

SIXTH EDITION



COMMUNITY PSYCHOLOGY

JOHN MORITSUGU, ELIZABETH VERA,
FRANK Y. WONG, AND KAREN GROVER DUFFY



Community Psychology

Community Psychology, 6th edition, offers an easy-to-navigate, clearly organized, and comprehensive overview of the field, with theoretical roots that carry over to practical applications. Presenting the concepts of community psychology and social change, these concepts are then applied to various systems addressing the human condition: mental health, medical, public health, school, legal, and industrial/organizational.

Through a unique three-part approach, including concepts, interventions, and applications of the theory, this book opens the field of community psychology to students who are interested in how psychology might help themselves and the systems around them. It then focuses on the prevention of problems, the promotion of well-being, the empowerment of members within a community, the appreciation of diversity, and an ecological model for the understanding of human behavior. Attention is paid to both “classic” early writings and the most recent journal articles and reviews by today’s practitioners and researchers. Historical and alternative methods of effecting social change are explored in this book, with the overall theme that the environment is as important as the individual in it.

This 6th edition will include new topical subjects such as grit and life success, changes in technology and their impact, interventions based on networking, social movements and justice, dealing with stigma, and new models of health. It will appeal to advanced undergraduates as well as graduates taking courses on community psychology, social psychology, clinical psychology, and related fields.

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Community Psychology

6th Edition

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Introductory Concepts



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What Is Community Psychology?

Definition

Community psychology focuses on the social settings, systems, and institutions that influence groups and organizations, and the individuals within them, using an ecological model. The goal of community psychology is to optimize the well-being of communities and individuals with innovative and alternate interventions designed in collaboration with affected community members and with other related disciplines inside and outside of psychology (Bond, Serrano-Garcia, & Keys, 2017; Kloos, Hill, Thomas, Wandersman, & Dalton, 2011; Rappaport, 1977; Smith, Witherspoon, Hart, & Davidson, 2017; Tebes, 2016; Tebes, Thai & Matlin, 2014).

Social justice is a guiding value within the field (Nelson & Prilletensky, 2010; Serrano-Garcia, 1994; Watts & Serrano-Garcia, 2003). It addresses the question of how the well-being of communities can be achieved. The articulation of this value is critical to an accurate description of what community psychology is and does (Bond et al., 2017).

Rudkin (2003) and Kagan, Burton, Duckett, Lawthom, and Siddiquee (2011) have noted that reconsiderations of the definition of community psychology accommodate a **flexible and dynamic conceptualization** of a field that is sensitive to the continual input of science and theory as well as considerations of the **details of time and place**, acknowledging the influence of the zeitgeist (spirit of the times) and ortgeist (spirit of the place) on theory and practice.

Practitioners of community psychology can be found throughout the world (Reich et al., 2017). Just as an understanding of the American context is important to fully appreciate the development of American community psychology, knowing of the international contexts can help in conceptualizing international community psychology. As the early community psychologist, Seymour Sarason (1972) once said, what is important is what happens “before the beginning.” Or as Shakespeare once wrote, “What is past is prologue.” We might better see the progression of thinking from a historical context.

CASE IN POINT 1.1 Two Perspectives on the Definition of Community Psychology

In an internet discussion of what community psychology is, the following two comments seem to capture a sense of “definition.”

My take on the field (for what it’s worth): (a) The study of the transactions between individuals and their contexts (e.g. systems, communities, organizations)—and the modification of these transactions in order to help individuals become more competent and healthier—provides the subject matter (the WHAT) of our discipline. The exploration of such relationships—and the development of theories to help explain them—is the science of our field, which complements and provides the bedrock for the service/social action activities of our field. This, perhaps, differentiates us from such primarily “engineering” fields as social work and public health. (b) Values provide the WHY of our discipline. (c) Methodologies (quantitative, qualitative, and mixed methods) provide the HOW of our discipline. Dave Glenwick, December 31, 2017.

I have always thought of community psychology as a collaborative activity done in partnership with persons of other disciplines/professions/walks of life out here in community. I have never felt the need to define a unique title or insist upon clear boundaries when engaged in community action efforts. Competencies are much more important than labels out here. Our list of competencies overlaps with those of several other professions. Nothing wrong with that; actually, it adds value when we venture out into the community because it helps prepare us to collaborate with others when trying to help improve things.

I happen to have been a psychologist interested in social justice, equity, and community improvement. My clinical training, completed in 1964, was largely irrelevant to my later community-focused actions, because it did not address important things such as community systems, justice, social determinants of health, or privilege. My communities have taught me a lot. Allen Ratcliffe, December 29, 2017.

The Influence of the American Historical Context

Just like knowing a city’s history provides a better and deeper understanding of the settings that may be found therein, the events that contribute to the creation of community psychology give us a better sense of its detailed definition and its applications (Trickett, 2009). In the US context, the story lines are divided into those related to (1) mental health and (2) social movements in America.

Mental Health

The American reformer Dorothea Dix worked to bring humane treatment to the mentally ill in the 1800s. While working with women in jail, she noted that many were, in fact,

mentally ill and mental institutions served as mere warehouses for their charges. The mental hospital populations grew as the lower-class, the powerless, and the less privileged members of society were conveniently swept into them (Rappaport, 1977).

Meanwhile, in the late 1800s and early 1900s, large immigrant populations arriving in America struggled in urban slums. In response to this situation in Chicago, Jane Addams and Ellen Gates Starr established a model “settlement house” to address the needs of the poor. They provided community-based education, family and child services, and social organization (Marx, 2004). Their Hull House model was one of partnership, practicality, and community building.

In the late 1800s, the physician 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 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.

At the end of World War II (WWII), as the United States dealt with the aftermath of war and returning veteran soldiers, Congress passed the National Mental Health Act of 1946. This gave the US Public Health Service broad authority to combat mental illness, promote mental health, and otherwise, address the military’s psychiatric casualties of war (Clipp & Elder, 1996; Rappaport, 1977; Strother, 1987). In 1945, the Veterans Administration sought assistance from the American Psychological Association to expand training in clinical psychology. These efforts culminated in a 1949 conference, in Boulder, Colorado. Attendees to 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 National Institute of Mental Health (NIMH) was established in 1949. This organization made available significant federal funding for research and training in mental health issues (Pickren, 2005; Schneider, 2005).

The 1950s brought significant changes 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 brought changes in the patient’s display of symptoms. Many of the more active symptoms were restrained, 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 received, and they could proceed with learning how to cope and adjust to their home communities to which they might return. Given 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 research on psychotherapy outcomes, 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 other psychological practices, such as psychological testing (Meehl, 1954, 1960), and the whole concept of mental illness diagnosis (Elvin, 2000; Szasz, 1961). If intervention was not useful, as Eysenck claimed, what would happen to the mentally ill individuals? Would they be left to suffer because they would be given little hope by the helping professions? This was the dilemma facing psychology.

And so by the 1960s, there was a move to deinstitutionalize the mentally ill, releasing them back into their communities; there was a questioning of the effectiveness of traditional individual-focused psychotherapy; there were findings that early intervention in crises could be helpful; and there was a growing awareness of the impact of social environments.

In the 1950s and 1960s, Erich Lindemann's efforts in social psychiatry had brought focus to the value of crisis intervention. His work, in the Cocoanut Grove fire in Boston, demonstrated the importance of providing psychological and social support to those 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 in nature. This emphasis on early intervention and social support proved important to people's ability to adapt.

Parallel to these developments in psychiatry and psychology, Kurt Lewin (1946/2010) brought social psychology into the community in the form of Action Research, adding the study of group processes and leadership skills for facilitating change. The National Training Laboratories in New England were an extension of these efforts. 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 (Kelly, 2018).

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 the 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 electrical generation, industrial development, and flood control to parts of Tennessee, Alabama, Mississippi, Kentucky, Virginia, Georgia, and North Carolina. This approach greatly increased the concept of government serving as an active participant in the fostering and maintenance of the individual's economic opportunities and well-being (Hiltzik, 2011). While 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).

Tracking other social trends, the need for labor during WWII allowed women 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 the dangerous, heavy work duties previously reserved for men in industrial America. Following 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. While women had earlier worked in many capacities, the war brought them into work situations previously reserved for men. This was approximately 20 years after women had gained voting rights at the national level, with the passage of the Nineteenth Amendment to the Constitution in 1920 (passing Congress in 1919 and taking until 1920 for the required number of states to ratify it). Once disenfranchised as a group and with limited legal privileges, women continued to seek equality in their rights as members of their community, into the 1950s, 1960s, and 1970s.

In another area of social change, the US Supreme Court in 1954 handed down their decision on ***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 African Americans into schools away from Whites were found to be in violation of the US Constitution. This change in the law was a part of a larger movement by African Americans 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* verdict required sweeping changes nationally and provided encouragement for civil rights activists.

Among these activists was a tired and defiant Rosa Parks who refused to give up her bus seat to a White passenger as the existing rules of racial privilege required of her; nine African American students seeking entry into a school in Little Rock, Arkansas; African Americans 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 African Americans to vote. The civil rights movement of the 1950s carried over to the 1960s. People of color, women, and

other members of society continued to seek justice. The Voting Rights Act of 1965 helped to enforce the Fifteenth Amendment to the Constitution, guaranteeing citizens the right to vote (<http://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 1950s, these children of the WWII veterans entered the US’s voting population in large numbers, influencing the politics of that time. In 1960, John F. Kennedy was elected president of the United States. Considered by some too young and too inexperienced to be president, he 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 WWII veterans and their families (Brokaw, 1998). His first inaugural speech challenged the nation to service. “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 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 debate over the Vietnam War, fueled excitement over citizen involvement in social reform and generated an understanding of the interdependence of social movements (Kelly, 1990).

