

# SOCIAL AND COMMUNITY INTERVENTIONS<sup>1</sup>

◆276

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## SOCIAL AND COMMUNITY INTERVENTION METHODS

Planned and unplanned influences on the life of a small group, organization, or community by benefactors and strangers go on every day. Professionals and citizens will continue to develop new helping services and social programs so that those who are in need of personal, economic, or political assistance can receive it. There is nothing really new about individual and collective efforts organized for social justice

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and a social good. What is new about these deeds is the extensive involvement of psychologists' time and effort.

Since World War II, but particularly since the 1960s, psychology as a profession has been giving increasing attention to the design and evaluation of community-based programs to prevent or reduce social and personal disorganization and to promote community well-being. This chapter builds upon the initial analysis of this topic in Volume 24 of the *Annual Review of Psychology* (73). Our search has focused on books and articles, as well as unpublished material, from January 1972 through January 1976.

We have scanned widely to locate material because of the authors' belief that useful community work is done by a variety of professions. We have been alert to cite ideas and methods that suggest new social processes for the design of social and community interventions.

The review includes eight major topics. The first topic includes material related to *Patterns of Service Delivery*. The remaining topics include services for *Diverse Cultures*; studies and concepts related to *Primary Prevention* and the learning of *Competences*; material related to the *Social Environment* and its impact upon the design of community programs; essays and research focusing upon *Social Change and Public Policy*; the status of *Theory* about social and community interventions; *Methods* for community research; examples of *Education and Training* for community service, including the education of citizens; and a *Finale*. We end each of the eight sections with conclusions derived from the literature and, in italics, our reflections stimulated by doing this review.

Work on social and community interventions is in a period of creative thrust, reflected by the publication of two texts (242, 384); the allotment of a major segment of a text on clinical psychology to community psychology (192); a handbook (132); a third text in press (285); the arrival of two journals, the *Journal of Community Psychology* and the *American Journal of Community Psychology*; and a review, the *Community Mental Health Review*. In spite of diverse disciplinary heritages and assorted vocabularies, facts and generalizations are emerging. We hope that this review reflects the range of available and useful facts.

## PATTERNS OF SERVICE DELIVERY

Many persons both inside and outside of psychology identify social and community interventions with innovative, individual, small group, or organizationally focused services. By service delivery the present authors refer to implementing new services in new settings and adapting existing services to make them more palatable and accessible to formerly unreached persons.

### *Consultation*

In mental health consultation, a consulting specialist enhances consultee skill at optimizing the mental health consequences of his or her usual work. The primary advantages of mental health consultation are its radiation of positive effects through the consultee to a greatly expanded population, and its potential applicability in the

diverse settings where police, ministers, and other informal caregivers field mental health problems.

Mannino, McLennan & Shore's *The Practice of Mental Health Consultation* (215) is an exhaustive, perhaps definitive, work on mental health consultation. The book's text discusses definition and scope, training, and practice. The volume includes an updated version of a useful, well-organized reference guide to the consultation literature.

Three issues emerge from the theoretical literature on consultation; ideological and political issues for the consultant, consultation styles, and contexts for doing consultation. Articles of the first type remind us that consultation is not always the proper intervention (62, 140) and that inevitably the consultant takes an implicit stand on what ought to be changed in whom (245, 268). Consultants are advised to think through the political and value implications of consulting in a particular environment. As might be expected, process and behavioral consultants operate quite differently (379). Four distinct approaches (consultee-centered, group process, social action, and ecological) have been identified (99). None of these is always right; circumstances dictate which is preferable. A model should not become a mask; consumers detect inflexibility and pedantry (103).

Because it is a portable intervention, consultation concerns will vary with the setting where it is applied. The literature suggests unique issues raised by consulting in schools (46), community action programs (109), rural communities (148), and prisons (243). Consultation should accommodate to the sensitivities, constraints, and opportunities of its context and clientele.

The characteristics of the consultant are equally important. Consultants who are not psychiatrists or psychologists particularly are being cautioned concerning problems of resistance (319) and role ambiguity (79). Nontraditional consultants do perform effectively.

Although theorizing still predominates, articles reporting data are increasingly common. Mannino & Shore comprehensively and critically review consultation research of all kinds in one publication (216) while focusing on outcome studies in another (217). The failure to integrate findings into a conceptual framework hinders comparisons across studies, discourages replication, and gives to the research the character of an accumulation of fragments. Mannino & Shore report that 69% of outcome studies can be characterized as showing beneficial change in consultee, client, system, or some combination of the targets (217). This encouraging success rate cannot be accepted uncritically as methodological shortcomings leave many studies vulnerable to alternative interpretations. Besides the usual exhortation to greater rigor, which is certainly in order, attempts to detect change at multiple system levels should be increased.

Much of the recent research presents frequency counts and evaluations of consultation behaviors and processes (84, 197, 203, 254). Such studies are useful for explicating what happens in consultation and for providing normative data. However, the field will really advance on the shoulders of studies which objectively assess changes in consultee, client, and system. One such study by Keutzer et al (186) points the way.

### *Paraprofessionals*

An early strategy to increase helping resources was to invest in training paraprofessionals. The paraprofessional movement is becoming institutionalized, as evidenced by increased paraprofessional concern with traditional preoccupations such as career advancement and working conditions (122).

By a wide margin the paraprofessional activity receiving the greatest attention has been psychotherapy. The latest full-scale review (175), in harmony with its predecessors, concludes that paraprofessional effectiveness with impatient psychotic adults has been established and is probable with outpatient adults. The present authors would add children (79, 80) and even infants (169) as probable beneficiaries.

