, 2000 , p. 44).

Empowerment is a construct that links individual strength and competencies, natural helping systems, and proactive behaviors to social policy and social changes. Empowerment theory, research, and intervention link individual well-being with the larger social and political environment (Perkins & Zimmerman, 1995 , p. 569).

Perkins and associates (2007) note that empowering individuals through learning and participation opportunities eventually leads to higher level organizational and community transformations. There are many ways to feel empowered within a work setting (Foster-Fishman, Salem, Chibnall, Legler, & Yapchai, 1998). Job autonomy (control over and influence on the details of the work setting), gaining job-relevant knowledge, feeling trusted and respected in the organization, freedom to be creative on the job, and participation in decision making were examples found through interviews and observations at a given work site. Studies of empowering organizations found that inspiring **leadership** , power role **opportunities**, a socially **supportive environment** , and **group belief** in the power of its members all contributed to feelings of empowerment in community organizations (Maton, 2008 ; Wilke & Speer, 2011).

And yet, empowerment processes are not simply giving initiative and control over to people. We are reminded that attempts at youth empowerment have come in a variety of forms with differential success. Reviewing relevant youth programs, Wong, Zimmerman, and Parker (2010) noted that empowerment attempts took forms ranging from total control by youth to total control by adults, and included a shared-control model involving both youth and adults in decision making and action as the middle ground. Empowerment was found to be a transactional process, with both adult and youth contributing to the outcomes (Cargo, Grams, Ottoson, Ward, & Green, 2004). Adults contribute by creating a welcoming and enabling setting. Youth contribute through engaging with others in positive and constructive change. Actions by both adults and youth are required. Together, their contributions build on each other's behaviors and produce an empowering and productive environment.

As an example of empowerment outcomes, Zeldin (2004) found that youth increase in their sense of agency and in their knowledge and skills when they participate in community decision-making activities. This reminds us that agency, or the feeling that a person can influence a situation, is linked to self-efficacy, a cognitive attitude that has been shown to result in better persistence, effort, and final success in dealing with problem situations (Bandura, 1989 , 2006). Empowerment situations may lead to feelings of self- or collective group efficacy.

Maton and Brodsky (2011) make the distinction among **psychological empowerment**, where individuals gain a sense of mastery; **social empowerment**, where individuals rise in status; and **civic empowerment**, where there is a gain in rights and privileges. Although related to each other, these forms of empowerment are different. Such distinctions need to be considered in examining both processes and outcomes.

The concept of empowerment has not gone without criticism. Empowerment often leads to individualism and therefore competition and conflict (Riger, 1993). Empowerment is traditionally masculine, involving power and control, rather than the more traditionally feminine values and goals of communion and cooperation. Riger (1993) challenged community psychologists to develop an empowerment concept that incorporates both empowerment and community. We will see a variety of attempts at empowerment in our exploration of community applications throughout the text. It is interesting to note to what end? With what results?

The Ecological Perspective/Multiple Levels of Intervention

In the developmental literature, Urie Bronfenbrenner (1977) described four layers of ecological systems that influence the life of a child. At the center of the schema is the individual, and in ever-growing circles lie the various systems that interact with and influence him or her. The “immediate system” contains the person and is composed of the particular physical features, activities, and roles of that person. This is called the **microsystem**. Examples of microsystems include a playroom, a home, a backyard, the street in front of the house, or a classroom. Microsystems could include the school or one’s family. These microsystems directly influence the individual, and the individual can directly influence the system. At the next level out is the **mesosystem**, which holds the microsystems and where the microsystems interact with each other. Examples of this would be places where one microsystem (school) and another microsystem (family) come together. A mesosystem is a “system of microsystems” (Bronfenbrenner, 1977 ,p. 515). Note that the child/individual is an active member within the mesosystem. Research has shown the advantages of clear and demonstrated linkages between the school and the family for the child’s school adaptation and academic performance, and this has led to direct calls for better collaboration between schools and communities (Adelman & Taylor, 2003 , 2007 ; Warren, 2005). In turn, there are also findings that schools seen as a part of their community are more likely to be supported and less likely to be the target of vandalism.

Children who feel connected to family, school, and neighborhood may feel the responsibilities of membership and the supportiveness of their holistically integrated social and psychological environment. The “system” then can lead to feelings of connection or disconnection among the microsystems; to the collection of social, material, and political resources; or to the alienation of the various components from each other.

The next circle out is the **exosystem**, an extension of the mesosystem that does not immediately contain the child or individual. The exosystem influences the mesosystem. Examples would be government agencies that influence the meso- and microsystems (school boards, city councils, or state legislatures, which influence the schools and families but do not have them as members) or work situations for family members (who in turn populate the micro- and mesosystems).

At the furthest level outward is the **macrosystem**, which does not contain specific settings. The macrosystem contains the laws, culture, values, or religious beliefs that govern or direct the lower systems.

Being in the southwestern United States brings certain cultural and legal assumptions that may differ markedly from those in Vancouver, Canada; Barcelona, Spain; Auckland, New Zealand; or Hong Kong, China. Bronfenbrenner (1977) proposed that any conceptualization of a child’s development needed a comprehensive examination of all these systems to provide an adequate understanding of the processes that influenced the child. Interventions to address this progress should have a comprehensive and conceptual basis addressing multiple levels. Anything less provides an artificial perspective on what really happens in the life of an individual or a group of individuals. Graphic descriptions of Bronfenbrenner’s ecological model showed circles embedded in larger circles. This described the nature of the systems embedded in larger systems.

Prevention Rather than Therapy

The Swampscott Conference’s focus on **prevention** rather than treatment was inspired by public health (Heller et al., 1984 ; Kelly, 2005) and work in child and social psychiatry (Caplan, 1964). In very basic terms, prevention is understood to be “doing something now to prevent (or forestall) something unpleasant or undesirable from happening in the future” (Albee & Ryan, 1998 , p. 441). What one specifically does may be determined by what one is specifically trying to prevent, of course, but the underlying premise remains.

The main argument for prevention is that traditional psychological interventions often came too

late in the illness development process; they were usually provided long after the individual already had developed a problem. Emory Cowen (1980) stated,

We became increasingly, indeed alarmingly, aware of (a) the frustration and pessimism of trying to undo psychological damage once it had passed a certain critical point; [and] (b) the costly, time consuming, culture-bound nature of mental health's basic approaches, and their unavailability to, and effectiveness with, large segments of society in great need. (p. 259)
Such concerns continue to this day (Vera & Polanin, 2012).

On the other hand, prevention might counter any trauma before it begins, thus saving the individual and perhaps the whole community from developing a problem. In this regard, as stated earlier, community psychology takes a proactive rather than reactive role. For example, community psychologists believe it is possible that sex education *before* adolescence, teamed with new social policy, can reduce the teenage pregnancy rate. Kirby (2007) provides clear research-based guidelines on pregnancy prevention programs.

Social Justice

Another core value of community psychology is the goal of social justice. Social justice is a value or aspiration that is best understood in contrast to social *injustice* . Examples of social injustice abound within our society and around the world. Inequality in educational opportunities, racial disparities in many categories of health and well-being, discrimination experienced by members of particular ethnic, gender, or religious groups, and the homophobia to which gay, lesbian, and bisexual individuals as exposed are examples of social injustices that you will read more about in this text . Although society has developed many laws intended to protect people from being harmed by injustices, it is unfortunately true that we do not yet live in a world of legitimate “equal opportunities” for all to reach their potential. In other words, the playing field in our society is not yet level. So how then is social *justice* to be defined? On the one hand, it could be argued that when resources are all equally distributed and all citizens experience a level playing field of opportunity, social justice has been achieved. This was the philosophy behind communism. However, others have argued that true social justice is not merely examining how resources are ultimately distributed, but rather creating equitable processes to determine the allocation of resources (Vera & Speight, 2003). In a definition of social justice that focuses on process versus outcome, some groups may temporarily have more resources than others, but it will be because the group as a whole has decided that this should happen, perhaps

for a particular reason. Various definitions of social justice are found in theology, political science, and education, but for our purposes, the overall goal of social justice is “full and equal participation of all groups in a society that is mutually shaped to meet their needs. Social justice includes a vision of society in which the **distribution of resources is equitable** and all members are physically and psychologically safe and secure” (Bell, 1997 , p. 3). Note that in this definition, the word *equitable* is used instead of *equal* when talking about resources. Resources should be **fairly distributed** , but perhaps not equally. This allows for the possibility that in some situations, we may want some groups to have **greater access** to a set of resources, in the case of affirmative action, for example. A community may decide that it wants to encourage more women to have careers within science or technology fields, so it may decide that creating college scholarships for women who have such interests is an equitable distribution of resources. The point is that if the society as a whole decides that this is a good policy (i.e., until there are more women in the fields of science and technology), it would be considered a socially just decision.

So how do community psychologists contribute to this goal? Vera and Speight (2003) argued that psychologists can make the most meaningful contributions to social justice by attending to the **societal processes** through which injustices result. For example, in Young’s (1990) conceptualization of social justice, social structures and processes are evaluated to elucidate practices of domination, privilege, and oppression. Thus, inequities are not solved by merely redistributing wealth or resources. Rather, the processes that facilitated unequal outcomes to begin with must be scrutinized and **transformed** . Typically, **marginalization** (i.e., **exclusion**) is the main process by which social injustice is maintained.

Young argued that in the United States, a large proportion of the population is expelled from full participation in social and political life, including people of color, the elderly, the disabled, women, gay men, lesbians, bisexuals, transgendered people, and people who are involuntarily out of work. Thus, issues of social justice are important for the statistical majority of the population, not just minority groups. Such a conceptualization of justice, then, is logically related to issues of multiculturalism and diversity.

Many community psychologists have contributed to the discussion of social justice within the field of psychology. Prilleltensky (1997) argued that human diversity cannot flourish without notions of justice and equality. Several other prominent community psychologists have

articulated the connections among social justice, underserved populations, and the overall profession of psychology in recent years

(Albee, 2000 ; Martin-Baró, 1994 ; Nelson & Prilleltensky, 2010 ; Ramirez, 1999). Martin-Baró (1994) discussed a form of psychology called liberation psychology that is specifically concerned with fighting injustice. He noted that liberation psychology focuses “not on what has been done [to people] but what needs to be done” (p. 6). This is relevant for action-oriented community psychologists, who may seek to transform the world, not just understand the world. Efforts to engage in such transformations are described throughout this text.

Emphasis on Strengths and Competencies

Closely related to the idea of empowerment (see Principles) and prevention is the notion of competence and strength. The field of clinical psychology has historically focused on individuals’ weaknesses and problems. Freud planted the seed of pathology focus that was cultivated by later clinicians.

Marie Jahoda (1958) directed a turn in focus toward mental health following a review of clinical research. She highlighted the advantages of examining our strengths. In particular, she pointed out that **the absence of mental illness did not make one mentally healthy** . Health was defined by the presence of positive attributes—such as a healthy sense of self—and an orientation to growth and development. Soon after, Robert White (1959) wrote on the importance of **competence**, by which he meant a sense of mastery when interacting with the environment. Jahoda’s and White’s ideas offered a conceptual change for psychologists concerned with how clinical psychology was mired in its focus on negative behavior.

Ryan (1971) claimed that our usual response to problems was to “blame the victim.” It might be blatant, such as claims of laziness, lack of intelligence, incorrect priorities, or “asking for it.” It could also be more subtle, such as claims of inferior cultural opportunities, lack of adequate mentoring, or the need for more services. These all place the individual victim in a place of inferiority. What if the individual’s problem was not seen as the result of “deprivation, deficits, or weakness”? What if these populations had strengths and had the resources to make the break from their confines? Ryan argued that the cause of many problems is the *lack* of power.

These historic challenges to the pathology-focused fields of psychiatry and psychology have more recently been joined by the Positive Psychology movement (Seligman, 2007 ; Seligman & Csikszentmihalyi, 2000). Positive psychology primarily focuses on the strengths of the

individual (Seligman & Csikszentmihalyi, 2000). The parallels with community psychology's shift to a wellness focus (Cowen, 1994) are apparent but not clearly described (Schueller, 2009). Positive Psychology's research has been on the individual and thus has lacked consideration of positive environments. Those in community psychology have studied the necessary components of a high-functioning environment (Moos, 2003). Three environmental factors working together led to well-being and productivity: **strong social ties, emphases on personal growth, and a clear structure** . And as Keyes (2007) pointed out, "mental flourishing" has been a better indicator of well-being than has the absence of mental illness.

A strength and competence focus was embraced from the very first days of the Swampscott Conference (Bennett et al., 1966). This orientation had linkages to empowerment and to ecological principles. The focus on positives in communities and in their members shifted research and interventions toward the ways in which people were successful. These strengths can be commonly found, can be readily mobilized, and are both effective and appealing to the community (Masten, 2009).

TABLE 1.3 Jahoda's Positive Mental Health Attributes

Positive and realistic sense of self
Orientation to growth and development
Integrated and coherent self
Grounded in reality
Autonomous and independent
Successful adaption to the environment (in love, relationships, and problem solving in general)

Source: Adapted from material in Jahoda, M. (1958). *Current concepts of positive mental health* . New York, NY: Basic Books.

Social Change and Action Research

Community psychology has called for **social change** from its beginnings (Bennett et al., 1966 ; Hill, Bond, Mulvey, & Terenzio, 2000 ; Rappaport, 1977 ; Seidman, 1988) and continues to

incorporate it within its operational frameworks (Revenson et al., 2002 ; Tseng & Seidman, 2007). Social change may be defined as efforts to shift community values and attitudes and expectations as well as “opportunity structures” to help in the realization of the inherent strengths of all within a population. The promise of community psychology is that of social change (Prilleltensky, 2008 , 2009).