Elected with the promise of social change, President Kennedy sought new public policies based on the reasoning that social conditions, in particular poverty, were responsible for negative psychological states (Heller, Price, Reinhartz, Riger, & Wandersman, 1984). Studies in the late 1950s found that psychotherapy was reserved for a privileged few, while institutionalization was the treatment of choice for the poor (Hollingshead & Redlich, 1958). President Kennedy proposed mental health services for the wider community and secured the passage of the Community Mental Health Centers Act of 1963. The purpose of the centers was to provide outpatient, emergency, and educational services, recognizing the need for immediate, local interventions in the form of prevention, crisis services, and community support.

In 1964, President Lyndon B. Johnson proposed a series of programs to move the country toward a comprehensive approach to social ills, called “the Great Society” with a plan for a “War on Poverty.” These were aimed at empowering people who were less fortunate, providing them with opportunities to become productive citizens. Programs such as **Head Start** (addressed in a later chapter) and other federally funded early childhood enhancement programs for the disadvantaged were a part of these efforts. Also emerging from this era were programs such as Medicare and Medicaid, which addressed healthcare needs of certain segments of the population. While 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.

The 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 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. And so, we have the basis for the activities at the Swampscott Conference.

Swampscott

In May of 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 NIMH (Kelly, 2005). Attended by clinical psychologists concerned with the inadequacies of traditional psychotherapy and oriented to social and political change, the conference participants 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). Donald Klein (1987) recalled the adoption of the term “community psychology” for the 1963 Swampscott grant proposal to the NIMH and credited William Rhodes, a consultant in child mental health, for writing of a “community psychology.” 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). Community psychology grew out of a time and place which encouraged divergent and creative thinking to deal with the solution of problems in mental health and illness (Kelly, 2018).

International Perspectives

Community psychology can be found on four of the five continents of the world. (No one has claimed Antarctica yet.) Among the countries listing practitioners or programs are Japan, China, India, Thailand, South Africa, Egypt, Nigeria, Kenya, Poland, Bulgaria, Italy, Spain, Portugal, Britain, Ireland, Brazil, Chile, Columbia, Australia, and New Zealand (Reich et al., 2017). The list continues to grow. The development of community psychology within each of these countries is influenced by the social, political, historical, and psychological forces at that site. We describe two examples where geographic area influences have contributed to the definition and scope of community psychology.

Europe and Critical Psychology

The emergence of critical community psychology can be linked to a variety of influences such as European philosophical and psychological movements (Evans, Duckett, Lawthom, & Kivell, 2017; Francescato, 2017; Teo, 2015). In particular, Critical Psychology has had a visible presence in Germany, Britain, Spain, Denmark, and Austria for a number of years. The Frankfurt School of the 1930s originated the term “critical theory” focusing

on the need for changing an unjust society (Evans et al., 2017). They question the power structure of the status quo and seek ways to facilitate liberty and equality (Fox, Prilleltensky, & Austin, 2009). The existing social structures maintain poverty and social injustice; therefore, to effectively address poverty and social injustice, these structures must change. As opposed to traditional community psychology focusing on risk and protective factors, critical community psychology looks at social oppression and the ways to combat it.

Latin America and Liberation Psychology

A second movement influencing the definition of community psychology is liberation theology from Latin America (Freire, 1970; Martin-Baró, 1994; Montero & Díaz, 2007). Given the history of colonization, exploitation, and subjugation of indigenous peoples, liberation theology seeks to deal with oppression by the colonizers and their privileged representatives. A growing chorus of practitioners, theoreticians, and researchers state that the liberation of the oppressed is at the core of a community psychology (Comas-Díaz, Lykes, & Alarcón, 1998; Nelson & Prilleltensky, 2010; Watts & Serrano-García, 2003). If community psychology is not dealing with tyranny and repression, it should be (Bond et al., 2017; Evans et al., 2017).

Fifty Years After Swampscott

The Psychological World

Advances in the biological and **neurosciences** provide computer-based charting of brain activity and analysis of the body's biochemical shifts (Fox, Lancaster, Laird, & Eickhoff, 2014). These techniques have helped unravel the complex coordination of (neural) activity across many brain areas that underlie memory, emotion, language, thinking, and specific behaviors. Such advances provide great hope for better understanding mental activity and mental health and illness and their relation to anatomical structures and physiological functions. There are also studies that demonstrate genetic relationships to behavioral tendencies. Examples of this come from Kagan's (1997) work on high versus low reactivity to new stimulus, with some infants very responsive and others less responsive to new sensations, or Thomas, Chess, and Birch's (1970) work on easy and difficult infants, based on factors such as individual baby's regularity, adaptability, intensity of emotions, or positive or negative mood.

There are studies of genetic and biological contributions to psychological states. Among the theories to explain the variations in genetic expression is epigenetics. **Epigenetics** is defined as the influences on the expression of genetic codes. It takes more than the given gene or set of genes to exhibit a given characteristic. However, there are other processes that are important to what is behaviorally expressed (Weinhold, 2006). Studies of trauma experience have shown its effects to extend across generations (Hughes, 2014). These research areas call attention to the multiple levels of factors involved in behavioral tendencies.

The contributions of the environment have become a part of the everyday considerations in psychological health. Stress is a particular psychological area that has received extensive research and coverage. The American Psychological Association publishes the results of an annual survey of *Stress in America* (<http://www.apa.org/news/press/releases/2017/11/lowest-point.aspx>). In 2017, nearly two-thirds (63 percent) of Americans polled reported thinking about “the fate of our nation” to be a source of stress to them (APA Stress in America Survey, November 1, 2017). This was the most frequently mentioned source of stress in the survey, followed by money concerns (62 percent) and work (61 percent). These examples are illustrative of the advances in the study of both the biological and the environmental factors involved in behavioral determinants.

In the area of psychotherapy, Eysenck’s 1950s study suggesting ineffectiveness has been challenged by numerous later studies. Several review studies have found psychotherapy alone or in combination with medication to be effective for specific problems (American Psychological Association, 2013; Australian Psychological Society, 2010; Canadian Psychological Association, 2012).

From these cultural and psychological circumstances, the field of community psychology has grown and continued to be influenced. The successes and failures of social and psychological programs are reviewed in future chapters. And true to Levine and Levine’s (1970) predictions, the changes in social movements over time have supported an emphasis on internal/personal or external/social causes for health and illness.

The American Social Landscape



Depending on how one counts, American Community Psychology is fifty years of age as of 2015 (Swampscott Conference, 1965), 2016 (application for recognition in the American Psychological Association), or 2017 (acceptance into the American Psychological Association). How might the drift of history have changed the situation since American community psychology's inception. The American context for community psychology finds a different spirit of time and place from the 1960s.

Of the trends from the 1960s, one that persists is the increasing diversity of the US population. US Census estimates conclude that ethnically diverse populations of African, Asian, Hispanic, and Native Americans should constitute a majority around the 2040s; states such as California, Texas, Nevada, New Mexico, and Hawaii had attained majority-minorities in 2010 (US Census). For children under the age of five in the United States, the "majority minority" status exists today. To this mix, changes in immigration laws have increased the diversity of US population further. The diverse cultural background of the US voter base has grown substantially, centering especially in urban regions. Immigration issues continue to be debated in the United States. The forty-fourth president of the United States, elected in 2008, was a Black American named Barack Hussein Obama. And there are more ethnic and cultural groups represented in governorships, legislatures, and the US Congress. The Voting Rights Act of the 1960s struck down many historical barriers to eligible voters casting a ballot. Yet, issues around eligibility laws (what is required to prove one can vote), and gerrymandering (creating voting districts that favor particular sides), as well as who is eligible to become a citizen, or whether a criminal record should result in a lifelong forfeit of voting rights, all continue to be contested. These issues are being debated and decided in the separate states and districts at this time.

In other political areas, the United States withdrew from protracted military conflict in Vietnam in the 1970s following years of protests regarding that participation. There was a general reluctance to engage in international conflicts for the next few decades. In 1990, Iraq invaded Kuwait in the Middle East, leading to the first Iraq-US war. A series of attacks across a wide and diverse set of targets in the United States on 9/11 in 2001 led to a second set of armed interventions in the Middle East, with troops invading both Iraq and Afghanistan. Between 2001 and the end of 2011, 1.08 million Army, 333,000 Navy, 308,000 Air Force, and 280,000 Marine personnel were deployed (Baiocchi, 2013). These conflicts have continued in what is now the longest set of US armed engagements in American history. The Middle East policies and actions continue to hold political and community attention.

Normative shifts in national attitudes regarding sexual orientation and gender have also occurred during this time period. Social action in support of recognition and acceptance of human diversity regarding sex and gender brought changes in values, attitudes, policies, and laws relating to lesbian, gay, bisexual, transsexual, queer, and questioning groups. In 2015, the US Supreme Court approved "marriage equality," or the right of lesbian and gay couples to marry and have the privileges that marriage status confers. There are now fights over respecting these rights, recognizing the privileges, and the level of civility that should be expected for these couples.

The advance of technology in our lives is also a significant contributor to the present environment (Rideout, Foher, & Roberts, 2010). This comes in the form of cellphones, the internet, and the entire electronic social web that has developed around them. People are connected in ways never possible before. And they have access to information and to each other through technological links. Who does not have a cellphone? Who has not heard of Google, or Facebook, or Twitter? And the evolution of these vehicles for connection proceeds at a rapid pace. There seems to be a newer version of these devices every year. Taking note of these developments, there is a growing awareness of how these new ways of communicating and networking have transformed our social and personal lives (Reich, 2010; Reich, Subrahmanyam, & Espinoza, 2012).