The Group Assessment of Interpersonal Traits (GAIT) technique originated by Goodman (138) has stimulated well-controlled research on selection and training of paraprofessional therapeutic talent. The technique involves having individuals assume the roles of both discloser and facilitative listener in a small group context. These performances are rated on several therapy-relevant parameters. GAIT scores have been found acceptably reliable (91). Validity evidence comes from demonstrations that GAIT behaviors generalize to therapy-like conditions, and have expected consequences on group cohesiveness (85, 86). When applied to an actual selection problem, several subscales of the GAIT proved to be statistically significant in forecasting a counseling readiness criterion (91a). Selection studies which tabulate "hits" and errors and evaluate efficiency in selecting therapeutic talent would confirm the technique's worth.

The crisis telephone movement has spawned commentary and data on issues in paraprofessional selection and training for therapeutic-like roles. France (117) sorts expected performances of crisis telephone workers into three roles: helpers, referral agents, and technique-equipped behavior changers. He concludes that the first function is probably performed adequately, but effective performance in the other two areas is doubtful. Efforts to increase telephone counselor effectiveness should benefit from the development of a selection instrument (87, 237) and of a scale which measures volunteer technical effectiveness (116).

The literature is relatively uninformative as to how paraprofessionals function as outreachers, advocates, consultants, managers, community developers, or any other equally valuable helping role. These are important areas for future thought and study.

### *Crisis Intervention*

Crisis intervention involves taking extra time to make services available during initial, acute phases of distress. Classical crisis theory holds that how a crisis is resolved has important consequences for future development. Constructive resolution can mark a turning point toward mastery and healthy development; unsuccessful resolution can crystalize destructive processes.

Several volumes exhaustively define and analyze the tasks involved in establishing, operating, and evaluating crisis intervention services (43, 87, 222, 328). These volumes give detailed consideration to case management strategies, counseling tech-

niques, and programmatic concerns such as selection and training of volunteers, policy, and funding.

Process and evaluation research have increased. One research group identified and cross-validated the process variable of client responsiveness to referral during the telephone contact against a criterion of appearing for a scheduled appointment (324, 357). Two studies evaluated hot line performance without violating caller anonymity. One surveyed the population of potential consumers (325) to identify users who rated the service positively. Another (37) had students role-play distressed callers to four hot lines after prior permission had been obtained.

There is evidence that suicide prevention centers fail to affect suicide rates (144, 201, 202, 238). This is not to diminish their distress relieving value; drawing a distinction between suicide and other crisis services appears less and less tenable.

The potential of hospital emergency rooms as a setting for crisis service has been recognized and developed. Two studies followed up crisis clients seen in emergency room based programs. Improvements in depression and self-esteem (218) and satisfaction with services (126) were among the findings. However, a third study (141) raises the possibility of spontaneous remission. By arranging a nontreatment control group, it was discovered that improvement in hope, personal organization, and other parameters of adjustment occurs in the absence of intervention.

Several writers point up the need for more innovative styles of service, including elimination of deleterious forces in the client's social framework (187, 376). Brook (45) describes one evaluated service which intervenes in the client's social environment. One new direction is a program which invited lonely, isolated people to register for regular calls by volunteers (264).

### *Police*

An increasingly common community intervention aims at enhancing the interpersonal awareness and skillfulness of police. Psychologists have increased police effectiveness as conflict managers (97, 208) and helped reduce friction in police-citizen contacts (271). A program with additional features (214) arranged conferences between police and mental health agencies besides performing consultation and training. Zacker & Bard (382) convincingly demonstrated that conflict management training improves police effectiveness and safety in handling criminal matters.

Learning to communicate skillfully is no panacea. For instance, as a result of attempting to train for improved dialogue between black and white officers, one program (339) produced negative attitude shifts among the white officers. In addition, R. M. Kelly (184) concludes that citizen involvement and control are superior to human relations training when the goal is improving police-community relations.

One innovative approach to institutional reform had violence-prone policemen design and test strategies for nonviolent handling of volatile situations (344). In a second project phase, these former "problem officers" led groups of violence-prone policemen who in turn devised department programs for violence reduction.

These well-designed, executed, and evaluated programs increase the positive mental health consequences of normal police functions. The future holds challenges such as controlling or preventing violence by identifying violence-eliciting situations (231).

*Community Mental Health Centers*

Community mental health services are a sizable share of the current mental health effort. The concepts guiding community mental health are evolving into a new "human service" ideology which views human needs as an interrelated whole requiring comprehensive, coordinated, accessible services (11, 316).

A systems perspective on mental health networks promises to increase service efficiency and effectiveness. Events outside of a service organization can significantly affect staff and client behavior, whether or not they are acknowledged (310). A volume edited by Harshbarger & Maley (147) examines relationships between funding sources and agencies, interagency relations, and agency-consumer relations in discussing factors which help or hinder service delivery.

The federal community mental health centers program was expected to usher in a new era of high quality, broadly reaching, community based care. Chu & Trotter (66) provide an illuminating critique of how political and professional group interests conspire with economic realities to blunt and deflect the program's thrust. A more recent review (372) summarized a NIMH evaluation of seven process goals such as accessibility, responsiveness, and continuity of care. Though cautious, the authors find encouraging accomplishments in developing evaluation methods, and evidence of goal attainment in at least the service responsiveness area. The possibility that program goals are unattainable, as Chu & Trotter suggest, remains an open question.

The functioning of individual centers has in some cases provided valuable learning experiences. There is evidence of considerable variability in citizen awareness of center existence and services (151), and greater emphasis on accounting for these differences would be useful. Goldberg & Kane (134) describe an ingenious alternative to fee for services. Clients are allowed to contribute services ranging from baby-sitting to co-therapy, which reinforce client competency, self-esteem, and independence.