Research grounded in theory and directed toward resolving social problems is called **action research**. In community psychology, much action research is *participatory* , where affected individuals are not merely “subjects” in a study but participate in shaping the research agenda (Nelson, Ochocka, Griffin, & Lord, 1998 ; Rappaport, 2000). An active partnership between researcher and participants is the norm (Hill et al., 2000 ; Nelson, Prilleltensky, & McGillivray, 2001). Ryerson Espino and Trickett (2008) presented a framework for ecological inquiry, which incorporated input from those under study into the process. At this point, it is important to remember that social problems are difficult to resolve, and research in community settings is complex. For instance, if one wanted to change a human services agency so that it better addresses community needs, one would probably have to research the whole agency and the people involved, including clients and staff, as well as all of their interrelationships and processes within the agency. A special issue of the *American Community Psychologist* presented articles reviewing the state of the science-practice synthesis reached in community action research. Although community psychology has successfully influenced a variety of fields within the larger psychology discipline, there continue to be creative tensions between the search for empirical validation and the need to be relevant to the context. Linney (2005) pointed to four themes arising from the science-practice issue:

1. Effective strategies to bridge science and practice, so as to strengthen the capacity to do both within the community
2. Changing who determines what is important, that is, giving the community power in determining what is important and useful, the direction of the decision making changing from a science directing practice, to a model where the community is a full partner in decision making
3. A broadening of the definition of good science beyond the “narrow” laboratory-based experimental designs

4. Dealing with the difficulty of implementing the values and ideals given the contingencies under which many psychologists work—for example, publish or perish, the valuing of true experimental designs, and the devaluing of quasi- or nonexperimental designs

As you will see in this text, community psychology sees social change and action research as an integral part of its conceptual and intervention framework.

Interdisciplinary Perspectives

Community psychologists believe social change can be better understood and facilitated through collaboration with other disciplines (Kelly, 2010). Multidisciplinary perspectives are a means of gaining more sweeping, more thorough, and better reasoned thinking on change processes (Maton, 2000 ; Strother, 1987). Community psychologists have long enjoyed intellectual and research exchanges with colleagues in other academic disciplines, such as political science, anthropology, and sociology, as well as other areas of psychology, such as social psychology (Altman, 1987 ; Jason, Hess, Felner, & Moritsugu, 1987a). There are renewed calls for interdisciplinary efforts (Kelly, 2010 ; Linney, 1990 ; Wardlaw, 2000) with other community professionals, such as substance-abuse counselors, law enforcement personnel, school psychologists, and human services professionals.

Kelly (1990) believed that **collaboration** with others gives new awareness of how other disciplines experience a phenomenon. A benefit of consultation with others such as historians, economists, environmentalists, biologists, sociologists, anthropologists, and policy scientists is that perspectives can be expanded and new perspectives adopted. Kelly believed that such an interdisciplinary perspective helped to keep alive the excitement about discovery in the field (Kelly, 2010). In that same article he acknowledged the influence of philosophy, anthropology, social psychiatry, and poetry on his work.

Stokols (2006) described three factors necessary to have strong transdisciplinary research among researchers:

- (1) a sense of common goals and good leadership to help deal with conflicts that can arise;
- (2) proactive arrangement of contextual supports for the collaboration (institutional support, prior collaborative experience, proximity of collaborators, electronic linkage capabilities); and (3)
- “preparation, practice and refinement” of the collaborative effort. Stokols cautioned that work between researchers and the community increases the potential for misunderstanding.

Participation of both researchers and community members in all phases of project development is helpful in these circumstances, deemphasizing status differences and establishing clear goals and outcome expectations.

A Psychological Sense of Community

Early discussions of community psychology noted the seeming contradiction in the terms *community* and *psychology*. Community was associated with groups and psychology with individual experience.

Proposing a possible answer to those unfamiliar with the field, Sarason (1974) suggested the study of a “psychological sense of community” (PSC). PSC has become one of the most popular concepts to emerge from community psychology: it is an individual’s perception of group membership. If environments and individuals are well matched, a community with a sense of spirit and a sense of “we-ness” can be created. Research has demonstrated that a sense of community, or what is sometimes called *community spirit* or sense of belonging in the community, is positively related to a subjective sense of well-being (Davidson & Cotter, 1991).

In an optimal community, members probably will be more open to changes that will further improve their community. On the other hand, social disintegration of a community or neighborhood often results in high fear of crime and vandalism (Ross & Jang, 2000), as well as declines in children’s mental health (Caspi, Taylor, Moffitt, & Plomin, 2000) and increases in school problems (Hadley-Ives, Stiffman, Elze, Johnson, & Dore, 2000), loneliness (Prezza, Amici, Tiziana, & Tedeschi, 2001), and myriad other problems. Community disorder may intensify both the benefits of personal resources (such as connections to neighbors) and the detrimental effects of personal risk factors (Cutrona, Russell, Hessling, Brown, & Murry, 2000).

Interestingly, research has demonstrated that happiness and the sense of satisfaction with one’s community are not found exclusively in the suburbs. People living in the suburbs are no more likely to express satisfaction with their neighborhoods than people living in the city (Adams, 1992) or small towns (Prezza et al., 2001). Many laypeople and psychologists believe that residents of the inner city are at risk for myriad problems. However, research has found that some very resilient individuals are located in the most stressful parts of our cities (Work, Cowen, Parker, & Wyman, 1990).

Community has traditionally meant a locality or place such as a neighborhood. It has also come to mean a relational interaction or social ties that draw people together (Heller, 1989b). To these definitions could be added the one of community as a collective political power. Brodsky (2009) also notes that we have multiple communities to which we may have allegiance.

If those are the definitions for *community*, what is the sense of community? **Sense of community** is the feeling of the relationship an individual holds for his or her community (Heller et al., 1984) or the personal knowledge that one has about belonging to a collective of others (Newbrough & Chavis, 1986).

More specifically, it is the perception of similarity to others, an acknowledged interdependence with others, a willingness to maintain this interdependence by giving to or doing for others what one expects from them, the feeling that one is part of a larger dependable and stable structure. (Sarason, 1974 , p. 157)

If people sense community in their neighborhood, they feel that they belong to or fit into the neighborhood. Community members sense that they can influence what happens in the community, share the values of the neighborhood, and feel emotionally connected to it (Heller et al., 1984).

A sense of community is specifically thought to include four elements: membership, influence, integration, and a sense of emotional connection (McMillan & Chavis, 1986):

1. *Membership* means that people experience feelings of belonging in their community.
2. *Influence* signifies that people feel they can make a difference in their community.
3. *Integration*, or fulfillment of needs, suggests that members of the community believe that their needs will be met by resources available in the community.
4. *Emotional connection* implies that community members have and will share history, time, places, and experiences.

Although there have been a variety of criticisms and alternatives to this conceptualization of psychological sense of community (Long & Perkins, 2003 ; Tartaglia, 2006), the operational definition of this sense by McMillan and Chavis (1986) remains the definitive model for this concept.

Long and Perkins (2003) found a three-factor structure for their data: social connections, mutual

concerns, and community values. Tartaglia (2006) , using an Italian sample, produced a three-factor measure that included attachment to place, needs fulfillment and influence, and social bonds. In its newest evolution, Peterson, Speer, and McMillan (2008) have produced an eight-item Brief Sense of Community Scale, which produces all four of the McMillan and Chavis (1986) elements with significant statistical validity.

A scale developed by Buckner (1988) measured neighborhood cohesion or fellowship. Wilkinson (2007) found validation of Buckner's conceptualization of neighborhood cohesion, and a three-factor structure to his data, taken from a Canadian sample. In Wilkinson's study, "cohesion" was based on a psychological sense of community, neighboring (visiting others and being visited), and attraction for the community ("I like being here.").

Among the many groups whose psychological sense of community has been studied are Australian Aboriginals (Bishop, Colquhoun, & Johnson, 2006), Native American youth (Kenyon & Carter, 2011), Afghan women (Brodsky, 2009), German naval cadets (Wombacher, Tagg, Bürgi, & Mac- Bryde, 2010), gay men (Proescholdbell, Roosa, & Nemeroff, 2006), churches (Miers & Fisher, 2002), university classrooms (Yasuda, 2009), and the seriously mentally ill (Townley & Kloos, 2011). As Peterson and colleagues (2008) said, sense of community is a "key theoretical construct" of community psychology.

HISTORICAL BACKGROUND

Shakespeare wrote, "What is past is prologue." Why gain a historical perspective? Because the past provides the beginning to the present and defines meanings in the present. Think of when someone says "Hi" to you. If there is a history of friendship, you react to this act of friendship positively. If you have no history of friendship, then you wonder what this gesture means and might react with more suspicion.

In a similar way, knowing something of people's developmental and familial backgrounds tells us something about what they are like and what moves them in the present. The history of social and mental health movements provides insight into the state of psychology. These details provide us with information on the spirit of the times (*zeitgeist*) and the spirit of the place (*ortgeist*) that brought forth a community psychology "perspective" (Rappaport, 1977) and "orientation" (Heller & Monahan, 1977).

These historical considerations have been a part of community psychology definitions ever since

such definitions began to be offered (Cowen, 1973 ; Heller & Monahan, 1977; Rappaport, 1977). They also can be found in the most recent text descriptions (Kloos et al., 2011 ; Nelson & Prilleltensky, 2010).

A community psychology that values the importance of understanding “context” would appreciate the need for historical background in all things (Trickett, 2009). This understanding will help explain why things are the way they are, and what forces are at work to keep them that way or to change them. We also gain clues on how change has occurred and how change can be facilitated. So what is the story? We will divide it into a story of mental health treatment in the United States and a story of the social movements leading up to the founding of the U.S. community psychology field. In colonial times, the United States was not without social problems. However, given the close-knit, agrarian communities that existed in those times, needy individuals were usually cared for without special places to house them (Rappaport, 1977). As cities grew and became industrialized, people who were mentally ill, indigent, and otherwise powerless were more and more likely to be institutionalized. These early institutions were often dank, crowded places where treatment ranged from restraint to cruel punishment.

In the 1700s France, Philip Pinel initiated reforms in mental institutions, removing the restraints placed on asylum inmates. Reforms in America have been attributed to Dorothea Dix in the late 1800s. Her career in nursing and education eventually led her to accept an invitation to teach women in jails. She noted that the conditions were abysmal and many of the women were, in fact, mentally ill. Despite her efforts at reform, mental institutions, especially public ones, continued in a warehouse mentality with respect to their charges. These institutions grew as the lower class, the powerless, and less privileged members of society were conveniently swept into them (Rappaport, 1977). Waves of early immigrants entering the United States were often mistakenly diagnosed as mentally incompetent and placed in the overpopulated mental “hospitals.”

In the late 1800s, Sigmund Freud developed an interest in mental illness and its treatment. You may already be familiar with the method of therapy he devised, called **psychoanalysis**. Freud’s basic premise was that emotional disturbance was due to intrapsychic forces within the individual caused by past experiences.

These disturbances could be treated by individual therapy and by attention to the unconscious.

Freud gave us a legacy of intervention aimed at the individual (rather than the societal) level. Likewise, he conferred on the profession the strong tendency to divest individuals of the power to heal themselves; the physician, or expert, knew more about psychic healing than did the patient. Freud also oriented professional healers to examine an individual's past rather than current circumstances as the cause of disturbance, and to view anxiety and underlying disturbance as endemic to everyday life. Freud certainly concentrated on an individual's weaknesses rather than strengths. This perspective dominated American psychiatry well into the 20th century. Variations of this approach persist to the present day.

In 1946, Congress passed the National Mental Health Act. This gave the U.S. Public Health Service broad authority to combat mental illness and promote mental health. Psychology had proved useful in dealing with mental illness in World War II. After the war, recognition of the potential contributions of a clinical psychology gave impetus to further support for its development. In 1949, the National Institute of Mental Health (NIMH) was established. This organization made available significant federal funding for research and training in mental health issues (Pickren, 2005 ; Schneider, 2005).

At the time, clinical psychologists were battling with psychiatrists to expand their domain from testing, which had been their primary thrust, to psychotherapy (Walsh, 1987). Today, **clinical psychology** is the field within psychology that deals with the diagnosis, measurement, and treatment of mental illness. It differs from **psychiatry** in that psychiatrists have a medical degree. Clinical psychologists hold doctorates in psychology. These are either a PhD, which is considered a research degree, or a PsyD, which is a “practitioner–scholar” degree focused on assessment and psychological interventions. (Today, the practicing “psychologist,” who does therapy, includes a range of specialties. For example, counseling psychologists, who also hold PhD or PsyD degrees, have traditionally focused on issues of personal adjustment related to normal life development. They too are found among the professional practitioners of psychology.) The struggle between the fields of psychiatry and psychology continues today, as some psychologists seek the right to prescribe medications and obtain practice privileges at the hospitals that do not already recognize them (Sammons, Gorny, Zinner, & Allen, 2000). New models of “integrated care” have been growing, where physicians and psychologists work together at the same “primary care” site (McGrath & Sammons, 2011).

Another aspect of the history of mental health is related to the aftermath of the two world wars. Formerly healthy veterans returned home as psychiatric casualties (Clipp & Elder, 1996 ; Rappaport, 1977 ; Strother, 1987). The experience of war itself had changed the soldiers and brought on a mental illness. In 1945, the Veterans Administration sought assistance from the American Psychological Association (APA) to expand training in clinical psychology. These efforts culminated in a 1949 conference in Boulder, Colorado. Attendees at this conference approved a model for the training of clinical psychologists (Donn, Routh, & Lunt, 2000 ; Shakow, 2002). The model emphasized education in science *and* the practice of testing and therapy, a “ **scientist–practitioner** ” model.

The 1950s brought significant change to the treatment of mental illness. One of the most influential developments was the discovery of pharmacologic agents that could be used to treat psychosis and other forms of mental illness. Various antipsychotics, tranquilizers, antidepressants, and other medications were able to change a patient’s display of symptoms. Many of the more active symptoms were suppressed, and the patient became more tractable and docile. The use of these medications proliferated despite major side effects. It was suggested that with appropriate medication, patients would not require the very expensive institutional care they had been receiving, and they could move on to learning how to cope with and adjust to their home communities, to which they might return. Assuming adequate resources, the decision to release patients back into their communities seemed more humane. There was also a financial argument for deinstitutionalization, because the costs of hospitalization were high. There was potential for savings in the care and management of psychiatric patients. The focus for dealing with the mentally ill shifted from the hospital to the community. Unfortunately, what was forgotten was the need for adequate resources to achieve this transition.

In 1952, Hans Eysenck, Sr., a renowned British scientist, published a study critical of psychotherapy (Eysenck, 1952 , 1961). Reviewing the literature on psychotherapy, Eysenck found that receiving no treatment worked as well as receiving treatment. The mere passage of time was as effective in helping people deal with their problems. Other mental health professionals leveled criticisms at psychological practices, such as psychological testing (Meehl, 1954 , 1960) and the whole concept of mental illness (Elvin, 2000 ; Szasz, 1961). (A further review of these issues and controversies can be found.)

If intervention was not useful, as Eysenck claimed, what would happen to mentally ill individuals? Would they be left to suffer because the helping professions could give them little hope? This was the dilemma facing psychology.