Politically, a conservative Republican from Texas was elected US President in 2000, a liberal Democratic Black American from Illinois was his successor eight years later, and the elections of 2016 brought a billionaire Republican from New York, who won in the electoral college (based on the number of states voting for the presidency) but lost the popular vote by three million votes (total number of votes cast nationally for the presidency). Of course, the US constitution rules the election of the president to be based on the electoral-college vote. These are indicators of the American setting and its sociopolitical ambivalence or balance. The present-day social and cultural circumstances bring new challenges to community psychology. Many would say that the United States is divided along many lines: geographic, religious, urban versus rural settings, wealth, old versus new economies, conservative versus liberal orientation. What have we left out of this list? It could go on. And how might it be important to consider these aspects of separation? Or might it be more important to look at the ways in which we hold things in common? A belief in equality? democracy? The advantages of an American society which values enterprise, hard work, responsibility, fairness, and community?

The fifty years since the founding of American community psychology has brought many and varied social and cultural changes. This exploration and recitation of social and political changes could be repeated for each of the national settings in which community psychology has established its place in the social and biological sciences. The question should be to the reader to review those influences. Such an exploration demonstrated quite different histories around the world and led to a community psychology with different directions.

Fundamental Principles

As noted in the *Compact Oxford Dictionary*, *principles* are here defined as “a fundamental truth or proposition serving as the foundation for belief or action; or the rule or belief governing one’s behavior” (http://www.askoxford.com/concise_oed/principle?view=uk).

Tebes (2014, 2016) referenced several texts on community psychology (Kloos et al., 2011; Moritsugu et al., 2013) with his own experience in the practice of community psychology deriving eight fundamental principles. Further informed by the *Handbook of Community Psychology* (Bond et al., 2017; Smith et al., 2016), we would propose the following to capture what community psychology is today:

Ecological Foundations: It Is More than Personality That Determines Behavior

The Importance of Context and Environment

Let's start with the question, how to get people to behave in ways that are healthy for them? Do we need to change their personalities? Are there other influences on healthy behaviors? We take the position that our behaviors are governed by the expectations and demands of given situations, what might we do?

Student behaviors differ in lectures and outside the classroom. We have "inside" voices and "outside" voices. How might knowing this help answer our question?

Kurt Lewin (1936) formulated behavior to be a function of the interaction between the person and the environment $B = f(P \times E)$. So how can we use this in our plans?

Roger Barker (1965), one of Lewin's students, studied the power of "**behavior settings**" in guiding the activities of a town's inhabitants. People acted as they were expected to act. Elevators were good examples of a setting, which had clear behavior guidelines. What happens when the guidelines are violated?

Barker also found that given social settings required people to function well. When there were not enough people, they were **undermanned**. When there were too many, they were **overmanned**. When undermanned, people were welcomed to settings. When overmanned, newcomers were seen as competition and treated as such.

Behavioral community psychology reinforced the importance of context from a learning theory perspective. Both **discriminative stimulus** and **setting control** are contextual terms. In behavioral terminology, the "context" can be construed as the discriminative stimuli which signaled the display of certain behaviors had consequences that were desirable or undesirable. Behaviors reinforced in a given setting increased the probability of those behaviors in those settings or, in turn, behaviors punished in those settings decreased the probability of those behaviors (see Figure 1.1). A no-smoking sign usually suppressed smoking behavior. Reinforcing people for picking up after their dog led to increases in conscientious cleaning of dog litter and nicer, fresher neighborhoods (Jason & Zolik, 1981). When given feedback on their electricity usage, people reduced their consumption, and when feedback stopped, consumption returned to normal (Hayes & Cone, 1981).

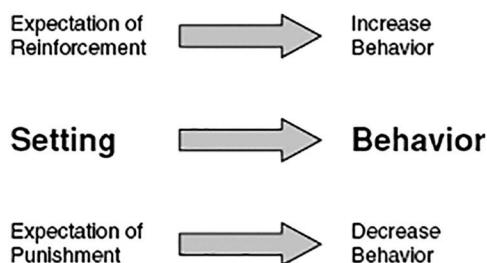


FIGURE 1.1 Setting Control

Beyond this strict behaviorist interpretation of context, social learning theorist Walter Mischel (1968) demonstrated different settings led to different behaviors. Behavioral tendencies appeared stronger in particular settings and weaker in others.

Behavioral community programs have been a part of the community psychology tradition for many years, contributing to the understanding of context and the power of learning theory in devising interventions (Bogat & Jason, 1997, 2000; Fawcett, 1990; Glenwick & Jason, 1980). This leaves us with the questions: What are the ways that we learn to live in community? What are the important settings or cues that direct our behavior?

So, attempts to describe reality need to acknowledge the many simultaneous effects of discriminative signals going on at the same time. We may be with an intimate friend, in a public place, having a conversation about finances, in the presence of a financial person, who is also a friend. All of these qualities of the situation have signals for how to behave and what is to be reinforced. This way of viewing the community context leads to specific recommendations regarding the definition of problems and derivation of solutions. The Community Toolbox provides excellent examples of specific skills to bring about community change (<https://ctb.ku.edu/en>).

While the behavioral community framework is helpful, the world is complex and dynamic. In such a world, Kelly's (2003) ecological principles provide a means to capture those qualities. Among the ecological principles were **interdependence**, **cycling of resources**, **adaptive capacity**, and **succession**.

Interdependence states that the elements within an ecosystem are related. Changing one element affects changes in other elements. Kelly (1980) described a baseball game being a good example of interdependence. Billy Martin, the one-time New York Yankees baseball manager, described every pitch in every game to be different (Angell, 1980). Each pitch required calculations of factors such as weather, wind, time of day, ballpark, personnel, positioning, order at bat, pitcher, and number of pitches. You can see the shifts in the infield and outfield, types of signals given, types of swings attempted, and other changes in strategy and tactics. To the uninformed or uninvolved, the baseball game can seem a quiet, leisurely sport to which one can be intermittently engaged. To those who know, its complexity is never ending and a source of continuing fascination. Action in the community requires a similar calculation of various interacting parts. Resources, players, activities, traditions, values, history, and culture are some of the interdependent elements of community psychology. Pragmatically, it calls for the community psychologist to think beyond the most immediate change. Rather, how does one change bring about other changes?

The second principle of Kelly's ecological model is the **cycling of resources**. This follows the First Law of Thermodynamics, which states that the amount of energy in a system remains constant. If there is an expenditure of energy in one area, it is the result of transfer of energy from another area. For resources to be dedicated to one area, they must come from another area. So the community must choose where to attend and where to expend its energy or resources. In order to provide more funds for education, some roads may

not be repaired, or to have more road funds, some education funds may be needed. This becomes especially apparent in economically lean times.

The third ecological principle deals with **adaptive capacity** to a given environment. Those with better abilities to deal with their environment are more likely to survive, and those with greater ability to deal with a broader range of environments should find a greater number of settings in which they can live. And so what is important is not just adaptation to one environment but also the adaptive range enabling the organism to survive across many situations. One might figure that the argument for flexibility and openness to social and cultural variation would allow a person to do well in more social and physical situations. Community cultures allowing us to learn and to live and to change our living situations across a wide array of settings allow for more successful adjustment to a variety of changes. If our weather were to change, how open are we to changing what we do? One of the authors went from Hawaii to upstate New York. When winter came, it got cold. One day, the winter skies cleared. In Hawaii, clear skies meant warm weather. Blue skies in upstate New York in the middle of winter meant the exact opposite. It was colder. Much colder. Make that mistake once, and the person who lives to talk of it again learns very quickly, or risks death. A community that notes warming, or cooling, changes in economic opportunities, or shifts in demographics needs to change to deal with these changes or otherwise it will fail. Those who do this better survive and thrive.

Kelly's final ecological point is that of **succession**. One thing follows another in a fairly predictable manner. We might think of the Queen of England and who would succeed her when she is gone. Which of the princes or princesses comes next? And after him or her, who else? They have it all worked out. This person follows, and when they are gone, the next in line follows, and so on and so on. A similar type of consideration is made with the President of the United States. If he or she were to be incapacitated while in office, the Vice President takes charge, and if the Vice President is unable to do the job, the Speaker of the House is next in line. Of course, the President can also be succeeded following elections. And the process of moving from one President to the next is laid out in predictable fashion, from the elections in November to the swearing in January. All of this is to say that with time, changes can occur. With the passage of time, there will be someone or something new. Settings and organizations change. Just like a college student moves from freshman to senior, and spring follows winter, a decline in one industry leads to opportunity for new industries. Succession requires the community psychologist to appreciate these changes (Table 1.1).

Kelly (2010) later added to this list the need to understand the **cultural contexts** within which the person and group reside. Culture provides the values, practices, and symbols that direct and drive both the person and the environment. He noted that true to the principle of interdependency, the community psychologist should be aware of how the work **transforms** both the psychologist and the community (Kelly, 2010).

The ecological model also calls attention to the question of **person-environment fit**. Does the person have the characteristics to succeed, given the environmental

TABLE 1.1 Ecological Principles

1	Interdependence—Elements of the environment influence each other.
2	Adaptation—An organism must be able to change as the environment changes.
3	Cycling of resources—Resources are exchanged in a system such as money for goods.
4	Succession—Change occurs; nothing is static.