Technical developments, applicable in any service delivery setting, should improve integration and continuity of care. New methods include a technique for measuring continuity of care (19, 20) and a method for monitoring and evaluating referral resources (343).

Historically an important goal has been provision of a community-based alternative to psychiatric hospitalization. One well-designed study reports that community-based treatment costs more and achieves neither improved patient social competence nor a lower incidence of rehospitalization (326). However, the bulk of the evidence suggests improved community adaptation as a consequence of community-based treatment (111, 293, 364). While a definite conclusion cannot be drawn, the evidence to date is largely encouraging.

The volume of literature on consultation, crisis intervention, paraprofessional treatment, and community mental health services remains quite large. Psychotherapy by paraprofessionals, training police to be crisis and conflict managers, and mental health consultation in particular seem to work. Increased and explicit attention is being directed to the role of organizational, social, and political factors in facilitating or obstructing attainment of SCI goals.

*Community services will evolve into SCIs as they integrate persons into their sociocultural milieu. This requires comprehensive SCI which: teach personal and social competences, improve opportunities for economic well-being, and increase the supportiveness of social structures.*

## DIVERSE CULTURES

One of the most important characteristics of social-community interventions is that they take into account and work with diverse societal groups. The YAVIS client— young, attractive, verbal, intelligent, and successful (315)—is no longer our sole preoccupation. Active efforts to work with people who are old, of low status, working class, uneducated, and poor have begun. Much of the force behind this emphasis has come from these people themselves, such as women and presently politically weak minorities.

The first order of business has been to assess whether existing services are of use to these intranational groups. Though very recent data show some improvement (38), the general picture has been one of underutilization of services: blacks tend to drop out of treatment at a high rate after initial contact (335), members of La Raza have generally been underrepresented in their use of mental health facilities (259, 347), Asian Americans use psychiatric services less than would be expected by their numbers (334), although they do overutilize college counseling centers (332).

One of the reasons cited for this state of affairs is the mental health system's inability to adapt its services to what are, in fact, diverse cultures. Lack of knowledge about these clients' values, customs, and language is a barrier to effective work. Stereotyping is not limited to nonwhite clients, however. Less liberal counselors attribute significantly greater pathology to left politically active females than to left politically active males (2). The possible deleterious effects of old age stereotyping by professionals on the aged have also been pointed out (51). And low income patients' attrition rates and program outcome may be a function of therapists' attitudes toward treating such clients (209).

A number of books attempting to present available information on these cultural subgroups have been making their appearance. Padilla has co-authored two extremely helpful sources on Latino mental health literature (257, 258). The relationship between the black experience and mental health has been explored (170, 371), as have psychological perspectives of Asian American (336), women (63), and the aged (104). Statistical information about native Americans (204) and many U.S. minorities (205) has also appeared recently. At a more direct service-oriented level, workers are beginning to devise innovative programs defined with specific groups in mind, such as the poor (137), Spanish-speaking minorities (1, 69, 176), blacks (22, 272), and the elderly (145). The use of indigenous paraprofessionals is becoming a preferred practice in such instances (22, 333).

The need to provide responsive traditional mental health services that are specifically tuned to diverse groups has necessitated a large investment of time and energy. This accounts for the slow development of more progressive, preventive, and social change-oriented programs directed at these same groups. Nevertheless, some community mental health centers actively espouse social action (272). Efforts to promote

ethnic awareness, identity, and pride are encouraged on the grounds that such interventions may be conducive to the prevention of psychological problems (281, 340). And there is evidence that the promotion of people as natural resources is finally being put into practice; skilled indigenous people have been assisted in setting up services desired by their community (286).

At a more speculative level, there are those who are demanding that social science study the powerful and their influence on social ills, rather than studying the victim and making the results available only to the elite (124). In a similar attempt to redirect the focus of intervention, it has been suggested, after a review of the research literature on racial attitudes, that "reforms designed to guarantee jobs and a base income to America's poor show the greatest promise for reducing racial inequality" (302).

Economic factors are repeatedly implicated in findings of greater psychological distress in certain national subgroups. Barbara Dohrenwend (89) has found evidence that major life changes—both avoidable and unavoidable ones—occur more frequently among women and the poor. [Later studies yield mixed results (see 220, 224).] A recent major epidemiological study carried out in the southeastern United States found low socioeconomic status to be the most powerful predictor of poor mental health scores (360). In none of these studies was race alone a significant risk factor, though certain groups, such as blacks and members of La Raza, were disproportionately represented in the lowest socioeconomic levels. An examination of the evidence from child psychiatry and developmental theory for identifying children at risk concludes that "the only high risk population that is defined by actuarial criteria refers to children reared in severe and chronic poverty" (107). Thus it may be that it is not discrimination due to race, sex, or age which is the significant factor in the psychological well-being of diverse groups. Economic independence may be the key.

Women, the aged, and members of other groups presently at the bottom of the economic ladder do not have general access to mental health services which work for them. The few examples designed with them in mind, however, do show promise of therapeutic and preventive effectiveness.

*A combined benefit to these groups and the mental health field will result from their active participation in both planning and implementing services, recognizing and promoting their own positive qualities, and strengthening their economic position.*

## PRIMARY PREVENTION AND COMPETENCES

The most ambitious of social and community interventions continues to be primary prevention. The review of this area in Volume 26 of the *Annual Review of Psychology* emphasized the wide, often confusing range of opinion and theory that has been included within the words "primary prevention" (185). Based on our present review, the authors advocate editorial policies which allow this term to be used only when the author specifies (a) how today's program has impact for tomorrow, and (b) how this impact can be assessed. A tighter use of the term will help to underline the importance of the concept it represents.