In the 1950s and 1960s, Erich Lindemann's efforts in social psychiatry had brought about a focus on the value of crisis intervention. His work with survivors of the Cocoanut Grove fire in Boston demonstrated the importance of providing psychological and social support to people coping with life tragedies. With adequate help provided in a timely manner, most individuals could learn to deal with their crises. At the same time, the expression of grief was seen as a natural reaction and not pathological. This emphasis on early intervention and social support proved important to people's ability to adapt. Parallel to these developments, Kurt Lewin and the National Training Laboratories were studying group processes, leadership skills for facilitating change, and other ways in which social psychology could be applied to everyday life (www.ntl.org/inner.asp?id=178&category=2). There was a growing understanding of the social environment and social interactions and how they contributed to group and individual abilities to deal with problems and come to healthy solutions.

As a result, the 1960s brought a move to deinstitutionalize the mentally ill, releasing them back into their communities. Many questioned the effectiveness of traditional psychotherapy. Studies found that early intervention in crises was helpful. And psychology grew increasingly aware of the importance of social environments. Parallel to these developments, social movements were developing in the larger community.

Social Movements

At about the same time as Freud's death (1930s), President Franklin D. Roosevelt proclaimed his New Deal. Heeding the lessons of the Great Depression of the 1920s and 1930s, he experimented with a wide variety of government regulatory reforms, infrastructure improvements, and employment programs. These efforts eventually included the development of the Social Security system, unemployment and disability benefits, and a variety of government-sponsored work relief programs, including ones linked to the building of highways, dams, and other aspects of the nation's economic infrastructure. One great example of this was the Tennessee Valley Authority, which provided a system of electricity generation, industry development, and flood control to parts of Tennessee, Alabama, Mississippi, Kentucky, Virginia,

Georgia, and North Carolina. This approach greatly strengthened the concept of government as an active participant in fostering and maintaining individuals' economic opportunities and well-being (Hiltzik, 2011). Although the role of government in fostering well-being is debated to this day, newer conceptions of the role of government still include an active concern for equal opportunity, strategic thinking, and the need for cooperation and trust (Liu & Hanauer, 2011).

There were other social trends as well. Although women had earlier worked in many capacities, the need for labor during World War II allowed them to move into less traditional work settings. “Rosie the Riveter” was the iconic woman of the time, working in a skilled blue-collar position, doing dangerous, heavy work that had previously been reserved for men in industrial America. After the war, it was difficult to argue that women could not work outside the home, because they had contributed so much to American war production. This was approximately 20 years after women had gained voting rights at the national level, with the passage of the 19th Amendment to the Constitution (passing Congress in 1919 and taking until 1920 for the required number of states to ratify it). Throughout the 1950s, 1960s, and 1970s, women—once disenfranchised as a group and with limited legal privileges—continued to seek their full rights as members of their communities.

In another area of social change, the U.S. Supreme Court in 1954 handed down their decision in *Brown v. Board of Education of Topeka, Kansas*. This decision overturned an earlier ruling that racial groups could be segregated into “separate but equal” facilities. In reality, the segregated facilities were not equivalent. School systems that had placed Blacks into schools away from Whites were found to be in violation of the U.S. Constitution. This change in the law was a part of a larger movement by Blacks to seek justice and their civil rights. Notably, psychologists Kenneth and Mamie Phipps Clark provided psychological research demonstrating the negative outcomes of segregated schools (Clark, 1989 ; Clark & Clark, 1947 ; Keppel, 2002). This was the first time that psychological research was used in a Supreme Court decision (Benjamin & Crouse, 2002). The *Brown v. Board of Education* decision required sweeping changes nationally and encouraged civil rights activists. Among these activists were a tired and defiant Rosa Parks refusing to give up her bus seat to a White passenger as the existing rules of racial privilege required; nine Black students seeking entry into a school in Little Rock, Arkansas; other Blacks seeking the right to eat at a segregated lunch counter; and students and religious leaders around the South risking physical abuse and death to register Blacks to vote. The civil rights movement

of the 1950s carried over to the 1960s. People of color, women, and other underprivileged members of society continued to seek justice. The Voting Rights Act of 1965 helped to enforce the 15th Amendment to the Constitution, guaranteeing citizens the right to vote (www.ourdocuments.gov/doc.php?flash=true&doc=100&page=transcript).

In the 1960s, the “baby boomers” also came of age. Born in the mid-1940s and into the 1960s, these children of the World War II veterans entered the adult voting population in the United States in large numbers, shifting the opinions and politics of that time. Presaging these changing attitudes, in 1960, John F. Kennedy was elected president of the United States (www.whitehouse.gov/about/presidents/johnfkennedy). Considered by some too young and too inexperienced to be president, Kennedy embodied the optimism and empowerment of an America that had won a world war and had opened educational and occupational opportunities to the generation of World War II veterans and their families (Brokaw, 1998). His first inaugural address challenged the nation to service, saying, “Ask not what your country can do for you—ask what you can do for your country.” During his tenure, the Peace Corps was created, sending Americans overseas to help developing nations to modernize. Psychologists were also encouraged to “do something to participate in society” (Walsh, 1987 , p. 524). These social trends, along with the increasing moral outrage over the Vietnam War, fueled excitement over citizen involvement in social reform and generated an understanding of the interdependence of social movements (Kelly, 1990).

One of President Kennedy’s sisters had special needs. This may have fueled his personal interest in mental health issues. Elected with the promise of social change, he endorsed public policies based on reasoning that social conditions, in particular poverty, were responsible for negative psychological states (Heller, Price, Reinharz, Riger, & Wandersman, 1984). Findings of those times supported the notion that psychotherapy was reserved for a privileged few, and institutionalization was the treatment of choice for those outside the upper class (Hollingshead & Redlich, 1958). In answer to these findings, Kennedy proposed mental health services for communities and secured the passage of the Community Mental Health Centers Act of 1963. The centers were to provide outpatient, emergency, and educational services, recognizing the need for immediate, local interventions in the form of prevention, crisis services, and community support. Kennedy was assassinated at the end of 1963, but the funding of community mental health continued into the next administration. In his 1964 State of the Union address, President

Lyndon B. Johnson prescribed a program to move the country toward a “Great Society” with a plan for a “War on Poverty.” President Johnson wanted to find ways to empower people who were less fortunate and to help them become productive citizens. Programs such as **Head Start** and other federally funded early childhood enhancement programs for the disadvantaged were a part of these efforts. Although much has changed in our delivery of social and human services since the 1960s, many of the prototypes for today’s programs were developed during this time.

Multiple forces in mental health and in the social movements of the time converged in the mid-1960s. Dissatisfaction with the effectiveness of traditional individual psychotherapy (Eysenck, 1952), the limitation on the number of people who could be treated (Hollingshead & Redlich, 1958), and the growing number of mentally ill individuals returning into the communities combined to raise serious questions regarding the status quo in mental health. In turn, a recognition of diversity within our population, the appreciation of the strengths within our communities, and a willingness to seek systemic solutions to problems directed psychologists to focus on new possibilities in interventions. Thus we have the basis for what happened at the Swampscott Conference.

Swampscott

In May 1965, a conference in **Swampscott**, Massachusetts (on the outskirts of Boston), was convened to examine how psychology might best plan for the delivery of psychological services to American communities. Under the leadership of Don Klein, this training conference was organized and supported by the National Institute of Mental Health (NIMH; Kelly, 2005). Conference participants, including clinical psychologists concerned with the inadequacies of traditional psychotherapy and oriented to social and political change, agreed to move beyond therapy to prevention and the inclusion of an ecological perspective in their work (Bennett et al., 1966). The birth of community psychology in the United States is attributed to these attendees and their work (Heller et al., 1984; Hersch, 1969; Rappaport, 1977). Appreciating the influence of social settings on the individual, the framers of the conference proceedings proposed a “revolution” in the theories of and the interventions for a community’s mental health (Bennett et al., 1966).

Unit Two

Theories and Concepts

As early as the 1930s, Kurt Lewin (1935) and Henry Murray and colleagues (1938) considered individual–environment interactions. In 1955, Roger Barker and Herbert Wright considered contextual influences when they studied children’s lives. But it was not until the 1960s that the notion of an ecological relationship between individuals and their environments took hold. In the 1960s, Jim Kelly outlined ecological principles in a variety of publications (1966, 1970, 1979). Kelly drew upon the field of biology to define four ecological principles: (1) interdependence, the idea that all systems have multiple, interrelated parts; (2) cycling of resources, the notion that a system is defined by its use of resources, (3) adaptation, or the measure of the person– environment fit, and (4) succession, the idea that patterns of change influence the other three principles. Kelly’s use of these principles allowed for eloquent description of the complex relationships and interactions between individuals and the environments in which they are embedded. Similarly, Barker (1968) focused on behavior settings and “standing patterns of behavior” that existed regardless of the individuals within the setting. He proposed that the environment was an entity worthy of study on its own. In the 1970s, Rudolph Moos and his colleagues (1973, 1979) built upon the work of their predecessors to develop Social Climate Scales. These scales were developed to measure environmental settings in various groups and organizations. Additionally, Uri Bronfenbrenner (1979) articulated an ecological framework that could be used to describe how individuals and their environments were related in *transactional* ways. Thus, an ecological foundation of community psychology was established. This paradigm provided a framework from which many new theories emerged.

2.1 Settings

Major theories and frameworks

Behavior setting (Roger Barker)

Kurt Lewin (1936) formulated that behavior is a function of the interaction between the person and the environment [$B = f(P \times E)$]. A social–gestalt psychologist, Lewin intended to capture the importance of both the individual and his or her context. To consider the individual alone would provide an incomplete and weak description of the factors influencing behavior. It would be like a figure without a ground. Therefore, any study of behavior must include an understanding of the personal dispositions *and* of the situation in which the person finds him- or herself.

Roger Barker (1965), one of Lewin’s students, studied the power of “ **behavior settings** ” in guiding the activities of a setting’s inhabitants. People in a given setting acted in prescribed ways. Violation of these environmentally signaled patterns was punished. As a result, these patterns persisted over time. Barker observed and analyzed the social and psychological nature of these settings. For example, in a dining room, we dined. We did not play football there, or so we were told. If we were to go up to a person and rub his shoulder instead of shaking his hand, we would get curious looks. If we were to get into an elevator and face inward instead of outward, people would become nervous. These behavior settings held a powerful influence on what we did. One aspect of the setting that Barker studied was the number of people it took to maintain that setting.

To run a grocery store requires a certain number of people—for example, the checkout clerk, the stocker, and the people to make and accept deliveries. We have all been at a checkout area when there were not enough checkout clerks. There is a demand on people to work harder, and everyone feels that there are not enough people to do what needs to be done. If there are more customers, there might be a call for more checkers to come to their stands. The number of people required is flexible, and the store has made provision to have more or less as the needs change. Each setting has an optimal level of staffing. When there are too many staff members, it is likely that the setting will be more selective about who is allowed to perform the tasks. There will be competition to fill those positions. Barker (1965) called this a case of **overmanning**, or rather, too many people for the situation. Newcomers are less likely to be welcome, because they would add to the competitive pool. On the other hand, if there are not enough people to complete a task, there is more environmental demand to use every available individual and to recruit more. With a lot of work to be done and not enough personnel to do, there will be less competition for positions. As we might guess, new members will be welcome. This is a case of **undermanning**,

or insufficient personnel to accomplish the required tasks. In this case, the social environment is more open and positively inclined to newcomers.

It might be noted that in economically difficult times, where there is competition for scarce jobs, the attitude toward newcomers and immigrants is usually negative. When there is a need for more workers, there is more willingness to take in new people. Often these positive or negative attitudes toward newcomers can be manipulated by perceptions of overmanning or undermanning. For example, attitudes toward new workers can be made more negative by instilling a belief that there are too many people, even though newcomers might be performing tasks that others would not do.

The Ecological Metaphor/Ecological Principles (James Kelly)

What Is the Ecological Metaphor?

The ecological metaphor can be defined as the interaction between individuals and the multiple social systems in which they are embedded. Community psychologist Jim Kelly introduced four principles of the ecological perspective: (a) interdependence, (b) cycling of resources, (c) adaptation, and (d) succession (Kelly, 1966; Trickett, Kelly, & Todd, 1972). To illustrate the usefulness of these principles, we consider the example of the deinstitutionalization of people with serious mental health problems. From the mid-19th century to the mid-20th century, people with serious mental health problems in western nations were institutionalized in large mental hospitals. Beginning in the 1950s, governments began a policy of deinstitutionalization of individuals who had been hospitalized in these settings. The inpatient populations of mental hospitals shrank dramatically, with hospitals in some locales being closed, and people with mental health problems were discharged into the community (Rochefort, 1993). How do the principles of the ecological metaphor help us to understand this change and its impacts on people and communities?

Interdependence. The principle of interdependence asserts that the different parts of an eco-system are interconnected and that changes in any one part of the system will have ripple effects that impact on other parts of the system. As we noted in unit 1, the ecological metaphor draws attention to three interdependent levels of analysis: (a) personal (micro), (b) relational (meso), and (c) collective (macro). All of these levels are interconnected with each smaller level nested within the larger levels . Deinstitutionalization provides a clear example of this interdependence. The closing or downsizing of mental hospitals led to former patients being discharged to poor living conditions in the community, including substandard housing (and growing homelessness for many) and inadequate support services (Goering, Wasylenki, Lancee, & Freeman, 1984). The ripple effects of deinstitutionalization also included uninformed and unprepared communities, with community members often displaying prejudice and rejection rather than welcoming acceptance of people with mental health problems (Dear & Taylor, 1982), and families who were stressed and burdened at having to assume the role of primary care providers with little or no support (Potasznik & Nelson, 1984). Attending to the unintended side-effects of a systems change is one important implication of the principle of interdependence.

Cycling of Resources. This principle focuses on the identification, development, and allocation of resources within systems. One clear finding from the experience of deinstitutionalization is that, with a few notable exceptions, resources were not reallocated from state hospitals into community support and housing programs, as was needed (Kiesler, 1992). Psychiatric wards in general hospitals were created, but these are short-stay facilities. Without adequate support following discharge, people with mental health problems experience a revolving door of readmission to and discharge from these programs (Wasylenki, Goering, &

MacNaughton, 1992). The cycling of resources principle also draws attention to potential untapped resources in a system. Traditionally, society has regarded the formal mental health service system as *the* resource. However, with deinstitutionalization, non-traditional sources of support have been identified, organized, and used to address the problems faced by people with serious mental illness. These include a person's social network members, non-professional community helpers or volunteers, and self-help organizations (both for mental health consumers and family members). The cycling of resources principle suggests that the community can be a valuable resource to people with serious mental illness and their families.