Source: Adapted from material in Kelly, J. (2006). *Becoming ecological*. New York: Oxford University Press.

expectations and demands? Will someone who is short do well in a place where all the important objects are placed seven feet off the floor? Or in a basement apartment with six-foot ceilings, can a tall person live comfortably? This person-environment fit works in psychological terms as well. The person-environment fit concept is well embedded in community psychology (Pargament, 1986; Trickett, 2009). Early on, Rappaport (1977) explained that the **ecological perspective** required an examination of the relationship between persons and their environments. The establishment of the optimal match between the person and the setting should result in successful adaptation of the individual to his or her setting. This provides an alternative way of understanding problems. Sometimes the environment can be changed, sometimes the person might be changed, so as to get a good fit.

Moos measured **person and environment fit** by assessing a person's perception of the environment and that person's desired environment in Social Climate Scales (Moos, 1973, 2003). The discrepancies between the real and the ideal would be compared. Where there were small differences (good fit), we would expect the person to be happier. Where there were large differences (poor fit), the person would have problems. Note this differed from most psychological evaluations that focused on the characteristics of the person alone. The traditional assumption was that the person was the sole cause of how well they did. This purely trait-type focus has been critiqued by social-behavioral personality theorists Mischel (1968, 2004) and Bandura (2001) and by early and contemporary community psychologists (Kelly, 1968, 2006a; Rappaport, 1977; Shinn & Toohey, 2003; Trickett, 2009).

The ecological perspective recognized that people and environments did not always fit, and that this was a problem. However, people and environments influenced each other. Individuals changed the settings in which they found themselves and, in turn, settings influenced the individuals in them (Bandura, 1978, 2001; Kelly, 1968, 2006; Kuo, Sullivan, Coley, & Brunson, 1998; Peterson, 1998; Seidman, 1990). If something was a problem with the person and environment fit, *both* could adapt to some degree.

For example, using a person-environment fit model helped to explain a study of urban Mexican-American families in the Southwest United States. The poorest immigrant families were found to do better living in low-income immigrant neighborhoods. More

successful immigrant families living in mixed neighborhoods had increased risk for problems. The match between persons and neighborhoods influenced adjustment outcomes (Roosa et al., 2009).

Given the ecological framework, community psychology research and action consider more than the individual. The more thoroughly the person and their environment is understood, the more effective the interventions that can be implemented.

Urie Bronfenbrenner (1977) proposed a framework of different environmental layers that influence an individual. The “immediate system” or **microsystem** is the one containing the individual, with its physical features, required activities, and assigned roles. An example of a microsystem might be a home, where there are specific physical, social, and psychological constraints and rules for behavior. In some homes, a person might be expected to take off their shoes as they enter the house. In other homes, taking off one’s shoes and exposing one’s socks would be considered rude. In certain homes, voice level is quieted, where as in other homes, there are no changes. Other examples might be the classroom, the playground, a family, or a sports playing field. These microsystems directly influence the individual, and, in turn, the individual can directly influence the system.

Bronfenbrenner’s next ecological level is the **mesosystem**, which is a “system of microsystems” that interact with each other (Bronfenbrenner, 1977, p. 515). Two microsystems (a family and a school) connect and communicate. Research has shown the advantages of clear linkages between the school and the family on the child’s school adaptation and academic performance; better collaboration between school and communities leads to better student outcomes (Adelman & Taylor, 2003, 2007; Warren, 2005). 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 (Masten & Coatsworth, 1998). The “system” then can lead to feelings of connection or disconnection among the microsystems; the collection of social, material, and political resources; or the alienation of the various components from each other (Figure 1.2).

Beyond the mesosystem is the **exosystem**, which does not immediately contain the child or individual. The exosystem nonetheless can influence the microsystems and mesosystems. Public agencies such as school boards or city councils could impact the meso- and microsystems. Family member work settings could impact the family members (parents or sibs), who, in turn, populate the micro- and mesosystems.

At the furthest level is the **macrosystem**, which does not contain specific settings. The macrosystem holds the laws, culture, values, or religious beliefs that govern or direct the lower systems. Being in the Southwestern United States brings certain cultural and regional values and behaviors. These may markedly differ from other settings in Vancouver, Canada; Barcelona, Spain; Auckland, New Zealand; or Hong Kong, China. Bronfenbrenner proposed an individual’s behavior was best understood with an awareness of these external systems. In turn, more effective interventions addressed behaviors from this systemic ecological perspective.

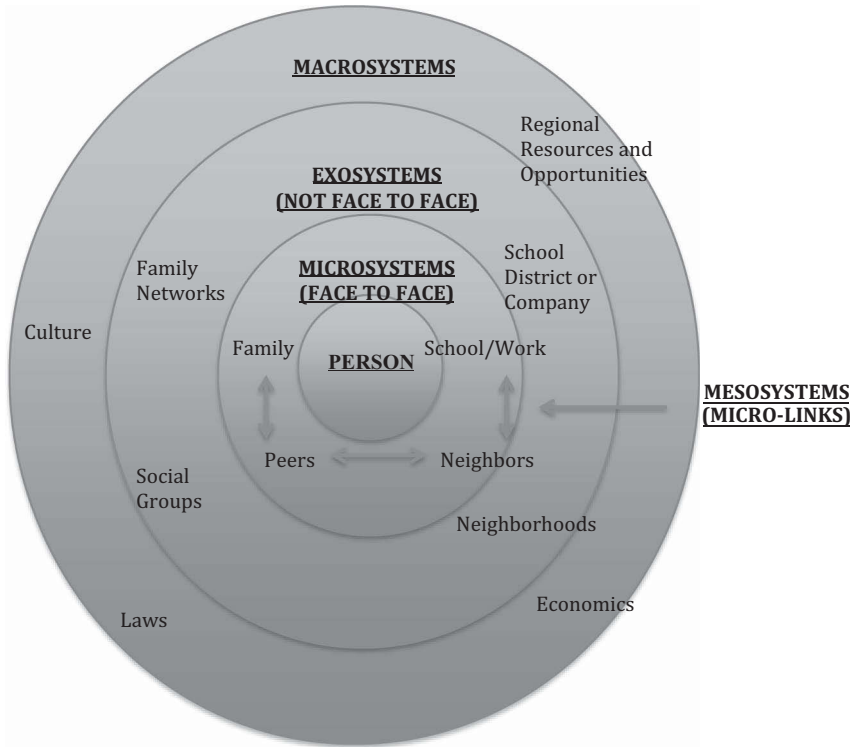


FIGURE 1.2 Bronfenbrenner's Ecological System Model. A person is embedded within various systems that exert an influence on that person. Derived from Bronfenbrenner (1993). Ecological models of human development. In *International encyclopedia of education*, Vol. 3 (2nd ed.). Oxford: Elsevier.

CASE IN POINT 1.2 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). This PSC has become one of the most popular concepts to emerge from community psychology. PSC is an individual's perception of group membership.

Among the many groups whose PSCs have been studied are Australian Aboriginals (Bishop, Colquhoun, & Johnson, 2006), Native American youth (Kenyon & Carter, 2011), Afghan women (Brodsky, 2009), German naval personnel (Wombacher, Tagg, Burgi, & MacBryde, 2010), gay men (Proescholdbell, Roosa, & Nemeroff, 2006), churches (Miers & Fischer, 2002), university classrooms (Yasuda, 2009), and the

continued

seriously mentally ill (Townley & Kloos, 2011). As Peterson, Speer, and McMillan (2008) said, sense of community is a “key theoretical construct” to community psychology.

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 a decline in children’s mental health (Caspi, Taylor, Moffitt, & Plomin, 2000) and an increase 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 noted 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)

continued

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).

Early concepts of sense of community were 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.

There have been a variety of criticisms and alternatives to this conceptualization of PSC (Jason, Stevens, & Ram, 2015; Long & Perkins, 2003; Tartaglia, 2006). All found three and not four elements. Tartaglia (2006), using an Italian sample, produced a three-factor measure that included attachment to place, needs fulfillment and influence, and social bonds. 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 his study, "cohesion" was based on a PSC, neighboring (visiting and being visited), and attraction for the community ("I like being here").

The latest conception of PSC (Jason et al., 2015) found an ecological basis for a three-dimensional model that held high reliability and validity:

- 1 The sense of self-identity with the community (Individual) ex. I see this community as my community.
- 2 Membership relations with group members—dependable and helpful (Microsystem) ex. There are clear benefits to belonging to this community.
- 3 Identification with the community entity—importance of the community (Macrosystem) ex. I feel connected to this community.

These three dimensions were all important to the measurement of a "psychological sense of community" (Jason et al., 2015).

Multiple Levels of Intervention: Beyond the Person and a Focus on Systems Change

Ecology and context suggest that change can be achieved through altering the environment as well as the individual. Success is defined by the ecological fit of the person with their environmental context. Much of clinical psychology works to have the person adapt to their environment. Community psychology attempts to change **both** the environment and the individual. Community interventions are thought of as multilevel, including the person and the external influences on the individual. Changing the person might help them to fit the situation, but the situation itself can be changed so as to deal with the problem. Toward these ends, interventions may be seen to address problems by changing the individual, changing the environmental system, or changing the culture and assumptions in which the system abides.

First-order interventions seek to ameliorate a problem by changing the individual to fit the situation better.

Second-order interventions transform the problem at the system/ecological/context level so that the system/ecology/context no longer poses a problem for the individual; a change in the system is brought about.

Third-order interventions bring a transformation of the culture or values that underlie the system; the change is to a totally new system (Jason, 2013; Watzlawick, Weakland, & Fisch, 1974).

The classic story is told of the heroine who sees someone being swept down river and in danger of drowning. She jumps into the river and saves the drowning person. A second person is then spotted struggling in the river. Again the heroine intervenes and pulls the person to shore. But soon, a third person is seen swept down the river. On seeing this, the heroine runs upstream to find out why so many are being swept away. Finding a broken fence along the river's edge, she mends the fence which placed all the people in danger of falling into the river. Of course saving the drowning people was important (first order), but getting the fence structure fixed saved more people over a longer period of time (second order). An even better solution would deal with why people were walking so close along the river at all (third order).