Major issues and realities in the quest for prevention have been clearly enumerated: the empirical evidence for the efficacy of preventive work has been found wanting (356), the impact of over- and underprevention has been logically analyzed (323), and the assumptions behind major preventive strategies have been clearly described (295).

The role of the economy on psychological well-being is becoming a serious research topic (41). Suggestions are being made to use economic data as early warning indicators to set up preventive programs (92). From another perspective, economic arguments for a more rational distribution of mental health resources have been made (146). They suggest allocating a greater share of revenue to primary prevention than it is now receiving.

Many perspectives have been used to deal with questions of application: shifting the role of the school counselor from corrective to preventive work (16); considering ecological factors (365); using learning techniques to inoculate against specific debilitating conditions (273); using peer reinforcement to increase school attendance (253); diffusion of mental health knowledge through community resources, such as "natural neighbors," that is, individuals who have ongoing contact with many families (71); and preventive activities by private mental health groups (355).

Wolkon & Moriwaki (378) have reported on the preventive possibilities of ombudsman programs. They cite the work of a radio station's community complaint department, which had a high rate of success in solving citizen problems. This early problem-solving approach was seen as having wide salutary impact as a stress reducer.

Three preventive efforts, the St. Louis County Project, the Milwaukee Project, and the Stanford Heart Disease Prevention Program, are exemplary because they designed their studies with reasonable control groups and planned for enough follow-up time to be able to ascertain whether the treated sample was performing better than the untreated sample on the target variables. Newly published data from the St. Louis County school mental health program (129) indicate that parents who participated in parent discussions led by lay persons at a school where there was a consultation program reported fewer new child behavior symptoms, such as nervousness and eating trouble, over a 30-month period than parents who did not receive these services; these results were observed for boys but not for girls.

Preliminary reports from the Milwaukee Project (149) appear promising. Women with low IQs were chosen because earlier data showed that they have high probability of bearing children who would be later identified as retarded. A massive intervention, including cognitive and social training of their children from age 3 months, and occupational and home-care training for the mothers, was begun. By age 5½, the treated group was 30 IQ points ahead of the untreated group. Though sharp criticisms have been leveled against the experimental validity of this study (260, 342), judgment must be held in abeyance until more complete data are published. In addition, the importance of these findings requires independent replication. Of value in themselves are Throne's (342) arguments for the superiority of a multiple baseline design (as opposed to a control group strategy) in field experiments such as this.

The Stanford Heart Disease Prevention Program exemplifies what can be done to produce behavioral change at the individual level by means of community-wide intervention. Matched towns received either a mass media campaign plus face-to-face instruction or the media campaign alone; a matched control town received no intervention. The intervention achieved a decline in heart disease risk (11, 212).

The lean diet of studies which satisfy the requirements for primary prevention has led Cowen (74) to suggest that SCI focus on building support systems and competences.

There is good reason to believe that effective social support reduces vulnerability to disorder (58, 174). Although just beginning, systematic empirical studies of social support systems seem most promising (345). This work includes tapping sociological and anthropological sources for concepts and methods such as network mapping. This anthropological and sociological literature (81, 368) is potentially rich in facts, ideas, and techniques for understanding support systems. While the therapeutic use of social networks has been developed (327), preventive social network interventions are in their infancy. One of the few examples published shows how mental health knowledge can be disseminated through the social networks of "natural neighbors," who are persons with many ongoing community relationships (71).

Competence-building is an area that shows great promise for integrating social and community work, clinical psychology, and education. The latter field is already involved in skill training—though at present the skills taught in school are predominantly academic in nature. Clinical psychologists are in a particularly good situation to observe which competences are lacking in most of their clients. They could probably ascertain which ways of thinking and behaving are most helpful in dealing effectively with daily life. These skills could be taught to people before they are in dire need of them (240). A rich source of basic adult skills needed to get along in this society is being compiled and investigated nationwide by the adult performance level project at the University of Texas (255).

"Personality assets" found to be related to "positive mental health" in the Stirling County Study in Nova Scotia include a number of teachable competences such as planning ability, interpersonal skills, and adaptability (27, 28).

The life cycle provides a good framework for organizing this intervention approach (241, 250, 251). Useful background material can be found in the West Virginia Conference on Life-Span Development Psychology (15, 247), in Chess & Thomas' *Annual Progress in Child Psychiatry and Child Development* (64), and in the life history research literature (292).

Social and cognitive skills can be promoted starting as early as 3 months of age (149). School children can be encouraged to learn to ask questions (36) and to problem solve (199, 329). Problem solving has been found to be positively related to adjustment (321).

Later examples of competency-training include: teaching better childrearing (32), parenting skills for parents of delinquents (155), training parents as teacher's aides (31), training volunteers to work with maladjusted school children at early levels of disturbance (76, 80), and marital enrichment programs (24,311). Skills such as

assertion training (121) and meditation are being used widely by nonclinical populations.

The social learning armamentarium has a number of skill training methods which could be used preventively (101, 171, 213, 225, 262, 263, 296, 363). This approach, which emphasizes the use of specific techniques to learn or relearn coping skills, lends itself readily to early intervention.

In studying competency learning, it is important to remember that environmental factors may directly affect the development of competences. Cohen, Glass & Singer (70) found that reading ability in children was correlated to the distance they lived from traffic noise. In testing tenants of a 32-story building situated directly over an expressway, they found that lower-floor children showed greater impairment of auditory discrimination and reading achievement than children living in higher-floor apartment, and thus farther away from the noise. In this case, reading competence was directly related to an everyday physical environmental factor.

Differences in cognitive styles resulting from diverse cultural backgrounds must also be taken into account. Ramirez & Castaneda (284) are a good source for ideas and techniques which respect the value of culturally democratic educational practices.