Adaptation. The principle of adaptation suggests that individuals and systems must cope with and adapt to changing conditions in an eco-system. In the wake of deinstitutionalization, communities have had to adapt to the insertion of people with ongoing mental health problems into their ranks; community support workers and programs have had to cope with inadequate funding and waiting lists for limited community services; families have often had to become primary care providers; and people with mental health problems have had to contend with stigma, poor housing, poverty, and inadequate support services (Capponi, 1991). When housing, community support, and self-help are available to help support individuals, the potential for recovery of mental health is enhanced (Nelson, Lord, & Ochocka, 2001).

Succession. Succession involves a long-term time perspective and draws attention to the historical context of a problem and the need for planning for a preferred future. There are many explanations for why deinstitutionalization occurred. It is often argued that the advent of psychotropic medications helped to reduce psychiatric symptoms in this population and hastened their release from hospital, but this is only a partial explanation. Scull (1977) found that hospital

downsizing began before these drugs were developed. Alternatively, Scull argued that the rising costs of the institutional care and the development of public welfare system was the major reason for deinstitutionalization. It was becoming less expensive for governments to maintain people with mental health problems in the community than in institutions. However, the resultant problems of deinstitutionalization have created a whole new set of problems, but in a different context. In looking at deinstitutionalization in hindsight, most observers and critics agree that there was very little planning and anticipation of problems. As a result, some 50 years later, communities continue to struggle with how they can adequately house and support people with serious mental health problems to enjoy a desirable quality of life.

Social climate Perspective (Rodolph Moos)

Rudolf Moos (1994) and colleagues have emphasized the importance of the social climate or atmosphere of a setting. The key notion with this conceptualization of environments is the emphasis on people's *perceptions* of the environment. Most people can think of settings that they have experienced as oppressive and settings that were experienced as empowering. Moos has argued that there are three broad dimensions of different social environments: (a) relationships, (b) personal development, and (c) systems maintenance and change. The relationship dimension is concerned with how supportive or cohesive the setting appears to be. Is the setting experienced as caring and compassionate? The personal development dimension addresses the individual's need for self-determination. Does the setting provide opportunities for autonomy, independence, and personal growth? Systems maintenance and change is concerned with the balance between predictability and flexibility. Does the setting provide clear expectations, yet at the same time demonstrate an openness to change and innovation? Too much predictability can produce boredom and resentment, because it may reflect rigid authoritarianism and resistance to change. Too much flexibility can produce confusion due to continuous uncertainty and flux. Moos and colleagues have developed self-report questionnaires tapping these three broad dimensions and specific sub-dimensions to assess classrooms, families, community programs, groups, and work settings (Moos, 1994).

Environmental Psychology

Environmental psychology study of the influence of the physical characteristics of settings on behavior; environmental stressors and environmental design; includes the psychological effects of air pollution, crowded housing, living near toxic disaster or waste sites, architectural designs, neighborhood noise, etc

Interests of environmental psychology

- environmental stressors such as noise, air pollution, crowded housing
- environmental design such as architectural design and neighborhood features
- application of science to social action. For example, road construction by school and how it affects kids health and learning

2.2 Interpersonal Systems

Urie Bronfenbrenner Ecological Theory

Urie Bronfenbrenner (1977) described four layers of ecological systems that influence the life of a child. At the center of the schema is the individual, and in ever-growing circles lie the various systems that interact with and influence him or her. The “immediate system” contains the person and is composed of the particular physical features, activities, and roles of that person. This is called the **microsystem**. Examples of microsystems include a playroom, a home, a backyard, the street in front of the house, or a classroom. Microsystems could include the school or one’s family. These microsystems directly influence the individual, and the individual can directly influence the system. At the next level out is the **mesosystem**, which holds the microsystems and where the microsystems interact with each other. Examples of this would be places where one microsystem (school) and another microsystem (family) come together. A mesosystem is a “system of microsystems” (Bronfenbrenner, 1977 ,p. 515). Note that the child/individual is an active member within the mesosystem. Research has shown the advantages of clear and demonstrated linkages between the school and the family for the child’s school adaptation and academic performance, and this has

led to direct calls for better collaboration between schools and communities (Adelman & Taylor, 2003 , 2007 ; Warren, 2005). In turn, there are also findings that schools seen as a part of their community are more likely to be supported and less likely to be the target of vandalism.

Children who feel connected to family, school, and neighborhood may feel the responsibilities of membership and the supportiveness of their holistically integrated social and psychological environment. The “system” then can lead to feelings of connection or disconnection among the microsystems; to the collection of social, material, and political resources; or to the alienation of the various components from each other.

The next circle out is the **exosystem**, an extension of the mesosystem that does not immediately contain the child or individual. The exosystem influences the mesosystem. Examples would be government agencies that influence the meso- and microsystems (school boards, city councils, or state legislatures, which influence the schools and families but do not have them as members) or work situations for family members (who in turn populate the micro- and mesosystems).

At the furthest level outward is the **macrosystem**, which does not contain specific settings. The macrosystem contains the laws, culture, values, or religious beliefs that govern or direct the lower systems.

Being in the southwestern United States brings certain cultural and legal assumptions that may differ markedly from those in Vancouver, Canada; Barcelona, Spain; Auckland, New Zealand; or Hong Kong, China. Bronfenbrenner (1977) proposed that any conceptualization of a child’s development needed a comprehensive examination of all these systems to provide an adequate understanding of the processes that influenced the child. Interventions to address this progress should have a comprehensive and conceptual basis addressing multiple levels. Anything less provides an artificial perspective on what really happens in the life of an individual or a group of individuals. Graphic descriptions of Bronfenbrenner’s ecological model showed circles embedded in larger circles. This described the nature of the systems embedded in larger systems.

PREVENTION AND PROMOTION

What Are Prevention and Promotion?

Prevention

Prevention is a concept that has been around for some time. In the 18th century people believed that disease resulted from noxious odours, Amiasmas, that emanated from swamps or polluted soil (Bloom, 1984). Improving sanitation resulted in a decline in the rates of many diseases (e.g., typhoid fever, yellow fever). Prevention has its roots in the field of public health. The thrust of public health approach to prevention is to reduce environmental stressors and to enhance host resistances to withstand those stressors. In the case of smoking, public policy could attempt to restrict advertising and sales to young people and programs could teach ways of resisting peer pressure and commercial exploitation. The public health approach to prevention has been very successful in reducing the incidence of many diseases, yet this approach is effective only with diseases that have a single identified cause, be it a vitamin deficiency or a germ. The problem with this approach when applied to mental health and psychosocial problems in living is that very few of these problems have a single cause (Albee, 1982).

Box 2.1

The Story of the Broad Street Pump

George Albee (1991) has recounted one of the important stories in the history of prevention, that of John Snow and the Broad Street pump. In London, John Snow determined that an

outbreak of illness was traceable to one source of drinking water. People who drank from the well at Broad Street, but not other wells, were the ones who became sick. Removing the handle on the Broad Street pump and providing an alternative water source prevented the disease of cholera. An important lesson from this story is that prevention is possible even without knowledge of the causes of a problem. No one knew exactly what caused cholera, but this did not stop Snow and others from engaging in community action that led to successful prevention outcomes.

Community psychologists have taken the lead in translating the idea of prevention into concepts, research, and programs that are applicable to psychosocial and mental health problems. For example, George Albee (1986, 1996) has drawn attention to issue of politics and power in prevention, arguing that prevention should be a basic feature of a just society. Another community psychologist, the late Emory Cowen, has played a pioneering role in prevention theory, research, practice, and training. Many of the leading prevention researchers today were trained by Cowen.

Models of Prevention

Kaplan's Model of Prevention

Gerald Kaplan recognize that there are distinctions among levels of preventive intervention.

Primary prevention attempts to prevent a problem from ever occurring (Heller, Wyman, & Allen, 2000). Levine (1998) likened primary prevention to an inoculation. Just as a vaccination

protects against a targeted disease, primary preventive strategies can help an individual fend off problems altogether. *Primary prevention* refers most generally to activities that can be undertaken with a healthy population to maintain or enhance its physical and emotional health (Bloom & Hodges, 1988)—in other words, “keeping healthy people healthy” (Scileppi, Teed, & Torres, 2000 , p. 58). Which preventive strategies are best (or whether they are equally efficacious) is part of the current debate in community psychology (Albee, 1998).

Cowen (1996) argued that the following criteria must be met for a program to be considered truly *primary* preventive:

- The program must be mass- or group-oriented.
- It must occur *before* the maladjustment.
- It must be intentional in the sense of having a primary focus on strengthening adjustment of the as yet unaffected.

Levine (1998 , 1999) added further characteristics. Primary prevention interventions should do the following:

- Evaluate and promote synergistic effects and consider how to modify countervailing forces.
- Be structured to affect complex social structures, including redundant messages. They should be continued over time.
- Examine institutional and societal issues, not just individual factors.
- Recognize that whatever the program, it is just one part of a much larger cultural effort.
- Acknowledge that because high-risk behaviors tend to co-occur, several behaviors should be targeted.

Later, once there are some signs of problems beginning to arise (e.g., risk factors emerge or are identified), **secondary prevention** attempts to prevent a problem at the earliest possible moment before it becomes a severe or persistent problem. In other words, at-risk individuals are identified and an intervention is offered because of their increased likelihood of developing the problem. This is different from primary prevention, which would be targeted at all individuals, regardless of whether they were at risk. For example, students at a particular high school whose parents are

substance abusers or addicts might be helped by secondary preventive efforts directed at keeping the students from becoming habitual users.

Tertiary prevention attempts to reduce the severity of an established problem and prevent it from having lasting negative effects on the individual. It is seen as similar to therapy, in that it attempts to help the affected person to avoid relapses (Heller et al., 2000). An example of tertiary prevention would be designing a program to help hospitalized persons with mental disorders return to the community as soon as possible and keep their symptoms under control (Scileppi, Teed, & Torres, 2000) or a program that helps teen mothers reduce the likelihood of having more children during their adolescence.

Many argue that this is not really a form of prevention, in that it is conceptually different from primary prevention and the methods used may vary dramatically from those for primary prevention. Whereas psychoeducation, or teaching skills or information about a particular problem, might be effective for individuals who are not involved in risky activities, it is likely to be ineffective for those already exhibiting a particular problem.

Institute of Medicine (IOM) Prevention Approach

A typology of prevention has been promoted by the Institute of Medicine (IOM, 1994).

Universal preventive interventions are targeted to the general public or a whole population group that has not been identified on the basis of individual risk. An example of a universal preventive intervention for physical health is childhood immunization. *Selective* preventive interventions are targeted to individuals or subgroups of the population whose risk of developing problems is significantly higher than average. A Head Start or other early childhood programs for all children living in a socioeconomically depressed neighborhood is an example of a selective prevention intervention. *Indicated* preventive interventions are targeted to high risk individuals who are identified as already having minimal, but detectable signs or symptoms, or biological markers, indicating predisposition for the mental disorder, but who do not meet diagnostic criteria. An

intervention to prevent depression in children with one or both clinically depressed parents is an example of an indicated preventive intervention. (NIMH Committee on Prevention Research, 1995, pp. 6-7).

Prilleltensky, Peirson, and Nelson (2001) have noted that universal, selective, and indicated approaches to prevention differ in two ways (see Figure 4.2). First, they differ with respect to the timing of an intervention. Universal and selective approaches occur before a problem has occurred, but indicated approaches are used during the early stages of the problem. Second, they differ with respect to the population served. Everyone is served in a universal intervention; only those who are at risk are served in a selective intervention; and only those who already are showing signs of a problem are served in an indicated intervention. In this book, we use the term prevention to mean primary prevention, which includes both universal and selective (or high-risk) approaches.

. See Box 2.2 for an example of program that is quite unique in combining the universal approach to prevention with indicated (early detection) intervention.

Box 2.2

The Fast Track Program: Universal and Indicated Prevention

Fast Track is a large-scale, multi-site, multi-component, long-term program that is designed to prevent antisocial behavior in children (Conduct Problems Prevention Research Group, 2000). The program includes a universal social problem-solving and social skills training curriculum that is implemented 2-3 times per week by Gr. 1-5 classroom teachers who were trained and supported by Fast Track staff. A total of 54 schools with over 370 classrooms from four different sites in the U. S. (selected on the basis of above average crime rates) were randomly assigned to the intervention or a control condition. Further program activities for the period from Gr. 5-10 focussed on the transition to middle school and youth involvement in positive community activities and relationships. A multi-stage screening procedure was used to identify behaviorally disruptive children in kindergarten. The indicated program components that were provided to these children and their parents included family group sessions that focussed on developing positive relationships between families and schools, teaching effective discipline and communication skills for parents, child social skills training groups (which were held while parents met with project staff), home visitation and individualized support for parents, academic tutoring to promote reading skills, and peer-pairing sessions in which the children were paired with classroom peers to promote their skills in making friends. The initial

results of the evaluation show positive effects for both the universal and indicated interventions. The universal intervention led to low levels of aggression and positive classroom atmospheres, while both parents and teachers reported improvements in children's social, emotional, and academic skills, improved parenting skills and relationships with the schools, and reductions in conduct problems and special education use.

Health Promotion

Complementary to prevention is the concept of health promotion. Where prevention, by definition, focusses on reducing problems, promotion can be defined as the enhancement of health and well-being. In practice, health promotion and prevention are closely related. For example, universal interventions that promote healthy eating, physical activity and fitness, and abstinence from smoking have also been shown to prevent cardiovascular disease (Pancer & Nelson, 1990). Cowen (1996) identified four key characteristics of mental health promotion or well-being: (a) it is proactive; it seeks to promote mental health; (b) it focusses on populations, not individuals; (c) it is multidimensional, focussing on integrated sets of operations involving individuals, families, settings, community contexts, and macro level societal structures and policies (p. 246); and (d) it is ongoing, not a one-shot, time-limited intervention.

Why Are Prevention and Promotion Important?