Can you, the reader, think of an example of first-, second- and third-order interventions for a problem facing the community? So, a first-order change has the individual dealing with her or his environment better, a second-order change has the environmental structures or systems changing to better fit the individual, and a third-order change brings a shift in culture. Community psychology deals with individuals and the structures and cultures that influence them. Community psychology has aspired to address second-order changes. The tendency in the United States has been to look for first-order changes (Evans et al., 2017; Francescato, 2017; Rappaport, 1977, 2017). The challenge is to bring about more second- and third-order changes. Explicit in these calls for higher-level changes is a rejection of **hegemony** (the monopoly of ruling class assumptions of the world).

When thinking systemically and ecologically, it is helpful to consider resources, who has those resources, and the processes by which those resources are distributed (Seidman & Tseng, 2011; Tseng & Seidman, 2007). Examples of resources could be money, information, or access to those in charge. These resources are organized so that some have more of them, making the distinction between the “have’s” and the “have not’s.” And finally, there are the “processes” that determine what the resources are, why they have value, and who gets them. The processes may be formalized, that is, determined by a set of written rules, or they may be informal, with communications along assumed lines, decisions made by unidentified or unknown individuals, and the rules ambiguous and unwritten, “it is just how things are done.”

Traditional psychologists focus on how the processes work within a system (who talks to whom, how people communicate with each other, the clarity of communications). But dramatic changes can be achieved by altering the resources (what is considered important, or how much of a resource there is). Also, shifts in who has the resources (money, power, access to decision-making) can bring change to the system. A consideration of the ecology and the context provides new ways of intervening to achieve a given goal. As the ecological model in community psychology indicates, the focus is on building resources and alternatives to the status quo (Howe, 2017; Rappaport, 1977).

American community psychologists have been criticized for not being systemic enough in their approaches (Evans et al., 2017). The promise of understanding the underlying structural and systemic issues that contribute to problems has been left largely unfulfilled. The person focused solutions, where individuals were better prepared to accommodate to existing systems, appeared most often in the research and applied literature (Seidman, 2015). Since the ecological model frames problems as an interaction between people and their environment, the direction is for more systemic/environmental work. Accomplishments have been made in dealing with issues of violence (Allen & Javdani, 2017; Ceballo, Ramirez, Maltese, & Bautista, 2006), economic opportunity (Shinn & McCormack, 2017), structural racism (Gone, 2017; Jagers, Mustafaa, & Noel, 2017; Sanchez, Rivera, Liao, & Mroczkowski, 2017; Tran & Chan, 2017), educational disparities (Strambler, Linke, & Ward, 2017), and/or gender bias (Gridley, Turner, D’Arcy, Sampson, & Madyaningrum, 2017). Yet, all call for more work beyond a strictly person focus.

An Appreciation for Diversity and Culture

An ecological focus brings the realization of diversity within communities. At one time, psychology was in search of universal principles that would transcend culture or ethnicity. The group sampled to establish these universals tended to be White, middle-class college students. The irony in this did not escape psychologists (Guthrie, 2003; Pedersen, 2008; Rappaport, 1977; Trimble, 2001). Recognizing and respecting differences in people and their cultural and ancestral heritage are important to community psychology that recognizes an ecological framework to understanding human behavior (Rappaport, 1977; Trickett, 2009).

TABLE 1.2 The ADDRESSING Framework for Diversity

Age
Developmental and acquired Disabilities
Religion
Ethnicity
Socioeconomic status
Sexual orientation
Indigenous heritage
National origin
Gender

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.

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 ten categories in her system for noting diversity (see Table 1.2, the ADDRESSING system). Okazaki and Saw (2011) would add to this list an eleventh 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, then 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 results in avoiding comparisons of diverse populations with these same perceived mainstream cultural standards and thus labeling these different others as “deficient” or “deviant” (Snowden, 1987). And such a recognition of diversity increases our ability to design interventions that are culturally appropriate and so 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). He believed these variables of cultural capacity to be just as important as, if 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 the lack of Spanish-speaking and Spanish-surnamed populations in mental health systems. The recommendations of barrio- (neighborhood) and family-focused services have been models of what community-based services should be.

Bernal and Sáez-Santiago (2006) described a framework (see Table 1.3) for deriving what Pederson (1997) called “culturally centered” community interventions.

The recognition of diversity within populations has slowly but steadily been growing. Early issues of community psychology journals had about 11 percent of their articles addressing ethnic minority populations (Loo, Fong, & Iwamasa, 1988). Martin, Lounsbury, and Davidson (2004) found this rate to be more than double in the time period from 1993 to 1998, with approximately 25 percent of the articles in the *American Journal of Community Psychology* addressing diversity issues.

TABLE 1.3 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.

The study of ethnic minority groups is really just the practice of **good science** (Sue & Sue, 2003). Given our understanding of population (those people in whom we are interested) and sample (a subset of those in whom we are interested), an accurate sampling requires recognition of who is in 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**” since all communities were best understood within their specific cultural contexts. Trickett (1996) 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,” on the culture studied. Cultural considerations are at the very bases of our science: what are legitimate questions, how are we to know, what are the philosophical foundations to our understanding of reality (Gone, 2006; Tebes, 2016, 2017; Trickett, 2009).

The subtleties, contradictions, and dilemmas that arise from the intersection of many types of diversity within our communities make for even more complexity and fluidity (APA, 2017; Bond & Harrell, 2006; Trickett et al., 1994). Culture and ethnicity, gender, sexual orientation, and class are among the important dimensions that together create a sense of self and of community.

While an appreciation of diversity has been important to community psychologist’s work, research has found that the creation of community occurs most easily within homogeneous populations. This tension between diversity and similarity, and the creation of community is important to address (Townley, Kloos, Green, & Franco, 2011). In turn, Stivala, Robins, Kashima, and Kirley (2016) found that indeed people tended to group together based on similarities. This tendency to “sit together” and “live together” was overcome when diversity was “sufficiently large,” i.e. learned “cultural” similarities helped bring people together.

This text presents numerous studies on specific ethnic and cultural groups, as well as considerations of gender, sexual orientation, and social class. Diversity is a part of today’s society and integral to any ecological considerations of community (Bernal & Castro, 1998; Kelly, 2006b; Rappaport, 1977; Trickett, 1996, 2009). The field of psychology in the 1960s was less appreciative of its importance to understanding human behavior. Community psychology has been among those who championed the importance of such consideration of diversity (Bond et al., 2017; Ruiz & Padilla, 1977; Rappaport, 1977; Snowden & Cheung, 1990; Sue, Nakamura, Chung, & Yee-Bradbury, 1994; Trickett, 1996). Of note is the American Psychological Association’s (2017) newest *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*. The title speaks for itself. Ecological thinking has had a profound impact on the field of psychology’s considerations of diversity.

Think systemically, ecologically, and with appreciation for diversity. Beyond the principles outlined here, several concepts have high currency within the field. We examine them next (Box 1.1).

Box 1.1 Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017

Guideline 1. Psychologists seek to recognize and understand that identity and self-definition are fluid and complex and that the interaction between the two is dynamic. To this end, psychologists appreciate that intersectionality is shaped by the multiplicity of the individual's social contexts.

Guideline 2. Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities.

Guideline 3. Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact. Psychologists also seek to understand how they bring their own language and communication to these interactions.

Guideline 4. Psychologists endeavor to be aware of the role of the social and physical environment in the lives of clients, students, research participants, and/or consultees.

Guideline 5. Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services.

Guideline 6. Psychologists seek to promote culturally adaptive interventions and advocacy within and across systems, including prevention, early intervention, and recovery.

Guideline 7. Psychologists endeavor to examine the profession's assumptions and practices within an international context, whether domestically or internationally based, and consider how this globalization has an impact on the psychologist's self-definition, purpose, role, and function.

Guideline 8. Psychologists seek awareness and understanding of how developmental stages and life transitions intersect with the larger biosociocultural context, how identity evolves as a function of such intersections, and how these different socialization and maturation experiences influence worldview and identity.

Guideline 9. Psychologists strive to conduct culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, diagnosis,

continued

dissemination, and evaluation of efficacy as they address the first four levels of the *Layered Ecological Model of the Multicultural Guidelines*.

Guideline 10. Psychologists actively strive to take a strength-based approach when working with individuals, families, groups, communities, and organizations that seek to build resilience and decrease trauma within the sociocultural context.

Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017, Adopted by the APA Council of Representatives, August 2017.

Downloaded on July 20, 2018 from: <http://www.apa.org/about/policy/multicultural-box>

Prevention and Promotion



Types of Prevention

The Swampscott Conference's focus on **prevention** rather than treatment was inspired by a public health orientation (Heller et al., 1984; Kelly, 2010) and work in child and social psychiatry (Caplan, 1964). 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). Dubois (2017) noted that between 2010 and 2014, nearly 30 percent of the articles in the *American Journal of Community Psychology* contained the term prevention or promotion (or their equivalent) in their title or abstract.

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; (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 remain (Vera & Polanin, 2012).

Prevention might counter traumatic reactions before they begin, 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. In the following chapters, you will read about a variety of techniques in prevention: education, altering the environment, development of alternate interventions, and public policy changes.

Community psychologists 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, so, too, can primary preventive strategies 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 health, physical, and emotional (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, youths at a particular high school who have parents that are substance abusers or addicts might be helped by secondary preventive efforts directed at keeping them 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 et al., 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 that the methods used may vary dramatically between tertiary and 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.