What is needed now is a major effort to conduct competency training and concurrent longitudinal evaluation. We need to determine empirically which skills, if learned, will lead to healthier lives. Examples of genuinely preventive programs are appearing. Factors common to effective programs are (a) a focus on clearly specifiable personal skills, and (b) working with the social milieu so that it encourages the changes being made.

*There are glimmers in the literature that the elusive goal of primary prevention can be realized if long-term impact is an intrinsic element in the work, if systemic factors for personal and social development are the focus, and if people's integration with their community is fostered. In the final analysis, primary prevention requires a radically different kind of psychology, that is, one which commits itself to long-term intervention in people's natural habitat.*

## SOCIAL ENVIRONMENT

The design of social and community interventions illuminates the latent relationships between community psychology and the fields of social organizational, and environmental psychology (127, 163, 164, 168, 232, 236). The variety of theory, research, and practice from these fields can be of value to SCI (18, 52, 96, 143, 173, 189, 206, 278, 348, 349, 369). Professionals are increasingly seeking help to design and preserve community-oriented research so that it has impact in the face of vested political interests and resistances to change (29, 226).

A detailed analysis of the OEO-HEW funded neighborhood health centers provides helpful insights as to the inevitable intrusion of political factors when comprehensive, preventive services are generated in local communities by federal demonstration funds (160).

The lessons for future demonstration projects are clear: Invest heavily early on—from day one—in evaluation systems that will generate information in time to wage a more effective fight for survival a few years later. Sit hard on the coattails of colleagues eager to preach the myriad virtues of the new approach and to promise quick rewards from the requested public investments. Build in incentives for efficiency. Watch out for faint-hearted friends. Know the opposition (160, p. 11).

Whether we professionals like it or not, it seems unrealistic to expect that the design of social and community interventions can ever be politically neutral or value-free. More time and thought is needed on this nagging question.

Particularly provocative for the design of social and community interventions are examples of research and observations on such topics as the effect of environmental factors such as crowding and noise on health (69a), housing design for urban residents (283), the physical environment of the child (375), and how urban recreational spaces affect social participation (47). The research of Holahan & Saegert (158) is illustrative of efforts to identify relationships between the physical environment and the social environment. Repainting a dayroom of a hospital ward, along with the addition of new furniture, increased the frequency of social participation of patients. In addition to more socializing among patients significantly less isolated, passive behaviors were expressed on the altered ward in contrast to the control ward. Outdoor recreational behavior (157) and university dormitories (156) present additional opportunities for defining the relationship between physical environment and the social environment. Proshansky (280, 280a) and independently Catalano & Monahan (61) have raised important philosophical and methodological questions about how and why psychologists should focus on the physical and social environment. One compelling point made by Proshansky is for our methods to evolve out of the phenomena we study (280).

The efforts of Moos and colleagues to create evaluation methods for the social climate of therapeutic wards in psychiatric facilities, halfway houses, university dormitories, high school classrooms, and other settings have been a hallmark (232a, 233, 234). Moos has developed scales for three types of environmental variables—*relationship variables*, *personal growth variables*, and *system maintenance and system change variables*. He has also gone beyond just the assessment of the social environment by using feedback of the research results as an intervention and then evaluating the impact of the feedback (232). In an invited address at the 1975 Annual Meeting of the American Psychological Association, he raised an important topic for our attention: how persons can *resist* environmental pressure (235).

The social environment as an independent variable has been very much influenced by the work of Fairweather and co-workers (111). Several doctoral dissertations, completed at Michigan State University under Fairweather's direction, show how topics such as delinquency of youth can be understood and prevented by the operation of a community-based, peer-operated, automotive repair business (367), and how the development of autonomous, task-oriented, problem-solving, cohesive groups can contribute to increased participation in community health planning by citizens (23). It is now apparent that effective social programs can be designed if the social environment is included as an independent variable. Fairweather's research

has significantly contributed to the fact that community-based programs can work when the social environment of the client is included as an essential part of the total design (299).

Methods and techniques for assessing social environments and social settings are in use. These methods are not only helping to improve psychological knowledge about social organizations, but they suggest how to measure the impact of social settings upon individuals.

*The dynamic relationship between the social context and the person is emerging as a priority topic for the design of SCI. In fact, there is evidence that the social environment is a key influence*

## SOCIAL CHANGE AND PUBLIC POLICY

One of the basic assumptions of social and community oriented professionals is that the environment—social and physical—has great influence on the well-being of its inhabitants. Therefore, it is their goal to monitor and, if need be, change the direction of social processes so as to insure health-enhancing milieus. Social scientists work with social change in three ways: they describe it, measure it, and try to implement it.

Sociological and anthropological sources are particularly adept at describing social change. Among valuable examples are literature recounting the development of a community change organization on the west side of Chicago (312), and presenting first person reports by organizers and planners for social change (102). Leighton & Stone (200) capitalized on an unexpected opportunity to observe social change. As a result of new jobs in a bordering community, residents in the area under study experienced improved economic circumstances and a rise in mental health. The hypotheses of a general relationship between economic conditions and the need for mental health services have been supported elsewhere (41).

The literature regarding measurement of social change is slowly expanding from traditional economic indicators to social areas such as health, public safety, and education (350). One of the most significant ways of viewing these data is considering how human beings interpret and react to social change. Campbell & Converse (56) compiled discussions of how indices of leisure, work, family, and satisfaction are affected by social change. Other literature considers perceived well-being in detail (55). The pitfalls and limitations of social indicators have also been noted. For example, focusing attention on a particular indicator can make the entire measurement process reactive (57).