An ounce of prevention is worth a pound of cure. A stitch in time saves nine. These clichés get at the heart of why prevention is important. Once problems occur, they are very difficult to treat. Often one problem cascades into another problem. Treatment methods can be very helpful, but

many people experience relapse or re-occurrence of problems. Moreover, even if treatments were 100% effective, there are not nearly enough trained mental health professionals to treat all of those people afflicted with mental health and psychosocial problems in living. As we noted in Chapter 1, the prevalence rates of psychosocial and mental health problems far outstrips available human resources in mental health and social services. Albee (1990) has stated that the history of public methods (that emphasize social change) has clearly established, no mass disease or disorder afflicting humankind has ever been eliminated by attempts at treating affected individuals (p. 370).

Another argument for primary prevention and health promotion is that it can save money in the long-run. Both institutional and community treatment services provided by professionals for health, mental health, and social problems are very costly. The costs of hospitalizing a person for one is hundreds of dollars in most western countries, and it is not uncommon for therapists to charge \$100 for an hour of therapy. Some research has documented the cost-effectiveness of prevention programs. For example, a longitudinal evaluation of the High/Scope Perry Preschool, a preschool educational program for economically disadvantaged children living in a community in Michigan in the U. S. found the following:

Compared to the no-preschool group, the preschool group had higher rates of employment and self-support, a lower welfare rate, fewer acts of serious misconduct, and a lower arrest rate. For every dollar invested, the 30-week program returned six dollars to taxpayers and the 60-week program returned three dollars. (Schweinhart & Weikart, 1989)

Unit Three

Social Change

Trickett (2009) noted that since its inception, community psychology has had two objectives, understanding people in context and attempting to change those aspects of the community that pollute the possibilities for local citizens to control their own lives and improve the community. Change, some planned and some unplanned, seems to be pervasive condition of modern times, especially when economic divides grow deeper within societies. Actively participating in and fashioning social change is a hallmark activity of many community psychologists (Maton, 2000).

How change is defined from the perspective of psychologists? Watzlawick, Weakland, and Fisch (1974) believed there are two types of change: “one that occurs within a given system which itself remains unchanged and one whose occurrence changes the system itself. These two types of change have been called first order change and second order change, respectively. First order change may describe an individual’s alteration of typical behavior within a system such as a family. For example, a mother may choose to ignore her two-year-old son who is throwing a temper tantrum because he wants candy at the grocery store (and she had refused to buy it). If the typical interaction of this mother and child is that the child’s tantrum results in him getting the candy, probably because his mother is embarrassed by the crying and wants him to stop, one can see how ignoring his crying is a type of behavior change. However, if this is a strongly established behavior pattern, Mom’s new ignoring behavior, the first order change, is likely the only change we would see in this interaction (probably because the son will fuss even louder when he is ignored). In other words, the entire system at this point has yet to change, even though Mom’s behavior has. If the mother in our example were to ignore and /or negatively reinforce her son;s future attempts to get his way by throwing a tantrum, eventually he will learn that his behavior is ineffective and he will move onto some new way, ideally more pleasant, of getting what he wants. When the system is no longer characterize by the son acting out and the mother giving in, one could conclude that second order change has occurred. As Watzlawick and colleagues (1974) noted, second order change requires the innovator to step outside his or her basic assumptive world and think and act in creative new ways. Second order change requires the change agent to have sufficient perspective-taking ability to perceive the existing problem in its entirety and to come to solution.

We find reference to the “revolutionary” nature of community psychology in Rappaport’s 1977 text and many subsequent definitional articles on community psychology(Trickett, 2009). The revolution typically refers to the shift that occurred within community psychology to preventive mental health and away from remediation, from person-centered to system-centered interventions, and from pathology focused to wellness- focused work.

This unit looks at what creates social change- planned or not- especially in today’s complex world. The discussion draws from all areas within psychology, as well as anthropology, medicine, public health, political science sociology and other desciplines. In fact, multidisciplinary approach for examining and intervening in social change is often desirable.

What are some of the phenomena that induce change in society?

Reasons for Social Change

Diverse Populations

During the Middle Ages, no one expected a long life. Today, life expectancies in the United States and elsewhere are increasing. The growing population of the elderly, as well as the disabled, the unemployed, and the influx of new immigrants into our country, is an example of how diverse populations created the need for dramatic social change and new community interventions.

Thus, special populations cause changes in society and, in turn, create more social change by virtue of either their swelling ranks or special situations. Consider the fact that baby boomers, who number in the millions, are now approaching older adulthood. This trend may mean that communities will need to provide more resources for the elderly than they have had to in the past. One should never underestimate the importance of population trends in social change. If formal, established institutions are insensitive to the special issues of diverse populations, these groups themselves can and will create change.

Social Justice: A Moral Imperative for Social Change

One of the reasons that community psychology are invested are in helping society adapt to population changes such as those described above is grounded in the field's commitment to social justice. As described in unit 1, social justice is a principle that guides the field of community psychology, and a just or fair society is an overall goal of much of what we do. One of the implication of changes in population trends, such as an influx of immigrants, is not only that societal demographics change, but that the needs and values of such groups must be integrated into the fabric of our democracy.

As Young (1990) described, the status quo in the United states and many other parts of the world is to use mariginalization to disempower large segment of the population, which results in nondemocratic decision making. So, if psychology as field was unwilling to take a stand on mariginalization, it was indenibly complicit in supporting its existence. This the heart of Albee's(2000) criticisms of the field.

Therefore, one of the reasons that community psychologists are involved in social change is the value we seen in social justice. Valuing social justice requires us to be commmitted to changing process and policies in our society that result in injustice and inequalities. If some children are receiving a better education than others because of their socioeconomic background, social change is needed. If there is a bias in hiring and promotion decision that results in women being unrpresented in leadership positions, social change is needed. In other words, it is the inequity itself that is the rationale for social change when one values social justice.

The Perception of Declining or Scarce Resources

When resources are in decline, there is a perception of comparative scarcity. What has been established as a baseline for funding is lessening. Scarcity results in changing social dynamics, with increasing competition for these resources. This issue not only affects individuals and families, it affects community centers, public health education, free health clinics, and many other services that are funded by outside sources such as government funding, grants, private

donation, or corporate underwriting. Because so few community service programs are self-supporting, most are highly dependent on external fund sources, and most attempts to create social change are limited by lack of funding and other resources. External funding for community services, whether it comes in the form government-sponsored legislation or grants from public or private endowments or foundations, typically is awarded for a limited amount of time through a competitive process in which there are more groups seeking funding than the funding can support. New programs therefore compete with older programs for limited of money. Also, both the federal government and local governments have provided less funding for human services than in the past, thereby creating a sort of “robin Hood in reverse” effect.

Accountability

Accountability and its sister term, cost effectiveness, seem to be the buzzwords of today.

Accountability is the obligation to account for or be responsible for various transactions, monetary or otherwise. In times of scarce funding, it is especially fair and reasonable to ask for accountability from both new and continuing community programs.

Cost effectiveness means that money should be spent wisely – that is, there should be some return or profit on money expended. Cost effectiveness often refers to money; accountability can refer to such matters as time expended and quality of decisions made.

Spending has always been an important issue, but it is more likely to be in the forefront of the minds of today’s citizens than it was in the past. Who requests accountability? Almost anyone today: clients, staff, administrators, taxpayers, elected officials, licensing boards, and others. Any of these constituencies is likely to want to know the answers to such questions as: Where was my money spent? Did the targeted population benefit? Were goals accomplished, and if not, why not? When answers to these questions are not forthcoming or are not the ones expected, the parties leveling the query are likely to demand change. Some individuals may want new administrators; others might want new spending guidelines. The list of changes demanded can be so exhaustive that the end result is the demise of any organization not readily accountable to its constituents. Again, the final outcome is likely to be some kind of ongoing change.

Knowledge-Based and Technological Change

Technological changes in the form of web- and network- based communication systems have now created demands on workforces in business as well as in human services. Some organizations and individuals adapt well to technological advances. Others- for a multitude of reasons such as reluctance to use new technologies or lack of funds- do not adapt well or quickly.

People today may think that they are undergoing rapid and extreme technological changes more than ever before. Technological changes, whenever they occur, obligate further changes. Consider, for example, the technology divide that exists between many youths and their parents today. Today, you probably complete your term papers, balance your checkbook, keep track of appointments, and perhaps pass your idle time by using the Internet. But, for your parents, there was a time when the Internet didn’t exist and computers were only used in business and industry, not in homes. The computer has changed our methods of conducting business, completing homework and socializing.

If these “galloping technological changes ” are not enough, mainstream U.S. society is also experiencing a knowledge explosion. New methods for practicing anything from psychotherapy to landscape architecture, new guidelines for human resources management, additional legislation controlling all parts of people’s lives, as well as other innovations and applications- all requiring new understanding and new skills- can overwhelm society’s members, create additional change, and perhaps at the same time stimulate anxiety.

Despite the fact that technology is ubiquitous in our occupational, educational and leisure lives, many people remain afraid of it, especially older individuals who did not grow up with the Internet. The general fear of technology has been called technophobia in the psychological literature. A specific fear of computers has also been identified and is known as computerphobia or, more recently, as computer anxiety. In fact, some claim that this phobia or fear is so strong that it might well be diagnosable and in need of treatment for access in the modern world.

Community Conflict

Community conflict involves two or more parties with incompatible goals that usually have specific values (positive and negative) attached to them. Because of the strongly held values, power struggles, and varying interest levels of the parties, conflict in the community can be difficult to resolve or manage. However, such conflict, whether resolved or unresolved, often results in social change, because goodwill alone does not always remove or dissipate the factors the factors that led to the conflict.

Dissatisfaction with Traditional Services

Probably no other cause has fostered social change more than consumer dissatisfaction with existing community services, especially external expert- dominated approaches. In fact, you will recall from unit 1 that such dissatisfaction with traditional mental health services spawned the birth and growth of community psychology itself when psychologists at the Swampscott Conference expressed dismay with traditional forms of mental health treatment. One example of dissatisfaction creating community change is the African American community awareness of the prejudice and discrimination present in society. The disadvantage were systematically rooted and pervasive in their social world: a powerful example of institutionalized social injustice.

Closure to the issue of psychological interventions, it is important to look at another of how dissatisfaction with services leads to change. As you may already know from your training in psychology and related disciplines, one of the earliest forms of psychotherapy (or “the talking cure”) was psychoanalysis as developed by Sigmund Freud. Freud’s own protégés, such as Carl Jung and Alfred Adler became disenchanted with Freud’s approach to therapy and modified psychoanalysis as they know it. Contemporary therapists, disgruntled with such concepts as sexuality and the unconscious from Freudian theory, have also developed an array of therapies exemplified by behavior modification, cognitive-behavioral therapy, and existential- humanistic counseling, to name a few. Today, the mental health client has a long menu of therapies from which to choose- yet it was in response to the dissatisfaction with what was then the “status quo” that such changes comes about.

Dissatisfaction with traditional pathology-based, individually focused clinical psychology led to the creation of community psychology. As noted in unit 1, there were many reasons for the proposal of a strength-based, community-oriented intervention coming out of the Swampscott Conference in the 1960s. Complaints with the lack of services to ethnic minority populations were behind similar move toward a culturally informed psychotherapy. The inadequacies of a male-focused psychological theory gave impetus to the development of feminist theories.

Desire for Diversity of Solutions

Americans and people in other parts of the world are used to choices among brands X,Y, and Z. Americans do not just want diversity in goods, however. They also expect diversity and choice among services. Individuals seeking psychotherapy want to know that they have options in the training of the therapist, the type of therapy, the payment plan, and the length of treatment.

Types of Social Change

Forecasting social trends and social changes can be tricky but also very useful in designing prevention programs. Community activists have much that they can learn from demographers and other forecasters about where change will occur next, particularly spontaneous or unplanned change.

Spontaneous or Unplanned Social Change

Naturally occurring change is called unplanned or spontaneous change. Most disasters are not planned. Natural disasters result in much distress as well as social change. Droughts, earthquakes, floods, fires, and other natural events displace community members from their homes and jobs. Although these disasters are not necessarily always distressing, they typically result in some large-scale change.

Unplanned major shifts in the population also cause social change and, in fact, much social dissatisfaction and divisiveness. For example, as the swell of baby boomers moves through time, their needs change. Baby boomers are now middle-aged or older, and many are caring for their elderly parents. They often find a dearth of community services that provide elder care and this creates much stress in the boomer's lives. Some baby boomers also have young children who require day care, which can be in short supply. The stress of caring for both younger and older generations in their lives has resulted in such adults being labeled the sandwich generation. The baby boomers (born between 1946 and 1965) coming of age for Social Security retirement and Medicare medical insurance adds to further social change in the United States.

Other demographic shifts have created further shifts in lifestyle. For instance, there has been an increase in the number of dual-career families that has increased the need for day care.

What makes unplanned or unintentional change stressful and unpredictable events even more so. When individuals feel they control their fates, they experience less stress; when they feel they have lost control, they experience distress.

Unplanned change is often confined to particular ecological situations in which individuals may unwittingly place. For example, crime and natural disasters are generally confined to particular environments, so when individuals find themselves in those environments, they may experience

stress. In line with this thinking, individuals walking at night in a neighborhood rife with signs of social disintegration(e.g. graffiti and litter) may well feel distressed.

Besides assisting in the design and development of community services, community psychologists can also assist with coping for unplanned change by playing a role in forecasting it. Remember that one of the tenets of community psychology is prevention. This does not mean that community psychologists can prevent these changes- obviously psychologists cannot prevent floods- but learning how to predict unplanned changes can enable the community to prepare for the changes as they occur or even before. Such preparation can prevent the change from being as severe and distressing as it otherwise might be.

Planned Social Change

Suppose people do not want to wait for change to happen, as in unplanned or unintended change- suppose that instead they want to intentionally create change, called “planned” or “induced” change. How could people go about this seemingly monumental task?

There are some venerated strategies suggested in the community psychology literature: self-help, including grassroots activism; networking of services and social support; the use of external change agents or consultants; educational and informational programs; and involvement in public policy processes.

Planned change is an intentional or deliberate intervention to change a situation- or, for the present discussion, a part of or a whole community. Planned change is distinguished from unplanned change by four characteristics. First, planned change is limited in scope; that is, what is to be changed is targeted or earmarked in advance. Second, planned change is directed toward enhancing the quality of life of the community members. This is the primary purpose of planned change in communities. Planned change should enhance community life. Third, planned change usually provides a role for those affected by change. Community psychologists should not impose change on community members. Rather, their role is to inform citizens of the viable options, and then participate with them in the design and implementation of change. Finally, planned change is often guided by a person who act as a change agent. Change agents are often trained professionals but can also be advocates for or from client groups, political activists, educational experts, or other interested in inducing change. Psychologists often act as consultants or change agents.