A second method for defining prevention was provided by Mrazek and Haggerty's (1994) Institute of Medicine (IOM) report. They described three types of prevention based on the target populations involved. The first was a **universal** prevention program, which addresses the general public. Here, the effort is to help the total population, as is the case with most primary prevention efforts. The second was a **selective** program, aimed at those considered at risk for future development of problems, as is the case with most secondary prevention efforts. These risk factors may be biological, social, or psychological in nature. Last, there were **indicated** prevention programs for those who are starting to show symptoms of disorder. This category was not analogous to tertiary prevention, however. The IOM definitions of prevention were clear that once a problem had already manifested, the intervention was no longer considered prevention; thus, relapse prevention was considered *treatment* in this model. They also made a distinction between illness prevention programs and health promotion programs. The authors pointed to the difference between programs that focused on the avoidance of symptoms and programs that focused on the development of personal potential and sense of well-being. The first

type of program was successful when a phenomenon did not appear (i.e. a symptom), and the second type of program was successful when a phenomenon (e.g. a new skillset) did appear. Cowen (2000b), Romano and Hage (2000), and Weissberg, Kumpfer, and Seligman (2003) argued for a synthesis of the prevention and promotion components. They pointed out that promotion of well-being did have a positive effect on the prevention of disorder. Romano and Hage (2000), for example, broadened the definition of prevention to include the following: (a) stopping a problem behavior from ever occurring; (b) delaying the onset of a problem behavior; (c) reducing the impact of a problem behavior; (d) strengthening knowledge, attitudes, and behaviors that promote emotional and physical well-being; and (e) promoting institutional, community, and government policies that further physical, social, and emotional well-being. This more inclusive definition of prevention emulated the evolution that had occurred within the field in conceptualizing the different facets of prevention.

Strengths and Competencies

Marie Jahoda (1958) highlighted the advantages of examining our strengths rather than our weaknesses. The absence of mental illness did not make one mentally healthy. **Mental health** was defined by the presence of positive qualities such as a healthy sense of self, and an orientation to growth and development (see Table 1.4, Jahoda’s list). **Competence**, a sense of mastery when interacting with the environment, was important to living (White, 1959). 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. Over the years, community psychology authors have noted this shift in focus from pathology to adaptive success (Cowen, 2000a; Keyes, 2007; Rappaport, 1977). Cowen (2000b) argued for the more comprehensive and forward-looking wellness enhancement model for dealing with

TABLE 1.4 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: Basic Books.

mental health. He saw five conditions to enhance wellness: promoting wholesome early attachments, rooting early core competencies, engineering wellness-enhancing settings, acquiring effective stress coping skills, and empowerment. Keyes (2007) believed “mental flourishing” a better indicator of well-being than the mere absence of mental illness.

Community psychology’s historic challenges to the pathology-focused fields of psychiatry and psychology have more recently been joined by the positive psychology movement (Seligman, 2007; Seligman and 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) were apparent but not clearly described (Schueller, 2009). Positive psychology’s research has been on the individual and lacked consideration of positive environments. Those in community psychology have studied the necessary components to a high-functioning environment (Moos, 2002, 2003). Three environmental factors working together led to well-being and productivity: strong social ties, emphasis on personal growth, and a clear structure.

A strength and competence focus was embraced from the very first days of the Swampscott Conference (Bennett et al., 1966). The focus on the positive aspects of the community and of its members shifted the focus of research and interventions to the ways in which people succeed despite adversity. These strengths have been found to be common to our communities, to be readily mobilized, and to be both effective (Masten, 2009). We will see examples of the research that contributed to these conclusions in Chapter 3 when we look at stress and resilience.

This approach to individuals and communities directly addressed an early complaint against social and psychological tendencies of that time. 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 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 the result of personal weaknesses? What if these people were appreciated for their strengths and competencies? Ryan argued that the cause of many problems was the *lack* of power and not an inferiority of person.

CASE IN POINT 1.3 Does Primary Prevention Work?

A review of the literature examining the efficacy of primary prevention programs came to the conclusion: primary prevention works. There are basically two types of prevention: person-centered and environmental-centered. Person-centered interventions are those that work directly with individuals who may be at risk to develop disorders and typify many prevention strategies (e.g. skill building, psychoeducation) (Conyne, 2004). Environment-centered interventions work indirectly to benefit individuals by impacting the systems in which those individuals reside. The systems

continued

targeted in environment-centered interventions could be familial, community, or organizational in nature. While community psychologists have a preference for environment-centered prevention over person-centered, you will read about both types of prevention in forthcoming chapters.

Throughout this book, you will also read about the uses of preventive programs in various settings in which psychologists work, whether they are industrial settings, law enforcement agencies, mental health agencies, or sports programs in communities. It is incumbent on psychologists, no matter where they work, to be knowledgeable about appropriate interventions and prevention techniques (Price, Cowen, Lorion, & Ramos-McKay, 1988). As Felner (2000b) cautions, the true preventive program is one that is intentional with regard to its theoretical basis, its understanding of causal pathways, and purposeful planning and execution of programs to intercept those pathways to gainful ends.

Community psychologists applaud prevention efforts, especially those aimed at primary prevention. Can one demonstrate, however, that primary prevention works? As mentioned previously, it is complicated to show that a problem which does not (yet) exist has been successfully impacted by a prevention program. Primary prevention programs, however, have been around a long time. Some have been individually evaluated, but not until the 1990s did researchers set out to determine whether, overall, primary prevention works. Fortunately, several major statistical reviews of the literature, called **meta-analyses**, have been performed in the last 20 years. Each set of researchers came to the same conclusion: primary prevention *does* work! It is helpful to understand why the converging conclusions of these studies are rather astonishing.

In the early 1990s, at the request of the US Congress, the IOM (Mrazek & Haggerty, 1994) performed a statistical review of the mental health literature. Using “reduction of new cases of mental disorder” (p. 9) as its definition of *primary prevention*, the IOM generated 1,900 journal citations on primary prevention of mental health problems. Overall, the institute found that primary prevention, as previously defined, does work. A quote from the final report divulges their conclusions:

With regard to preventive intervention research . . . the past decade has brought encouraging progress. At present there are many intervention programs that rest on sound conceptual and empirical foundations, and a substantial number are rigorously designed and evaluated.

(p. 215)

Shortly thereafter, Durlak and Wells (1997) completed a statistical review of the literature on primary prevention of mental health disorders. In this instance, the researchers examined programs only for children and adolescents. Using 177 programs designed to prevent behavioral and social problems, such as depressive reaction to parental

continued

divorce, they, too, found empirical support for primary prevention. For example, the average participant in the primary prevention programs surpassed the performance of between 59 and 82 percent of children in control groups, depending on the study. A quote from their journal article summarizing their findings again lends support to the notion that primary prevention, at least of mental disorders, is effective: "Outcome data indicate that most categories of primary prevention programs for most categories of primary prevention programs for children and adolescents produce significant effects. These findings provide empirical support for further research and practice in primary prevention" (p. 142).

Psychologist Emory Cowen (1997a) compared both of these statistical literature reviews and concluded that although there was amazingly little overlap in the citations each set of researchers used, the concept of primary prevention is sound. One other point he made is that each meta-analysis used a different definition of *primary prevention*. Recall that the IOM's study definition was "reduction of new cases of mental disorder." Durlak and Wells defined *primary prevention* as reducing potential for mental health problems (like the IOM) *as well as* increasing the competencies (or well-being) of the prevention program participants. After his comparison, Cowen concluded that research on primary prevention programs is both positive and encouraging for the future.

In 2010 and 2011, Durlak and his colleagues updated the literature on whether programs that increase specific competencies for children and adolescents work. One study (Durlak, Weissberg, & Pachan, 2010) looked at the success of after-school programs that seek to promote personal and social skills in children and adolescents. Results from 75 reports evaluating 69 different programs (the majority conducted after 2000) were included in the meta-analysis. In general, after-school programs yielded positive effects on participants compared to control groups. Furthermore, they found that programs that contained all the following characteristics were more effective than those that did not: *Sequenced*: Does the program use a connected and coordinated set of activities to achieve their objectives relative to skill development? *Active*: Does the program use active forms of learning to help youth learn new skills? *Focused*: Does the program have at least one component devoted to developing personal or social skills? *Explicit*: Does the program target specific personal or social skills? After school programs that had these characteristics were associated with significantly increased participants' positive feelings and attitudes about themselves and their school (child self-perceptions (effect size = .37) and school bonding (effect size = .25)), and their positive social behaviors (.29). In addition, problem behaviors were significantly reduced (effect size = .30). Finally, there was significant improvement in students' performance on achievement tests (.20) and in their school grades (.22). In 2011, Durlak, Weissberg, Dymnicki, Taylor, and Schellinger conducted a meta-analysis of 213 school-based, universal social and emotional learning (SEL)

continued

programs involving 270,034 students in kindergarten through high school. Compared to controls, SEL participants demonstrated significantly improved social and emotional skills, attitudes, behavior, and academic performance that reflected an 11-percentile-point gain in achievement. Thus, these more recent studies suggest that policy makers, educators, and the public can contribute to healthy development of children by supporting the incorporation of evidence-based SEL programming into standard educational practice and the availability of after-school programs as a mechanism for prevention.