It is rare to find the research base for social interventions summarized and wedded with practical guidelines for implementation. Jack Rothman (303) has performed an invaluable service by reviewing literature from 30 major journals, distilling generalizations, rating their empirical support, and advancing "intervention principles."

The availability of effective behavior change techniques has stimulated thinking about their applicability to social change. There are a number of studies applying the operant approach to enhancing ecological and conservation practices. Operant

programs have increased deposit of trash in receptacles (190), litter removal from campgrounds (274), use of returnable beverage containers (125), and energy conservation (374). Winett (373) develops fully the case for using behavior modification principles to produce planned social change under citizen control.

Implementing social change is difficult even under the best of conditions. Even when programs are well funded, have community acceptance, and the need is apparent, the everyday foibles of people and organizations obstruct change (275, 276).

Fairweather (110) and Fairweather, Sanders & Tornatzky (111) ingeniously apply research methods to the study of implementation. Taking their validated lodge program for ex-mental patients as a starting point, they experimentally tested the importance of several factors in attempting to persuade 255 state hospitals to adopt the program. This concern for, and systematic study of, nationwide organizational innovation is exemplary.

It is the business of government to initiate, encourage, or obstruct much social change. The policy domain is an important, perhaps unavoidable, arena for persons working on social change. Indeed, policy decisions affect social change in the social sciences, as exemplified by the reapportionment of funds which shifted emphasis from basic to applied research (12).

One model of social science involvement in public policy, embracing unblushingly the professional-technical policy role, is the social experimentation movement. In several cogent publications (211, 290, 299a), a group of social scientists have mounted the case for applying experimental methodology to learn about the effects of policy. A related approach calls for wide-scale application of validated technological solutions to social problems as a shortcut to social change (108).

Reasoned, qualified positions can enlighten policy debate. An example is the work of a task force on the classification and labeling of exceptional children. Their recommendations followed a thorough analysis of labeling practices and their consequences (279). It is also important to correct policy practices which assume nonexistent knowledge. It has been demonstrated that involuntary institutionalization and detention policies rest on the invalid premise that whether an individual will commit harmful acts can be accurately forecasted (228, 229). Katkin, Bullington & Levine (177) present an excellent discussion of considerations and criteria to judge whether knowledge is sufficiently trustworthy to justify policy recommendations.

Although the policy evaluator role has received the greatest attention, other possibilities, including having experts perform time limited administration of policy programs and studying the formation of policy decisions, should not be overlooked (230). The potential shortcomings of having policy evaluation define the boundaries of psychologist involvement have not gone unnoticed. Limiting our work merely to measuring policy effects may blind our capacity for envisioning a fundamentally altered society (142, 330).

An important, rarely scrutinized process preceding policy formation and evaluation is problem definition. Working exclusively to evaluate existing policies holds the real danger of perpetuating the dogmatic attribution of problem causes to people

instead of situations (60) and ignoring the fact that proposed solutions by experts often view people without power with faulty and incomplete ideas (139).

What policy impact does social science currently have? One study (59) identified a surprisingly large incidence of social science knowledge utilization in federal policy decisions. However, the major determinant of use was the political implications of a research finding.

It is important for social scientists to avoid putting services entirely at the disposal of others. The risk of being used to serve narrow interests is considerable. The Congressional Information Service (CIS) is a computer retrieval system for keeping abreast of legislative activities which are forums for policy debate. Prior discussion has emphasized two or three perspectives on policy change enumerated by Crowfoot & Chesler (82): professional-technical and political. The counter-cultural perspective presents alternatives to existing societal processes. Kanter (172) presents a thoughtful appraisal of communal counter-cultural experiments. Other sources of challenging perspectives include the works of Callenbach (53, 54), Lappe (198), Roszak (300, 301), and economists Heilbroner (150) and Schumacher (317). A unique catalog of the counter-cultural literature is published periodically by the American Library Association (7). Those of us in the academic enterprise are taught to devalue such "unscientific" proposals; therefore, these sources of ideas need to be sought after through more conscious effort. The redefinition of social values that one can find in counter-cultural literature is an integral part of social change efforts and cannot be ignored.

Recent techniques have been developed and tested which seem suitable to producing changes in social practices at the community level. Implementation of social innovations has been subjected to controlled experimentation. Existing social science research is now used for policy making whether or not it was intended for that purpose. There are examples of effective use of social science skills for the expressed purpose of both proposing and evaluating public policy.

*Working on social change penetrates many social, political, and economic institutions and requires a multidisciplinary perspective. A critical attitude and a commitment to engage in the formation of public policy are needed to both influence public policy and contribute to social change.*

## THEORY

At present, the field of SCI has no broad, integrative theories. However, it does have a number of research traditions and perspectives. Preston (277) enumerates several of these traditions such as the ecological approach, the social system perspective, and the cultural-ethnographic approach. In addition to these conceptual schemes, there is an array of hypotheses that has prompted much social science research. Rothman (303) has compiled and evaluated the vast amount of empirical evidence regarding these hypotheses. His work serves as a model for the integration of findings and distilling of guidelines for effective action. The applicability of these

catalogued principles begs to be tested in the field. A newly published manual by Rothman and colleagues will provide direction in accomplishing this task (304).

Effort is now being spent in defining the field. The historical context of community psychology has been analyzed<sup>3</sup> (154, 308). So has its relationships to other SCI endeavors: Community clinical psychology is seen as the straight application of clinical techniques at a community-wide level (306); Community mental health includes prevention and consultation, but with the view of adapting individuals to social circumstances; Community psychology, Rappaport proposes, has the broader aim of adapting society to individual and group needs (285).