Difficulties Bringing about Change

What do programs that designed to create social change or provide alternative services fail? Why do the most well-intentioned efforts sometimes go awry?

One of the most important reasons for failure or planned change is **resistance**, which can come from a variety of sources, including administrators, practitioners, clients, or any other community member. Why does resistance occur? Societies tend to have built-in resistance to change; members of groups seem trained to follow their own ways – the old ways- which they regard as safe or superior. Groups feel their existence is threatened by new groups or new ideas.

There are still other reasons for the failure of social change efforts. Psychologists have long documented the effects of in-groups and out-groups in which people favor their own groups(the in -group) and stereotype or denigrate outsiders (the out-group). In the community, for instance,

for-profit businesses, especially big private-sector corporations, often resist social change instituted by small nonprofit businesses or by new government policies because the for-profit enterprises think their revenues will be affected. The assumptions of in-group advantages and out-group disadvantages help maintain in-group cohesion but also add to the reluctance to accept any out-group information or characteristics. The inability to empathize and therefore understand the situation of the out-group members can hamper in-group members' ability to accept information and make changes based on that information. Helping for the sake of "the other" is very difficult, though not impossible, to find.

Sometimes change is resisted by those who would benefit from it because they have been socialized to think change is not possible and the status quo is all that is available to them. The South American liberation educator Paulo Freire (1970) argued that the oppressed are often unaware of the constraints they live under. As a function of the social structure conditioning in which they have grown, they do not see any hope of change. Conscientization occurs when the oppressed come to awareness of their oppression. This occurs when individuals come to a realization of their self determination and the "unveiling of opportunities for hope." he value of "the unity in diversity" to create a power base, and of shifting the blame for dysfunction from the "oppressed" individual to the "oppressive" structures. These ideas are prescient to- that is, they seem to anticipate- the psychological research and theory related to Bandura's "collective self-efficacy. In many circumstances, conscientization is necessary for the second order change.

Change is often seen as unwelcome, not just by groups but by individuals as well. So-called **cognitive misers** make decisions based on stereotypical groupings and therefore less desires for information. This is motivated by socially based desires for "belonging, understanding, controlling, self-enhancing, and trusting." Individuals resist information or change for the same reasons as groups- because they feel that change threatens their group, reputation, job security, or well-being.

Often, agents of change and their programs fail because their tactics are uncomfortably confrontational and may be seen to violate "politeness norms." Risk taking, including the risk that change will be unwelcome, as part and parcel of all change. However, the reality is that if those people planning change receive only negative exposure (by the media, for example) or fail to suggest their own solutions to the problems they are protesting, their protests are perceived as hollow or disruptive rather than productive. Change comes from the perception of common goals, and commonalities and the building of empathic links to those are negatively affected by existing systems. Alternative to these motives are more self-serving ones, of benefit to self or one's group, and avoidance of aversive events.

COMMUNITY ORGANIZING TECHNIQUES

In this section, we will discuss several techniques or tools that are often used by community organizers to achieve social change. All these techniques have at their core the development of social capital. Social capital refers to the features of social life in a community (networks, norms, and relationships) that allow the members of the community to work together effectively to achieve shared goals. Increasing these tangible and intangible resources in a community serves to not only improve community life in the short term but to also strengthen the community's capacity to effectively address challenges in the future. This list is far from exhaustive, and not every technique

is appropriate for every situation. Each technique has potential costs as well as benefits, and you need to be reflective about your specific circumstances before you decide to use a particular approach.

Community Coalitions

Community coalitions bring together a broad representation of citizens within a locality to address a community problem. Coalitions may involve citizens, community organizations (e.g., community agencies, schools, government, religious congregations, businesses, media, grassroots groups), or both. Coalitions agree on a mission and write and implement action plans. Those plans may involve action by the coalition itself or by affiliated organizations and may lead to changes in policies or to development of community programs. Coalitions have become a popular and often effective means for strengthening citizen participation and catalyzing community change (Allen, 2005; Brown, Feinberg, & Greenberg, 2010; Fawcett et al., 1995; Feinberg, Greenberg, & Osgood, 2004; Findley et al., 2008; McMillan, Florin, Stevenson, Kerman, & Mitchell, 1995; Wolff, 2010).

The Healthy Communities movement often uses community coalitions. The Healthy Communities model grew out of the recognition that environmental forces influence individual health and that prevention is needed in addition to treatment. For instance, asthma requires medical treatment and managing environmental factors. After a local Asthma Coalition pointed out that breathing engine exhaust can trigger asthmatic symptoms, a Connecticut school district changed its school bus contract to require that bus engines be turned off while waiting for riders at school (Wolff, 2004). In Massachusetts, local Healthy Communities coalitions have begun a mobile health van program, initiated a campaign to lessen sales of tobacco products to teens, hosted planning for economic and housing development, started a shelter for the homeless, developed a health outreach program for a low-income neighborhood, brought a dental clinic to an area without dental care, and developed health programs for children (Hathaway, 2001; Wolff, 2004).

The Communities That Care coalition model involves developing a local coalition to match prevention/promotion methods backed by empirical research with local community needs and resources (Brown, Feinberg, & Greenberg, 2010; Feinberg et al., 2004; Hawkins, Catalano et al., 1992).

Community coalitions have become popular for several reasons (Wolff, 2001, 2010). During times of economic recession and conservative political periods, funding for social services falls, increasing pressure on localities to do more with less. Agencies are given a deficits-oriented mission and are swamped by clients needing treatment, with little time for prevention or for considering community strengths. Categorical funding of government social services (e.g., separate funding streams for mental health, public health, education, child protective services, and criminal justice) complicates coordination among agencies. Community coalitions bring organizations together to coordinate action, create or coordinate preventive programs, and engage the resources of nongovernmental community institutions, such as religious congregations, philanthropic foundations such as United Way, and civic and business groups.

Let us take a look at how one coalition worked to address the issues of

substance abuse in the community. After their teenage son was killed in an alcohol-related boating accident on Lake Murray in South Carolina, a family wanted to do something to prevent similar tragedies from happening again. They asked the Lexington/Richland Drug and Alcohol Abuse Coalition to help prohibit boating under the influence of alcohol. The coalition grew out of state and local initiatives to reduce the social and personal costs of drug abuse (including alcohol and tobacco). The coalition worked with the family, state legislators, and others to promote public awareness of the problem, draft the proposed law and testify in the legislature, and organize grassroots support. In 1999, the bill was signed into law. A public awareness campaign for boating safety also began at Lake Murray. Alcohol-related boating accidents there have dropped 30% (Snell-Johns, Imm, Wandersman, & Claypoole, 2003). Other projects of the coalition included helping to develop a no-smoking policy for Richland County schools and a no-drug-use (including alcohol and tobacco) policy for county recreation fields, implemented by the recreation authority. The coalition also organized a merchant education program to decrease sales of alcohol and tobacco to minors. In 1995, research in Richland County stores found that 77% of minors who attempted to purchase tobacco products were offered a sale. The 2003 rate was only 8%. Snell-Johns et al. (2003) concluded that these efforts succeeded for several related reasons. The coalition included broad community representation and worked to develop relationships with other community groups. It was persistent in pursuit of its goals. Its core values regarding drug use and abuse were clearly stated and attracted wide support, but the coalition was not perceived as having an overtly political or one-sided agenda. The coalition also had paid staff and some outside funding and was able to act quickly when opportunities occurred. But the coalition's successes also rested on the volunteer efforts of a broad representation of citizens.

Community coalitions need to put a lot of work into deciding how they will function. A community coalition must make choices about its mission, whether it will have a narrow or broad focus, who the members will be, how decisions will be made, whether the coalition will work within existing social structures or attempt to engage in social change, how the coalition will be funded, and how conflict will be negotiated. Community psychologist Tom Wolff, a leader in the community coalition movement, has summarized much of the existing practitioners' wisdom about them in various sources (Wolff, 2001, 2004, 2010). The Community Toolbox website (<http://ctb.ku.edu>), developed by community psychologists, contains valuable, practical guidance and resource materials for community coalitions and similar organizations.

Consciousness Raising

Consciousness raising involves increasing citizens' critical awareness of social conditions that affect them and energizing their involvement in challenging and changing those conditions. For instance, Paulo Friere's (1970/1993) *Pedagogy of the Oppressed* and many branches of the feminist movement embody this approach. Consciousness is raised as women and men become aware of personal experiences

with systematic oppression of any sort, such as racism, classism, or ageism. These experiences can take place in the family, workplace, communities, or societies. However, consciousness raising is not solely cognitive or emotional. New personal understanding is connected to working with others and actions for change. Action and reflection feed each other. Actions may include other social change approaches, but consciousness raising distinctively emphasizes personal and social transformation. Consciousness raising is reflected in some persons we described in Chapter 11: Virginia Ramirez, Alison Smith, Kieffer's (1984) community activists, and African American youth leaders (Watts, Williams, & Jagers, 2003). Life experiences, personal reflections and discussions with others led them to critical awareness of social injustice. They questioned the credibility of community and corporate leaders and began to oppose injustice and insist on citizen participation.

Of all the approaches we discuss here, consciousness raising most directly addresses personal values, awareness, and commitment. It often precedes or accompanies use of the other approaches in cycles of deepening critical awareness, supportive relationships, and liberatory actions. As a community organizing technique, consciousness raising must be used in a respectful manner. There is an inherent power differential in any consciousness raising attempt. One group is actively trying to change another group's perception of its community, its relationships, and its lives. Even though this is done with laudatory goals, it is important to remember that the only person truly in a position to interpret a life is the person living it. This means that consciousness raising should always be attempted in the spirit of hypothesis testing. Consciousness-raising interpretations should be offered as suggestions, not as truths that the recipient must adopt. You must always keep in mind that your understanding of a situation may be incomplete or incorrect.

Consciousness raising can be extended to whole communities. The concept of community readiness refers to how much a locality recognizes a problem and takes steps to address or prevent it. Action researchers at the Tri-Ethnic

Prevention Research Center in Colorado proposed a nine-stage model of community readiness, especially for substance abuse and health issues (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). In their model, readiness involves knowledge of the problem and of methods to address it, existing efforts to address it, strength of community leadership on that issue, presence of other resources for action, and overall community climate of attitudes and commitment on the issue.

Their nine stages are:

- No awareness of the problem
- Denial that it is a local problem, even if a problem elsewhere
- Vague awareness of the problem but without local efforts to address it
- Preplanning and local information gathering about the problem
- Preparing strategies for community change, led by a local team
- Initiating programs or policy changes to address the problem
- Establishing them to stay within local organizations, such as schools, with local resources
- Evaluating, improving, and expanding them over time
- Maintaining strong program support, evaluation, and excellence

Strategies for moving through the stages include identifying and influencing opinion leaders in the community, gathering and disseminating information in focus groups and the media, focusing on local examples and statistics regarding the problem, fostering local leadership, planning everything within the local cultural context, integrating programs or policies within local organizations, and evaluation to promote ongoing program or policy improvement. While outside consultants can provide assistance, moving through the stages requires local leadership, resources, and commitment. The community readiness model has been validated in research and used to develop culturally valid health interventions in Native American, Mexican American, and Anglo communities (Engstrom, Jason, Townsend, Pokorny, & Curie, 2002; Jumper-Thurman, Edwards, Plested, & Oetting, 2003; Oetting, Jumper-Thurman, Plested, & Edwards, 2001).

Social Action

Grassroots groups use social action to offset the power of organized money with the power of organized people (Alinsky, 1971). Social action identifies specific obstacles to empowerment disadvantaged groups and creates constructive conflict to remove these obstacles through direct, nonviolent action.

Social action has a long history that is reflected by labor movements in many countries, Gandhi's movement to free India, and the U.S. civil rights movement. Social action was also used in East Germany in 1989 to bring about the reunification of Germany, in Poland in the 1980s to defy and ultimately help to bring down an unjust communist state, in Chile to help end a murderous dictatorship, and in South Africa to help bring a relatively peaceful transformation to democracy when many expected widespread violence (Ackerman & Duvall, 2000). The effectiveness of social action methods in attaining their immediate goals depends on the context, but in the right circumstances, they can lead to surprising changes.

Saul Alinsky's classic *Rules for Radicals* (1971) delineated social action principles. To effectively oppose organized, powerful interests, citizens must identify their capacities (the strengths of community group members and their potential to act together) and the capacities of the opposing group or community institution. In addition, they need to identify a situation that dramatizes the need for change and that calls forth citizens' strengths. It is best if that situation is something their opponents have never encountered before and that they cannot dominate.

Social action involves power and conflict. If powerful elites limit citizen participation in a decision, adroit choice of a social action can assert citizen views and frame the issue in their terms. For these reasons, social action can be an important tool when addressing issues of social justice. The following example from the civil rights movement aptly illustrates the uses of people power to create a situation that the opponent had never experienced (adapted from Alinsky, 1971, pp. 146–148).

A large, prominent department store in a U.S. city traditionally hired African Americans only in very menial positions, and was more discriminatory in its hiring than its competitors. The store had resisted appeals to halt these practices. Boycotts called by African American

community groups had failed, due to the prestige of the store. African American community groups met and decided to plan a “shop-in.” The plan called for busloads of African American customers to arrive at the store at its opening on a busy Saturday. In small groups they would shop every department in the store, carefully examining merchandise, asking sales clerks for help, doing nothing illegal yet occupying the store’s space. These groups would rotate through the various departments in the store. Regular customers would arrive only to find the store crowded, and if they were hurried or uncomfortable with being in largely Black crowds they might go to another store. Finally, shortly before closing, customers would begin purchasing everything they could, to be delivered on Monday, with payment due on delivery. They planned to refuse these deliveries, causing even more expense for the store.

The community groups deliberately leaked these plans to the store, while going ahead with arrangements. The next day, officials of the store called to ask for an urgent meeting with African American groups to plan new hiring practices, before the Saturday of the shop-in. The shop-in never had to be carried out.

The shop-in had several elements that mark effective social action (Alinsky, 1971). The goal was clear and tangible: specific changes in hiring policy and practices. Shopping was something that protesters knew how to do; it would even be enjoyable. Social action generates more participation if it asks citizens to do familiar things. At the same time, the situation was outside the experience of their opponents. Store management had ignored boycotts and public appeals, but they had never faced a shop-in. The tactic would cause disruption, potential bad publicity, and increased expenses for the store, yet it was entirely legal; store security or police would have little recourse to stop it. The threat was credible because the African American community was organized and willing to act. The threat of competition from other retailers not being targeted increased the pressure on the targeted store. The goal was just and the tactic shrewd; its power was revealed when the store quickly capitulated (Alinsky, 1971).