Developmental and Longitudinal Perspectives

The preventive model assumes an awareness of human development and the trajectories that help or hinder health or pathology (Cicchetti & Toth, 1992; Masten, 2001; Sroufe & Rutter, 1984). “The successful resolution of each (developmental) stage-salient issue is marked by the integration and organization of its structures, domains, and contents, each issue of development is integrated and coordinated with subsequently emerging issue” (Cicchetti & Toth, 1992, p. 490). Embedded in these perspectives are ecological and systems considerations, and the realization of the importance of the transactions of environment and person (Sameroff, 2010). In what is called a dialectical model, “there is an interpenetration of opposites in that one’s nature changes one’s nurture and conversely one’s nurture changes one’s nature” (Sameroff, 2010, p. 9). In longitudinal studies of development, the positive adjustment was shown to be related to a variety of promotive factors aiding in the successful negotiation of life tasks over time (Sameroff, 2006, 2009).

There have been several examples of the developmental and the longitudinal contributing to prevention and promotion programs. Ozer and Russo (2017) presented examples of community interventions at specific developmental phases. Among the programs were those targeting mothers and their newborn infants (Olds, Saddler, & Kitzman, 2007), emotional learning in school settings (Greenberg & Turksma, 2015), and the creation of neighborhoods “friendly” to those aging in place (Scharlach, 2012). Ryff (2014) described the usefulness of a model of well-being evolving across the life span. Life tasks change as do the social expectations of skills and issues. Such a model provided the basis for understanding growth and problems with adjustment (Masten, 2001). So, the developmental perspective proved important to understanding the issues and possible solutions for groups within the community. And the addition of a contextual and transactional perspective further helped in elucidating health and problem trends and how to address them.

Community psychology research has also shown the importance of environmental factors to the various age level-related tasks. Way, Reddy, and Rhodes (2007) found the teacher-student relationships to be important to middle school adjustment. Gardner and Brooks-Gunn (2009) discovered that more youth organizations in a neighborhood related to lower levels of youth violence. This occurred whether or not the individual youth member was in the

youth organization. The existence of these organizations reflected an engaged environment, which served to decrease violent behaviors. The importance of positive connections to the community provided access to skills and emotional support which is helpful in dealing with life. This will be further described in Chapter 3, under stress and resilience.

Social Justice and Empowerment

Social Justice



Social justice is a value or aspiration that is best understood in contrast to social *injustice* (Vidal, 2017). 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 (Giles & Liburd, 2007), discrimination experienced by members of particular ethnic, gender, or religious groups, and the homophobia to which gay, lesbian, and bisexual individuals are exposed (Braveman et al., 2011) are examples of social injustices which you will read more about in this text. While 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.

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 it is not merely examining how resources are

ultimately distributed, but rather creating equitable processes that determine the allocation of resources that define true social justice (Vera & Speight, 2003). In a definition of social justice that focuses on process, versus outcome, it could be the case that some groups 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.

There are different definitions of social justice that 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.

Vidal (2017) offers another helpful way of understanding social justice. *Substantive justice* is the set of conditions that people need to live a dignified life. This would include a safe place to live, food on the table, being connected to others in a community, and the ability to feel good about oneself. *Distributive justice* is a fair allocation of resources (wealth, power, goods) that allows people to have equal opportunities to be successful. *Procedural justice*, referred to in the previous paragraph, refers to treating people in equitable, not necessarily equal, ways. In other words, procedural justice allows people to speak out and receive what is needed to ensure fairness, which sometimes means that one group gets more than another group.

So how do community psychologists contribute to a goal of social justice? 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 explain practices of privilege and domination, and how they are used to **oppress** others. 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, bisexual 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 connection between 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 that is specifically concerned with fighting injustice called liberation psychology. 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 will be described throughout this book.

Empowerment

Empowerment is a value, a process, and an outcome (Zimmerman, 2000). As a value, empowerment assumes individuals and communities have strengths, competencies, and resources and are by nature non-pathological. As a process, empowerment is a way in which individuals and communities feel that they have control over their lives, including the structures and policies that influence those lives. As an outcome, empowerment leads to a feeling of efficacy, the belief that one has power over one’s destiny. It is the opposite of helplessness. Notably, Bandura (2000, 2006) has written extensively on the advantages of “agency” (feeling able to influence one’s own life and circumstances), as manifested in “self-efficacy” (an individual’s belief that one can bring about change) and “collective-efficacy” (a group’s belief in their ability to bring change). Empowerment seeks to encourage agency and efficacy.

Empowerment is viewed as a process: the mechanism by which people, organizations, and communities gain mastery over their lives.

(Rappaport, 1984, p. 2)

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)

Within a work setting, there are several types of empowerment (Foster-Fishman, Salem, Chibnall, Legler, & Yapchai, 1998). Job autonomy (control over and influence on the details of their 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 they offered the following: inspiring **leadership**, power role **opportunities**, a socially **supportive environment**, and a **group belief** in the power of its members (Maton, 2008; Wilke & Speer, 2011).

Attempts at youth empowerment have come in a variety of forms with differential success. Reviewing relevant youth programs, Wong, Zimmerman, and Parker (2010) noted empowerment programs varied from total control by youth to shared control involving both youth and adults in decision-making and action roles. The process itself was best seen as transactional, with both adult and youth contributing to the outcomes (Cargo, Grams, Ottoson, Ward, & Green, 2003). Adults helped by contributing a welcoming and enabling setting. They could serve as mentors helping to increase the skills necessary to accomplish required tasks (Zimmerman, Stewart, Morrel-Samuels, Franzen, & Reischel, 2011). Youth contributed by engaging with others in positive and constructive decision-making. Together, their contributions built on each other's behaviors. The opportunities increased youth's belief in their ability to bring change (agency) and their knowledge and skills about community decision-making. These experiences in leadership were seen to increase self-efficacy, which was associated with better persistence, more effort, and greater likelihood of success (Bandura, 1989, 2006). Empowerment occurs at the organizational and the community level (Zimmerman & Eisman, 2017).

The concept of empowerment has not gone without criticism. Empowerment often leads to individualism and thus 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.

In an interesting study in India, it was found that contact with other minority groups increased the social activist tendencies in students (Dixon et al., 2017). It was believed that such contact allowed for the groups to find common cause and thus empower those minority groups. Such studies may provide new directions in the conceptualization of empowerment.

The concept of empowerment was proposed early in the history of community psychology as an alternative to focusing on deficits and pathology (Rappaport, 1977). It has served as a guiding principle theory within the field (Zimmerman & Eisman, 2017). The link between empowerment and social justice may be self-evident, but let us define social justice as a value before making this link.

Social Change and Action

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. Yet, the promise of social change has not been realized in much of community psychology work in America (Prilleltensky, 2008, 2009).

There have been calls for American community psychology to better address issues of social change and move beyond interventions focusing on better fitting the person into the environment and first level change (Evans et al., 2017; Francescato, 2017). Yet, as Foster-Fishman and Watson (2017) stated, systems change is “wickedly difficult” (p. 255) to accomplish. And yet, “if we’re going to change things, it has to be systemic” (B. Baxter, personal communication, December 2, 2005, as cited in Hodges, Ferreira, & Israel, 2012).

Two sets of advice/rules (Foster-Fishman & Watson, 2017; Jason, 2013) on social change have been generated from years of work on social change issues. Find those lists below.

Six Rules for Transformative Change

1. Engage diverse perspectives: Gather perspectives from the many stakeholders so as to better understand the problem and the context
2. Think systemically: Go beyond the surface to the causes
3. Create conditions that encourage change: Being ready for change helps, for example, small successes can lead to willingness to take on more challenges
4. Pay attention to making effective changes: Program implementation is important
5. Learn and adapt: Note opportunities and problems and respond expeditiously
6. Keep social justice in mind: Be aware of and be willing to address inequalities

Derived from Foster-Fishman and Watson (2017)

Five Principles of Social Change

1. Determine the nature of the change. Does it deal with the source of the problem?
2. Identify the holders of power in the situation. Who has influence?
3. Build coalitions. Who else is concerned?
4. Be patient. Small wins lead to big wins. What are the steps to goal achievement?
5. Measure your successes. What has been accomplished?

Derived from Jason (2013)

The question raised by Serrano-Garcia and Watts, Montero, and the Critical Community Psychologists is, “Is this enough?”

CASE IN POINT 1.4 Clinical Psychology, Community Psychology: What Is The Difference?

Clinical psychology and community psychology both grow out of the same motivation to help other individuals using the science of psychology. Clinical psychology's orientation has traditionally been on the individual and the internal variables that influence their lives. Among those internal variables are emotions, cognitions, neural structures, and behavioral tendencies. Clinicians tend to speak of personality and what has influenced personal qualities. Given the assumption that a clinician is called into service when there is an identified personal problem, clinical skills include testing and assessment, diagnosis, and psychotherapy (Plante, 2005). Essentially, a clinician is trained to deal with psychopathology.

Among the clinical psychologist's work settings may be a hospital, a health clinic, a group or private practice office, a university, or a research setting. You may note the medical nature of most of these sites. Lightner Witmer is credited by many as the father of American clinical psychology. His work focused on schoolchildren and their treatment, learning, and behavioral problems in the psychological clinic. American clinical psychology traces its origins back to the late 1800s.

In contrast to clinical psychology, community psychology is oriented to groups of people and the external social and physical environments' effects on them, that is, communities. External variables include consideration of social support, peer and familial environments, neighborhoods, and formal and informal social systems that may influence individuals or groups. There is interest in social ecology and public policy. The orientation is toward prevention of problems and promotion of wellness. Skill sets would include community research skills; the ability to understand community problems from a holistic perspective; skills in relating to community members in a meaningful and respectful manner; attention to the existing norms, system maintenance, and change; appreciation for the many ways in which context/environment influences behaviors; being able to assemble and focus resources toward the solution of a community problem; and training to think outside the established normative world. A review of three community psychology texts supports these descriptions. Among the earliest of texts on community psychology, Rappaport (1977) dedicated much of his chapters to social interventions and systems interventions. A few years ago, Rudkin's (2003) book included chapters titled "Beyond the Individual, Embracing Social Change, Prevention, Empowerment, and Stress." Kloos et al. (2011) had chapters on "Community Practice," "Community Research," "Understanding Individuals within Environments," "Understanding Diversity," "Stress and Coping," "Prevention and Promotion," and "Social Change." None of these community texts had sections on psychopathology, assessment, or psychotherapy.