Whatever meaning the word "community" has for a psychologist will influence the kind of program that he or she will implement. For example, some community mental health clinics gear their services to vocal minorities, others to people within a geographical area, others to society-at-large. These differing conceptual frameworks will result in different staff characteristics, awareness of needs, and effects on the target population (288).

Newbrough (248) has made a formal attempt to specify the ideological framework of community psychology and organizes this ideology into 13 major components. He calls attention to topics which are often unrecognized or taken for granted, such as the generic complexity of community processes. In addition, he makes explicit four facets implicit in the definition of community psychology: the philosophy behind it, its work approach, its methods of inquiry, and its professional characteristics.

A major characteristic of the field is its emphasis on a contextual understanding of human functioning. This is reflected in the popularity of the ecological analogy (159, 183), and in the conceptualization of the community as a context which can itself be competent or dysfunctional (165). Glidewell, building on the concepts of organizational change and small group research, has developed a theoretical statement for social change by focusing upon the topics of personal commitment, access to other social systems, and creative mastery of organizational tensions (128).

Foreshadowings of future theorizing are found in the constructive criticisms of Seymour Sarason. In two major books (307, 308), he accuses the field of not grappling directly with the psychological sense of community. He creatively sets the stage for future work by presenting the concept of community in its two aspects—as an objective human creation and as a subjective human experience. In addition, he suggests that by actively engaging in community interventions, social and community workers will increase their chances of learning to deal with this elusive but vital topic.

In a somewhat similar vein, Starr (330) reminds us that the aims of social science and not its methods are what provide its distinctiveness and importance. Theory construction, therefore, ought not to shirk from morals and values, nor be shaped merely by the availability of objective techniques.

<sup>3</sup>S.R. Roen 1968 "Historical and Conceptual Development of Community Psychology." Unpublished manuscript.



A final important area of thought has to do with how the field conceptualizes its own growth. The great increase in human service personnel throughout our society has been a cause for concern to many. In 1900, 38% of employed U.S. workers were in agriculture, 38% in industry, and 24% in services. In 1970, 4% were in agriculture, 35% in industry, and 61% in services (123). Is the emphasis on human services hurting productivity or eroding the vitality of our society? No, say Gartner & Riessman (123). They develop a novel concept—the consumer as producer—and then suggest concretely how human services could be better reflected in Gross National Product figures. They draw implications of their analysis which predict that as the service ethic becomes more prevalent, it may have positive repercussions on the quality of life. This conceptualization could provide a rationale for the continued growth of SCI. But its implications deserve careful study before it is used in this manner.

At this time, SCI stand in the void between the individual focus of psychology and the conglomerate focus of other behavioral sciences. Though firmly anchored at both ends, the conceptual bridge over the void between disciplines elicits uncertainty. As more and more ideas strengthen this bridge, a unique foundation is laid for researchable social and community theories.

Practical problem solving is receiving much more attention than theoretical issues at present. Frameworks and analogies from varied sources are being used to help conceptualize SCI.

*Precise SCI theory construction requires a particularly close coordination with ongoing social and community processes. The complexity of naturally occurring events is best captured by both adapted and new perspectives.*

## METHODS

The problems and promise of empirical research in natural settings go back at least to Kurt Lewin and "action research" (17). If community research's promise is rich, its problems are formidable. Cowen, Lorion & Dorr characterize the community researcher's fate as that of a trespasser in a changing social system which values "doing" more than "studying" (77). They encourage investigators to share their struggles in hopes that documented lessons will accumulate. One essay in this vein showed how the structure and values of a host organization dictated specific methodological accommodations (114).

Community researchers must grapple with another challenge besides inconvenience. Social community interventions are obliged ultimately to explain community forces and not simply sidestep them as research obstacles. The methodological problem is capturing the holism of natural processes without sacrificing precision and the possibility of sorting out cause and effect. Such challenges probably contribute to the high ratio of anecdote and theory to research (73, 291).

SCI problems increasingly attract the attention of expert methodologists. Evaluation research, a specialty generating solutions appropriate for all field research, has gained enormously in sophistication and prestige. Major approaches are organized

and surveyed in a chapter appearing in Volume 27 of the *Annual Review of Psychology* (270). The *Handbook of Evaluation Research* (331) is an excellent reference to evaluation methods which includes a wide variety of applications.

Like the community intervener, the community researcher must be broadly knowledgeable, flexible, and inventive. Researchers in the Rochester, New York, Primary Mental Health Project have devised instrumentation and experimental designs to secure informative data from a natural setting. They have developed teacher referral and screening instruments (67, 75), a technique for classifying students according to problem type (210), and applied factor analysis to the study of nonprofessional therapist characteristics (95).

The plan of another flexible research program has appeared (194, 318). This program uses multiple techniques to obtain and analyze data on paraprofessionals, clients, and the social system where they interact. Isolating predictors of therapist effectiveness, for example, employed a variety of multivariate procedures, and necessitated inventing a new procedure for analyzing multitrait, multimethod matrices (136). In community work, particularly where community priorities guide problem selection, doing good work means selecting or inventing methods to suit the problem rather than focusing on problems which fit familiar methods.

One possibility to expand the empirical base of social and community interventions is to use existing information such as social indicators. Quasi-experimental methods allow existing data on social phenomena to approximate "natural experiments" (14, 298, 314). In one example (196), displaying frequency of reported sex crimes in time series demonstrated the positive effects of liberalizing pornography laws. The study tested and did not find support to alternative hypotheses (e.g. changes in attitudes toward reporting sex crimes) for the observed decline. Similarly, psychiatric case registers are existing data sources with potential for answering important research questions. Case registers have been applied to studying social and family aspects of mental disorders (34) and for follow-up comparisons in evaluating community-based interventions (78).