From a community psychology perspective, this piece of social action (making specific demands of specific targets) is a necessary one. Social action involves highly visible, emotionally charged events that generally require some level of public risk on the part of the participants. If all that occurs without some tangible result, the participants can become discouraged with the whole idea of community involvement. Their sense of personal and collective efficacy is damaged. Having a clear expectation for the outcome of the social action event, one that is based upon sound research and for which specific individuals can be held accountable, greatly increases the probability that the event will be successful in the eyes of the participants. And when a social action event is perceived as successful, that builds a collective sense of self-efficacy and social capacity.

Community Development

At its core, community development is concerned with increasing community resources. Those resources could be jobs, infrastructure, strengthened relationships among individuals and organizations, or increased access to the political process. Community development efforts can increase tangible resources in communities (good jobs, schools, parks, health facilities), but they also increase less tangible but equally important resources such as social capital.

Community development approaches often bring together the resources of multiple groups in a locality, such as neighborhood and civic organizations, religious congregations, businesses, schools, youth groups, libraries, and other community resources (Kaye & Wolff, 1997; Kretzmann & McKnight, 1993; Lappe & DuBois, 1994; Nation, Wandersman, & Perkins, 2002; Putnam, Feldstein, & Cohen, 2003; Saegert, Thompson, & Warren, 2001). Perkins, Crim, Silberman, and Brown (2004) give a useful overview.

Community development can focus on one or more of four domains (Perkins et al., 2004):

- Economic development (e.g., of businesses and jobs)
- Political development (e.g., of community organizations to influence decisions in the community and at wider levels)
- Improving social environment (e.g., health, education, policing, promoting youth development)
- Improving physical environment (e.g., housing, transportation, city services, parks, public spaces)

The Block Booster Project exemplifies locality based community development. One block association in New York City initiated crime watch patrols, improved street lighting, encouraged property cleanup, discouraged illegal drug sales, sponsored outdoor parties and recreational trips, and met regularly to discuss block activities and problems. These collective acts lowered crime, increased neighboring, and strengthened the sense of community. Effective locality based community development often leads to such outcomes (Wandersman & Florin, 2000).

As with just about every other issue discussed in this book, particularly intervention techniques, specific approaches to community development are hotly debated and have undergone significant changes over the past half century. An example of these changes can be seen in community development work in Bangladesh. The Bangladesh Rural Advancement Committee (BRAC) was established in 1971 with the specific goal of alleviating the extreme poverty in Bangladesh. It is currently one of the largest nongovernmental organizations (NGOs) in the world.

The approach of BRAC has evolved significantly over the 40 years of its existence (Reza & Ahmed, 2008). The original focus was on straight relief work, alleviating the most horrendous effects of extreme poverty through the direct provision of such things as food, housing, education, and health care. However, it became clear that efforts to alleviate poverty generally did little to eradicate poverty. BRAC then began to focus on community development, with a major focus on collective action and microfinancing. It was at this stage that the Grameen Bank was begun. But this approach did little to recognize the structural forces and public policies affecting and sometimes supporting the continued existence of poverty. So, BRAC began a policy of supporting political

education and political activism among the people it serves. Most recently, in recognition of the global nature of poverty, BRAC has expanded its efforts to include establishing affiliates in other countries facing extreme poverty. BRAC's structure is based on Village Organizations. As of December 2008, there were 293,016 Village Organizations, with 8.09 million members (Bangladesh Rural Advancement Committee, 2008). These organizations meet once a month to discuss BRAC initiatives in their communities and to plan for future needs and objectives. The Village Organizations provide a basis for political education and activism. Subcommittees of the Village Organizations may meet more frequently to discuss specific projects. The Village Organizations serve as the mechanism for BRAC's microfinance program, exemplified by the Grameen Bank.

The Grameen Bank movement blends economic development with microsystem cooperatives. The program began in rural Bangladesh to provide small loans to more than a million landless poor women for their own small businesses. Loans are made to small groups of four to seven women, who are then responsible for repayment as a group and must have a business plan approved by the bank. The Grameen idea has spread internationally, in urban and rural settings, with women and men as borrowers, helping to create working businesses among the poor, with very low default rates (Lappe & DuBois, 1994, pp. 99–100). In a similar effort in rural West Virginia, a coalition of churches and community groups provided the loan that began Wellspring, a crafts cooperative run by women in isolated communities (Kretzmann & McKnight, 1993, p. 308).

Organizational Consultation

This approach involves professionals working as consultants with workplaces, for-profit or nonprofit, to make changes in the organization's policies, structure, or practices. To qualify as community or social change, this must alter the organization, not simply individual workers, and be connected to wider changes in community or society. In other words, the consultation must result in second-order changes, not just surface-level changes. Organizational consulting may change organizational policies; alter roles, decision making, or communication in the organization; or deal with organizational such issues as work-family relationships, understanding human diversity, and intergroup conflict.

As conceptualized in community psychology, organizational consultation is grounded in an ecological and contextual understanding of the specific organizations involved (Trickett, Barone, & Watts, 2000). For this reason, all the ecological principles discussed in Chapter 2 are fundamental to consultative work. Issues of power and empowerment are also key to organizational change, and helping an organization become empowered could be a specific goal of the consultation process.

The consultative relationship goes both ways, as we hope we have made clear throughout our discussions. While organizations are learning from consultants, the consultants are also learning through their work with the organizations. Consultants can then play a role in disseminating that information so others can learn from it.

The Block Booster Project is a good example of this reciprocal relationship. The project involved community psychologists in consultation with community organizations. The goal of the consultation was to help the organizations become more

effective in changing communities. The psychologists could offer this consultation because of what they had learned working with community organizations, and that knowledge base was continually expanded through their work (Wandersman & Florin, 2000). Reviews of organizational concepts and approaches in community psychology include Boyd and Angelique (2002); Shinn and Perkins (2000); Trickett, Barone, and Watts (2000).

Alternative Settings

What do these settings have in common: women's shelters, rape crisis services, alternative schools, mutual help groups, community gardens, a street health clinic bus that operates at night to distribute HIV prevention information and condoms, self-governing cooperative housing for low-income residents, and consumer-run mental health organizations, such as Oxford Houses and Community Lodges?

All of these are alternative settings that grew out of dissatisfaction with mainstream services to provide an alternative to those services (Brown, 2009; Brown, Shepherd, Wituk, & Meissen, 2008; Cherniss & Deegan, 2000; Reinhartz, 1984). Women dissatisfied with conventional mental health and social services created their own settings for battered women and rape victims. Those settings not only help clients but also promote public awareness of sexism. Mental health consumer-run organizations (CROs) provide powerful new roles for mental health consumers. Rather than the dependent roles generally assigned to them in traditional mental health service centers, CROs allow mental health consumers to assume helper roles, which can help shape their identities in powerful and therapeutic ways (Brown, 2009; Brown, Shepherd, Wituk, & Meissen, 2008).

Alternative settings can promote such values as sense of community, social justice, respect for human diversity, and citizen self-governance in ways that conventional organizations often do not. Their organizational structures are often less bureaucratic or hierarchical. They usually foster a spirit of mutual commitment that formal organizations do not. Alternative settings have a centuries-long history, including many spiritually-based settings, women's organizations, and utopian communities. Alternative settings may be politically progressive, conservative, or apolitical.

Alternative settings provide a fertile ground for social change. Instead of "working within the system" to reform mainstream institutions or using social action and conflict to demand changes in those institutions, this approach goes around the mainstream institutions to create new settings. Alternative settings provide a choice for citizens or consumers of services. They can provide a safe haven and support for individuals experiencing discrimination and injustice. They often develop settings or services that later become widely accepted, such as some mutual help groups and women's services.

However, alternative settings encounter characteristic dilemmas (Cherniss & Deegan, 2000; Reinhartz, 1984). They often begin with few resources other than the ideals and commitment of their founders. That can lead to burnout among their workers. Their values focus and lack of resources can lead to resisting evaluation and improvement of services (Wandersman et al., 2004). Alternative settings founded to empower the disenfranchised may also encounter dilemmas of who exactly is to be

empowered (we discussed these in Chapter 11; see Riger, 1993). Finally, the existence of an alternative setting may paradoxically reduce the pressure on mainstream services to change because an alternative is available. However, many alternative settings have found ways to overcome these obstacles and have pioneered constructive, lasting changes in communities and societies. Cherniss and Deegan (2000) reviewed processes that contribute to their effectiveness and longevity.

Use of Technology

From the viewpoint of a community psychologist, one of the most exciting things about the development of new information and communication technologies (ICTs) is their potential to enhance community organizing. They can contribute to community development efforts, social action efforts, community consultation across geographic boundaries, and the development of alternative settings. ICTs are all about communication, both in the sense of sharing information and in developing relationships. In Chapter 6, we discussed bonding and bridging forms of relationships and the ways in which both are forms of social capital. The Internet in particular has been embraced by people and organizations involved in community work, serving both as a source for resources and as a means of connection and communication. Most of the organizations mentioned in this chapter and throughout this book have websites, and we encourage you to visit them to learn more about their work.

Because technology and its applications for community organizing change so quickly, we will not attempt to conduct any type of systematic review of the available technological tools. To truly take advantage of ICTs requires ongoing education, and at the end of this section, we will give you some resources dedicated to helping community organizations and nonprofits stay informed of advances in this area. First, though, we would like to present an example of how traditional organizing work is interacting with ICTs to provide a flexible and exciting tool for community development and activism. The example we have chosen is called crowdsourcing.

Crowd sourcing is a very grassroots, community organizing approach that collects information directly from community members regarding their own experiences in their communities. While this is the fundamental basis of all community work, crowdsourcing takes advantage of such ICTs as texting and the internet to quickly collect, analyze, and distribute information for immediate use.

In December 2007, Ory Okolloh was living in South Africa but went home to Kenya to vote in the national elections. Immediately after the election, violence broke out throughout Kenya, triggered by widespread concerns about the legitimacy of the election results. There was a three-day news blackout, but Ory ran a blog on Kenyan politics, and as friends and acquaintances texted her messages regarding what they were seeing, she put the information on the blog. Ory asked her blog readers if they could help her map the information she was receiving on Google Maps. Within a few days, Ushahidi (“testimony” in Swahili) was born. Since then, Ushahidi has been used by a number of organizations for a number of purposes, including mapping reports of trapped survivors and fires during the 2009 Haitian earthquake and tracking the availability of pharmaceuticals in Zambia (Bahree, 2008).

Crowdsourcing is also being utilized for needs assessment and program evaluation efforts. For example, the Peer Water Exchange (PWX) uses the same

basic technology as Ushahidi, essentially, mobile phones, mapping software, and a website. PWX is dedicated to using volunteers to fund, evaluate, and share information regarding the successes and failures of clean water projects. The premise is that clean water projects must be small scale and tailored to the needs of each particular community. They also need to be evaluated and modified over time in order to continue to meet the needs of the community. This process has been extremely hard to achieve under traditional philanthropic approaches, which are geared to large-scale projects with intensive evaluations. The necessary small-scale projects do not get funded, but if they do get funded, the funding agencies never see any sort of evaluation. PWX relies on a brief, easy funding application, which receives an open peer review. Information on the success of the project is sent to PWX, which then maps the information on its website. They also promote the use of volunteers who visit projects and send information back to PWX (Peer Water Exchange, n.d.).

At the time of this writing, the home page of the PWX website proclaimed “Welcome to the Approach That Will Enable Us to Solve Humanity’s Crises.” While the evaluation data are obviously still out on that claim, the statement does accurately reflect the excitement people feel regarding the potential for ICTs to transform community developing, organizing, and action. These technologies allow for the rapid collection and analysis of information, often provided by the direct observations of community members; extensive communication and relationship building among people and organizations that may never actually interact face-to-face; flexible responses to rapidly changing situations; and, at least potentially, increased utilization of nonhierarchal and consensus-building organizational processes. Some observers believe we may be seeing a fundamental change in the culture of activism (Juris & Pleyers, 2009). While it is too soon to decide if this is taking place, it is true that ITCs offer the opportunity to respond to the competing demands of keeping community work local while still recognizing and dealing with the global nature of the problems communities face. Since 1987, a nonprofit organization named TechSoup has been providing free information, training, and support on the use of technology for nonprofit agencies, libraries, and community organizations. TechSoup also solicits donations from corporations, which allow them to provide free and discounted software and hardware to nonprofit organizations. You can find them at www.techsoup.com.

Unit Five

Stress in Organizations

Learning Goals

- Understand the body's natural responses to stressful events
- Discuss various models of the stress response
- See that stress is not always bad for people
- Describe the sources of stress in modern living
- Understand burnout as a special case of stress
- Distinguish between individual and organizational strategies of stress management

Unit Overview

- Introduction
- The General Adjustment Syndrome: “Fight or Flight”
- An Integrated Model of Stress
- Burnout
- Stress Management: Individual and Organizational Strategies

What is Stress?