Community psychologists might be working for urban planners, government offices, departments of public health, community centers, schools, and private program

continued

evaluation agencies, as well as universities and research centers. They are not usually found in medical settings doing therapy but might work there examining delivery systems and community accessibility programs.

There are clear differences between clinical and community psychology topics. Common interests include providing effective interventions for the human good, and understanding phenomena from a psychological perspective. Many community psychologists were trained as clinical psychologists. The Swampscott Conference attendees were clinicians. Clinical psychology has taken on the themes of pathology prevention and health promotion in a significant way. The discussion of the limitations of traditional clinical psychology has continued among clinicians (Kazdin, 2010). The questions remain the same. How can we more efficiently and more effectively bring psychological and physical health to larger segments of the population? Community psychology argues that its approach brings new perspectives to help answer this question.

The Interdisciplinary Corollary

These aforementioned foundational principles intuitively call for an openness to 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 theory 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, 1987). 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, among others.

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. He believed that such an interdisciplinary perspective helped to keep alive the excitement about discovery in the field (Kelly, 2010).

Stokols (2006) described three necessities to strong transdisciplinary work: (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. He cautioned that work between researchers and the community increases the potential for misunderstandings.

Participation of both researchers and community members in all phases of project development was very helpful in these circumstances, de-emphasizing of status differences and clear goals and outcomes expectations.

Case in Point 1.5 provides us with an example of anthropological concepts and methodology contributing to a community psychology intervention.

CASE IN POINT 1.5 The Importance of Place—Using Anthropological Methods

Anthropological methodologies were used in a study of communities recovering from a forest fire in British Columbia, Canada (Cox & Perry, 2011). Case studies presented ethnographic data, using intensive and longitudinal collection of interviews, observations, and documents in natural settings aimed at understanding the “meanings” to group’s or culture’s behaviors. A participant observer approach was used, where the data collector became an active engaged member of the group being studied (Definitions from Genzuck, 2003). The role of social capital (a sociological concept) that related to a sense of place in the land seemed to mediate the communities’ ability to adjust to the changes brought about by the fire. Social capital is defined as those supports, assets, or resources, i.e. the assets, that come to a group or an individual as the result of the existence of the group and one’s social position within a system. Their findings illustrated a process of disorientation following the fire and a search for reorientation of individuals and their communities. The assumptions as to home and its meanings were reexamined and either reinforced or discarded. The assumptions of social capital also had to be reexamined and adjusted. Identity and sense of place as defined socially and physically were challenged and required rebuilding. The research noted that rebuilding efforts were focused on material- and individual-oriented goals—the survival of the persons and restoration of their property. Ignored in the restoration efforts were the community’s own social capital, i.e. natural residential resource networks. Also, there was little attention to recovery of members’ “sense of place” in their world. Recommendations for attention to these details at the policy level and in direct interventions were made.

Plan of the Book

This text is divided into four sections. The first introduces community psychology: its definition, research processes, stress, and resilience (Chapters 1–3). The second section looks at social change and the kinds of community psychology practices that help to address change (Chapters 4 and 5). In the third section, a variety of systems to which community psychology has been and can be applied are described (Chapters 6–12). These settings include mental health, human services, school systems, justice systems, and healthcare organizations. The final section of the text looks to the future for the field.

Summary



Community psychology emerged as a creative alternative to the focus and solutions of traditional psychology of its day. Rather than focusing on the individual alone, it proposed a wider understanding of the person and the environment influencing each other. This proposition led to the creation of solutions that involved both the person and the environment. This model was attached to the humane ambition to prevent human disorders and promote human well-being. These efforts are driven by the search for social justice, empowerment of people, and social change where needed to achieve these goals. This chapter has attempted to summarize this definition of community psychology and present supporting evidence from the existing literature.

STUDY QUESTIONS

1. How might one think of a problem differently when taking an ecological perspective to an issue or problem?
2. What does thinking preventively do to the consideration of mental health or mental illness?
3. What do you think of when you think of diversity? How might diversity change your perceptions of the world?
4. What issues of the day would you consider to be related to those of social justice? Why?

2

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The essential point in science is not a complicated mathematical formalism or a ritualized experimentation. Rather the heart of science is a kind of shrewd honesty that springs from really wanting to know what is going on!

Saul-Paul Sirag

The connection between cause and effect has no beginning and can have no end.
Leo Tolstoy, War and Peace

It’s tough to make predictions, especially about the future.
—Yogi Berra

Joseph and his family had planned on buying a house for several years. When the time came to decide on neighborhoods to explore, he asked questions about the schools as well as the transportation options. What were the schools like? What were their strengths and weaknesses? What were the programs available to his children? How successful were the schools in educating beyond the basics of mathematics, reading, and writing? Did the school graduates go on to higher education? Where did they go? What were the transportation options for getting around the area? Was there a good road system or a good public transportation system? If one needed to get to work, or to shopping, where there good ways to move? Did the people in the neighborhood seem satisfied with what was available to them? And, beyond these things, was there a community focal point? Did people have a natural place to gather and talk? How friendly did people seem to be on the street? Did people seem to be invested in their community?

These seemed reasonable questions to ask for someone who saw their home as more than a building to house a family. The neighborhood and the community could be measured by the success of its institutions and systems and how they interacted with each other. How was the community doing in terms of educating its children? How did the neighborhood provide for the necessities of life and access to the rest of the world? He wanted to know so that he could make an informed choice as to what his neighborhood would be like. He was asking for data he believed answered some basic questions about the social environment into which he was bringing his family.

AFTER READING THIS CHAPTER, ONE SHOULD BE ABLE TO ANSWER THE FOLLOWING QUESTIONS

1. Why do we do research?
2. What are some of the common considerations for correlational and experimental research? How are correlational and experimental research works different in what they attempt to find?
3. What are the advantages and disadvantages of a qualitative study?
4. How does Community-Based Participatory Action Research (CBPAR) differ from traditional studies? Why do we do this type of research?
5. Why might network analysis and epidemiology fit into the study of community life?
6. What are some of the issues in doing program evaluation?
7. How do cultural and systems' considerations fit into doing research in the community?

The Essence of Scientific Research

Why Do Scientific Research?

Science is for the curious. We seek information about our world and make decisions on how to act based on that information. We have come to assume that our experiences in life help us determine what is true and real. This assumption that experience is our window on reality is called *empiricism*. The tradition of examining the world around us for evidence of what to believe goes back to the Greek philosophers, the astronomers of the Middle East, and later to the observational studies of the Renaissance. We have come to accept this tradition as the science on which our modern world is built. How do we know about what is around us? We observe it, note its regularities and patterns, test its possibilities, and determine the likelihood of particular events predicting or causing other events. Among our questions might be: What makes a community? What about a community makes it a healthy and happy one?

A major intervention strategy in the field of community psychology is to create or engage in some form of social change so that individuals and communities may benefit. To distinguish the effective from the less effective changes, psychologists need a way to help understand and assess these changes. Scientific research provides that mechanism and so has been an essential part of community psychology from its conception and throughout its development (Anderson et al., 1966; Jason & Glenwick, 2012; Lorion, 1983; Price, 1983; Tolan, Keys, Chertak, & Jason, 1990).

For example, how can researchers be sure that decreases in risky behaviors, such as unprotected sex or sharing needles when injecting drugs, are solely due to people's participation in some form of prevention programs? While we might find that the men and women who enroll in such programs are less likely to engage in unprotected sex compared with those who do not, a further analysis of the data might indicate that those with spouses who are willing to use condoms are the ones who benefit from the programs. That is, for many, enrollment in a prevention program is not sufficient to reduce unprotected sex *unless* they go back to a home environment or community with some support (the ecological perspective). The validity of the program's effectiveness needs to be closely examined to determine what makes it work. Price (1983) pointed to areas in which the community psychologist would need to do research. First, problems or areas of concern need to be identified and described. Second, the factors related to these problems and concerns need articulation. From this articulation, possible interventions or solutions may be constructed and tested. Once a program has been found to be effective, there is still the need to examine whether the intervention can be successfully implemented in given community contexts. If the implementation succeeds, then the issue of successful launching of programs on a broader scale needs to be studied. If these programs are successful, the researcher is left to reexamine the community status and see what other needs may exist. The research cycle provides guidance from identification of community problems to community-wide dissemination of answers to the problems. This process is an integral part to community psychology.

This notion of a research process informing our actions seems both reasonable and practical. If we can know and predict our world, we are at a clear advantage in what we do. And while the newest concerns within community psychology are over the best ways to obtain information, the advantages of studying our processes and outcomes are clear (Aber, Maton, & Seidman, 2011; Jason & Glenwick, 2012; Jason, Keys, Suarez-Balcazar, Taylor, & Davis, 2004). If anything, the focus is on how to gather better, i.e. more ecologically meaningful data.

What Is Scientific Research?

On a daily basis, people observe and make attributions about many things. For example, you might have some hunches as to why men do or do not use condoms or why people abuse alcohol and drugs. However, to scientists, research is the way in which we can move beyond hunches. In other words, when scientists conduct research, by using a set of related assumptions and activities, they effectively come to understand the world around them. Figure 2.1 depicts the process of scientific research.