- Stress is an unavoidable part of modern living
- Can come from a simple event such as crossing a busy street
- Also can come from an exciting event such as a college graduation
- Not always bad if a person is prepared for stress
- A person experiences stress when an event presents a constraint, an opportunity, or excessive physical and psychological demand
 - Constraint
 - Something blocks a person from reaching a desired goal
 - Example: long grocery store checkout lines
 - Opportunity
 - A chance event that lets us reach a desired goal
 - Example: finding \$10,000 in unmarked bills
 - Excessive physical demand
 - Asking a person to do something beyond their physical abilities
 - Example: pushing against your car to keep it from rolling down your driveway (a 6% grade)
 - Excessive psychological demand
 - A stressor pushes a person beyond what they can psychologically handle
 - Example: a cumulative final examination in your finance class

Stressors

- Source of stress for a person

- Objects or events in a person’s physical and social environment that can induce the stress response
- Arise in three places in people’s lives
 - Work environment
 - Nonwork environment
 - Life transition
- Presence of a stressor does not lead to uniform stress responses
- A person’s perceptual process affects the person’s stress response
- Varies among people
 - A challenge to overcome
 - A threat
- Stress response
 - The stress response has both physiological and psychological aspects
 - Physiological response is an integrated set of bodily functions that readies the person to respond to the stressor or stressors
 - A fast reaction
 - Some amount of stress can energize and motivate a person
 - Response to an opportunity. Helps a person move toward valued results
 - Response to a threat. Adrenaline flows and increased heart rate help a person deal with the threat
 - Variations in stress response are tied to skills, abilities, and experience with the stressors
- Understand stress because of its possible positive and negative effects on people and organizations
- Understand stress management
 - Manage stress for self to reduce negative effects
 - Manage stress in organizations to maximize its positive effects

The General Adjustment Syndrome: “Fight or Flight”

- An early model of stress response
- Views the stress response as a natural human adaptation to a stressor
- Adaptation happens when the person chooses behavior that lets her change the stressor (a fight response) or leave the presence of the stressor (a flight response)

The stress response unfolds in three closely related stages

- **Alarm:** The body prepares to fight or adjust to the stressor by increasing heart rate, blood sugar, respiration, and muscle tension
- **Resistance:** The body tries to return to a normal state by adapting to the stressor
- **Exhaustion:** comes from repeatedly experiencing a stressor or constantly resisting a stressor
- **Effects of exhaustion stage**
 - Body wears down
 - Stress-related illnesses can appear (headaches, ulcers, insomnia)

- Both individual and organizational damage can occur
- Underscores the reasons to learn about stress management
- Stress response leads to either distress or eustress
 - Distress
 - The negative result of stress
 - Person has not adapted to a stressor or has not removed it from his or her environment
 - Example: becoming speechless at the beginning of a class presentation
- Stress response leads to either distress or eustress
 - Eustress
 - A positive result of stress
 - Person has adapted to a stressor or it has not exceeded her ability to adapt to it
 - Example: winning an unexpectedly large amount of money in a lottery

An Integrated Model of Stress

- Describes the sources of stress and conditions that evoke a stress response
- The **integrated model of stress** combines many pieces of research to give a detailed view of stressors, stress response, and the results of stress
- **Stressors**
 - Antecedents of stress
 - Occur in work experiences, nonwork experiences, and life transitions
 - As people's perceptual processes filter the stressors, a stress response results
 - Physiological and psychological changes
 - Person chooses behavior in response to the stressor
 - Behavioral choice affects whether the person feels distress or eustress
 - If the person perceives a stressor as excessively demanding or as a harmful constraint, distress results

- If the person perceives a stressor as a challenge or an exciting opportunity, eustress results
- Work stressors: deadlines, job security, physical environment, and work overload
- Nonwork stressors: financial problems, dual careers, and relocation
- Life transition stressors: marriage, divorce, death of a loved one, and children leaving home
- **Perceived stress**
 - Selective perception: filtering out a stressor. Ignoring a steady noise in the background
 - Attribution processes: ascribing positive qualities to a stressor. Long waits in a grocery store checkout line allow observations of human behavior
- **Stress response:** A physiological and psychological response to a stressor
- **Physiological response** involves the sympathetic nervous system, the para-sympathetic nervous system, and the endocrine system
 - Body instantly secretes many hormones to prepare a person for fast reaction to the stressor
 - Blood pressure rises, heart rate increases, and breathing rate increases
- **Psychological response** includes increased apprehension and alertness
 - Positive response includes feelings of excitement and challenge
 - Negative response includes feelings of fear and anxiety
- Psychological response varies among people
- Physiological response is about the same for everyone
- **Behavioral response**
 - Change stressor
 - Remove stressor
 - Leave stressor
- Dilemma of choosing the right behavior for a specific stressor

- Wrong choice: distress
- Right choice: eustress
- **Results of a distress response**
 - Happens when person does not choose the right behavior
 - Predisposed to distress
 - Low resilience to common stressors
 - Includes behavioral, psychological, and medical results
- **Results of a distress response**
 - **Behavioral results**
 - Drug use
 - Appetite disorder
 - Proneness to accidents
 - Violence
 - Effects on marital relations
 - Effects on sleep patterns
 - Spouse and child abuse
- **Results of a distress response (cont.)**
 - **Psychological results**
 - Anxiety
 - Alienation
 - Depression
 - Psychosomatic effects
- **Results of a distress response (cont.)**
 - **Medical results**
 - Heart disease

- Stroke
 - Back aches
 - Ulcers
 - Headache
- Complex relationships among stressors and medical results. For example, drug and alcohol use and heart disease
- **Results of a eustress response**
 - Exhilaration of winning a competition
 - Excitement of an unexpectedly high grade in a course
 - Surprise of receiving an unexpected gift
- **Moderators:** affect the relationships
 - **Personality**
 - Hardy personalities
 - Type A and B personalities
 - **Skills, abilities, and experience**
 - Skills and abilities to carry out a task
 - Less distress if a person has experience with the stressor
 - **Family health history**
 - Hypertension
 - High serum cholesterol
 - Ulcers
 - **Demographic characteristics**
 - Dual career families
 - Single parent
 - Age

- **Diet**
 - Sodium levels
 - Saturated fat
- **Physical fitness**
 - Increases resilience to stress
 - Less likely to feel harmful effects of distress

Burnout

- A chronic state of emotional exhaustion that comes from an unrelenting series of on-the-job pressures with few moments of positive experience
- Special case of distress
- Repeated exposure to work stressors results in emotional exhaustion
- Depersonalization of relationships follows emotional exhaustion as a coping response
 - Views the people served as objects instead of humans
 - Builds an impersonal barrier to the stressor
- Final stage of the burnout process: reduced personal accomplishment
 - Lose interest in their work
 - Experience decreased efficiency
 - Have little desire to take the initiative
- Results: headaches, mood swings, cynicism, and drug use among other results
- High burnout occupations: customer service representatives, nurses, and social workers
- Low burnout occupations: research physicists, forest rangers, and laboratory technicians

Stress Management: Individual and Organizational Strategies

- **Stress management** tries to maintain stress at an optimal level for both the individual and the organization
- Stress management strategies
 - **Stress reduction:** decrease number of stressors
 - **Stress resilience:** increase person's ability to endure stressors
 - **Stress recuperation:** help a person bounce back from the stress response
- Have both individual and organizational strategies within each category
- Brief examples of each here

Individual Strategies

- **Stress reduction**
 - Decrease the amount of stress a person experiences
 - Example: avoiding holiday shopping crowds. Use the internet
- **Stress resilience**
 - Develop physical and psychological stamina against potentially harmful stressors
 - Example: physical exercise, diet, and weight control
- **Stress recuperation**
 - Rejuvenate physically and psychologically, especially after severe distress
 - Example: vigorous walking for 30 minutes after taking three final examinations on the same day
- **Stress reduction**
 - Reduce the number of stressors to which employees are exposed
 - Example: training programs for job-related activities or time management
- **Stress resilience**
 - Improve employees' stamina against unavoidable stressors
 - Example: on-site exercise centers; stress-resilient diets in company cafeteria
- **Stress recuperation**
 - Help employees rejuvenate after a stressful work day
 - Example: relaxation training. Employee counseling programs

Unit Six

Scientific Research Methods in Community psychology

Community psychology is committed to the value of research; along with action, it is central to our identity. All community psychologists are engaged in some form of inquiry whether we identify ourselves primarily as researchers or practitioners. Across a variety of settings and types of engagement, we strive for rigor and excellence by using the very best strategies and methods to answer our research questions. Yet our research questions are grounded in the way that we define problems and priorities for inquiry. Further, each community research project must resolve larger questions about the relative priority of several values: citizen participation and collaboration, social justice, respect for human diversity, and searching for community strengths. These issues can be summarized in this general question: Who will generate what knowledge, for whom, and for what purposes?

Goals of Community Psychology Research

The major goal of community research is to construct knowledge that challenges the societal status quo and is useful for the liberation of oppressed groups and the promotion of well being for all at three levels.

- Personal well-being and liberation
- Relational well-being and liberation
- Collective well-being and liberation

➡ Community research is action-oriented and strives to create social change.

➡ Community research with oppressed groups can help to plan the movement from oppression through resistance and empowerment to well-being of disadvantaged people.

In research, we need to be cautious that sometimes we may do research on controversial issue. In community research as much as possible we need to work in attending for unheard voices. Another important consideration in community psychology research is that research is not mainly concerned with the creation of new knowledge but with how knowledge can create social change.

Basic Methods of Community Psychology Research

Like other different fields in psychology, a certain researcher in community psychology can employ both qualitative and quantitative methods to conduct research on different community problems.

Qualitative Research Methods

Qualitative approaches are useful for examining situations, processes, and contexts that have not been studied in detail. They give voice to perspectives that have not been fully articulated in existing research. Thus, some community researchers use qualitative approaches in initial exploration and theory development stages of a project, generating hypotheses that can be later tested in quantitative research. But qualitative approaches also stand on their own, providing detailed analysis of complex, dynamic, and meaningful lived experiences across a variety of social and cultural contexts. This detailed analysis of meaningful human experience in particular contexts is essential for advancing scientific knowledge in community psychology.

Types of qualitative Research methods

Some of the qualitative methods include participant observation, qualitative interviews, focus group, and case studies.

Participant Observation

Participant observation involves careful, detailed observation, with written notes, interviews or conversations with citizens, and conceptual interpretation. It is not just a description or a memoir. Yet it is also participation, as the researcher becomes a member of a community or a collaborator in its efforts, an actor in community life. This provides at least some of the experiential insider knowledge of community members, while the researcher also strives to maintain something of the outsider perspective.

Qualitative Interviewing

Interviewing a sample of individuals has become a popular qualitative research format in community psychology. The interview is often open-ended or minimally structured to promote participants' describing their experiences in their words.

Samples are usually small to facilitate interviewing and analysis in depth. The researcher is not necessarily a participant in the community under study but usually does assume a role of collaboration or extended contact with interviewees.

Focus Group

A focus group discussion is an interview with a group. It generates thick description and qualitative information in response to questions or discussion topics posed by a moderator. Using focus groups, researchers can assess similarities and differences among individuals and allow participants to elaborate on ideas and themes by reacting to each other, not just to an interviewer. In focus group research, the group, not the individual, is the unit of analysis. Individual comments are not independent of other group members; indeed, one of the purposes of the focus group is to elicit discussion. Each group is usually composed of 6–12 participants who share some characteristic of concern to the researchers—for example, the same race, gender, culture, or age, similar occupations, or the same health problem. This homogeneity helps to promote free discussion and ability of participants to be able to identify with each others' experiences. A group of strangers is preferred to minimize the effects of prior personal contacts. Multiple focus groups are needed to provide broader information and to compare populations (husbands vs. wives, for example). However, as with qualitative interviewing, samples are seldom representative of a large population. The goal is to generate contextual understanding. The moderator's responsibilities include creating an environment conducive to free discussion, speaking in language comfortable to all participants, ensuring that all members participate, eliciting both agreement and disagreement, and balancing between being nondirective and covering all topics of interest to the researchers. The moderator uses a discussion guide that includes topics to be discussed and that moves from general topics to specific phenomena relevant to the research. Analysis of focus group data is similar to the process of analyzing individual qualitative interviews.

Case Studies

The case study method, usually conducted on individuals in clinical psychology, can be applied to an organization, locality, or change process. Community psychologists also can study an individual in relation to the settings in that person's life. They may conduct multiple case studies so comparisons can be made. Like participant observation, a case study can examine in depth a single person, setting, or locality. Case studies are excellent for understanding the nuances of cultural, social, or community contexts. They can afford thick description and contextual understanding.

Quantitative Research Methods

Quantitative research methods emphasize measurement, statistical analysis, and experimental or statistical control. They address different purposes and questions than qualitative methods. These methods are particularly useful in helping us describe and model the multileveled influence of environmental factors on individual health and well-being.

Types of Quantitative Research Methods

Some of the types of quantitative research methods used in community psychology include correlational, experimental and quasi experimental methods.

Correlational Methods

Correlational research methods study the degree or strength of relationships between variables even though they don't necessarily imply causation between variables. Two factors are associated statistically does not mean that one causes another. The causation could just as easily run in the opposite direction than what you think (B causes A rather than A causing B). Or the causal factor may be a "third variable" that determines both correlated variables (C causes both A and B). Simply, a correlation research is useful to researchers who are interested in determining to what degree two variables are related.

By using correlational research methods, community psychology researchers can investigate the possibility of relationships between two variables.

Experimental Methods

The best method of establishing causation is to conduct a carefully designed experiment in which the effects of possible waiting variables are controlled. Experiment, means to actively change 'x' and to observe the response in 'y'. The experimental method is the proper method of research that can truly test hypotheses concerning cause-and-effect relationships between variables. It is also important to get more reliable and precise information. Moreover, It allows the researcher to manipulate the independent variable to study its effect on the dependent variable.

Common features of experimental methods include

- ✓ The investigator manipulates a variable directly (the independent variable).
- ✓ Empirical observations based on experiments provide the strongest argument for cause-effect relationships.
- ✓ Random sampling of subjects from population (insures sample is representative of population).
- ✓ Random assignment of subjects to treatment (experimental) and control (comparison) groups (insures equivalency of groups; i.e. unknown variables that may influence outcome are equally distributed across groups).
- ✓ Extraneous variables are controlled by 3 & 4 and other procedures if needed.
- ✓ After treatment, performance of subjects (dependent variable) in both groups is compared.

The way to control extraneous variables includes random assignment of subjects to groups. This is the best way to control extraneous variables in experimental research. Provides control for subject characteristics, maturation, and statistical regression.

Quasi-experimental Methods

Quasi-experimental methods are appropriate when true experiment is not feasible. These methods involve the procedure which resembles the characteristics of true experiments. It includes some kind of intervention and provides comparisons, but it lacks the degree of control. In this case, random assignment to experimental and control group is absent.

Quasi-experimental research could be described as a best attempt at an experiment when it is impossible, or not reasonable, to meet all the criteria of a true experiment. This type of research is typically identified as being void of randomization of either subjects or treatment and/or the lack of comparison groups. As an overarching goal, the body of quasi-experimental research attempts to answer questions such as: “Does a treatment or intervention have an impact?” and “What is the relationship between program practices and outcomes?” The goal of quasi-experimental research is to discover the one trend that is a result of the treatment or intervention. Additionally, the general goal of quasi-experimental research is to investigate cause-effect relationships. This approach to research allows for greater understanding of program features and practices. Because there is a loss of control in the quasi-experimental design, it is necessary for the researcher to decide what and when to measure. Quasi-experimental designs are typically employed if random assignment is not practical, or even impossible.