There are several techniques which, though rarely reported, are naturalistic, unobtrusive, and comprehensive. One well-established technique, participant observation, has been recommended to program evaluators (13, 120) and seems appropriate for many social community purposes. Intensive multivariate study of the single case is well suited to the study of social processes over time (21). Given information about client referrals and client pathways through the human service network, the methods of network analysis (49, 50) and systems analysis (246) have much to contribute. These procedures quantify transactions among interdependent social units. All of the above methods make it possible to work with large-scale, complex phenomena without abandoning an empirical orientation.

Many social and community theories have variables represented in forms not controllable by an experimenter. However, we need not abandon hope of establishing causation. Williams (370) describes a process for building empirically based theory about social conflict which has general application to social and to community theory building. He sketches a sequence in which field observations suggest

hypotheses that are tested in the laboratory and then retested for validity under natural conditions in controlled field studies. Construction of quantitative causal models is another approach to theory testing. Frequently we are forced to rely on only correlational data. An existing procedure, path analysis (35) provides rules for making causal inferences from networks of correlations. Maris (219) illustrates the application of path analysis in testing a theory of suicide attempts. Nonetheless, causal inferences from path analysis can be equivocal. The classical randomized experiment which nails down causality is feasible under naturalistic conditions and has an important role in SCI methodology (112, 290).

Epidemiology is most closely identified with the body of knowledge on occurrence and distribution of disorders (88). Epidemiological methods are well suited for data gathering to tackle several social and community problems (152, 291). One novel application of epidemiology is counting incidence and prevalence of disorder to keep abreast of community needs. King, Morgan & Smith (188) describe how monthly tabulating of the incidence of problems reported by callers to a telephone crisis center provides an index of problem trends. These data served as a community-wide assessment which gives a basis for rational allocation of helping resources. Newbrough (249) relates how establishing the frequency of presumably stressful events can point the way for primary prevention.

Epidemiological indices can also serve as criterion variables. Bloom (38) measured the impact of reorganizing mental health services community wide by comparing epidemiological data collected before and after the change. As the field matures, epidemiology should supply the "acid test" of interventions purportedly delivering effective mental health services on a truly community scale.

Multiple foci and consequences of intervention require simultaneous use of many methods for studying the problem at hand. The field of program evaluation is an active source of rigorous methodology. Innovative uses of epidemiological methods and already existing data, such as social indicators and psychiatric case registers, seem promising.

*Seeking out methods of data collection and analysis which conform to situational constraints is a weighty challenge. The character of social community problems demands methodological resourcefulness and flexibility.*

## EDUCATION AND TRAINING

There is a large literature on training professionals, nonprofessionals, and citizens for roles in community mental health and community service. Primary sources for this literature are: 10, 98, 122, 135, 207, 269, 322, 380, 381. The examination of professional roles as they relate to community work includes articles on nursing (383), the clergy (100), biostatistics (44), social work (362), and the psychiatric aide (72). At long last, one of the most important persons in the mental health enterprise has been cited and applauded: the secretary (256). These publications examine the similarities and differences between doing community work and doing clinical work, describe community-oriented training programs, and point out how mental health

professionals can learn skills for doing community work. A framework for satisfying extended community service needs through the use of cost-effective ancillary resources has been suggested.<sup>4</sup>

### *The PhD Psychologist*

Attention to the psychologists' role in social and community interventions has continued following the commentary on training by Iscoe & Spielberger in 1970 (166). These reflections focus primarily upon either the delineation of clinical-community vs community psychology roles (39, 161, 162, 306) or offer new preferred roles for the community psychologist (3, 4, 8, 30, 165, 180, 182, 248, 297, 318, 353).

A contribution for understanding the developmental histories of community psychologists is a collection of essays by five community psychologists—J. Chinsky, I. Iscoe, J.R. Newbrough, G. Rosenblum, and E. Trickett. They openly discuss their careers, their worries, and the work that makes them feel good (130). The report of the conference on levels and patterns of professional training held in Vail, Colorado, in 1973 includes recommendations for the training of community psychologists (193). The report of the National Conference on Training in Community Psychology, held at Austin, Texas, in the spring of 1975 evaluates the first decade of the field and presents new conceptual frameworks for the future (167).

In addition to program descriptions emphasizing graduate education for careers in community work within departments of psychology, published reports are available about training in autonomous professional schools (93, 118) and multidisciplinary programs (33, 40, 346, 351, 352, 354). These discussions highlight the glow arising from achieving new insights along with the role strain produced by working in new and different settings. Both the Vail and Austin conferences encourage psychology to venture out and develop a variety of settings for education. Pluralistic approaches to education have been advocated; the task now is to act on these ideas.

Renner (289) has raised the question of whether community psychology and community psychologists have become, perhaps unwittingly, servants of national, state, or local political goals. The awareness of this unspoken yet basic issue for the future education of community psychologists was eloquently articulated by Seymour Sarason in an invited address to the American Psychological Association in 1975 (309). The topic of community psychologists' relationship to public policy is expected to be seen more often in print including the searching of souls about past cooptations.

### *Community Service by Persons Trained at the A.A. and B.A. Levels*

A.A. and B.A. level persons are as important as doctoral level workers in the development of effective mental health services. During the period of this review,

<sup>4</sup>Christensen, A., Miller, W.R., Muñoz, R.F. "Paraprofessionals, Partners, Peers, Paraphernalia, and Print: A Model for the Use of Therapeutic Adjuncts in Prevention, Treatment, and Maintenance." Submitted for publication, 1976.

a number of useful handbooks, guidelines, and procedures have become available (87, 115, 119, 239) as well as a directory of degree-granting programs in the human services (282).

### *The B.A. Level and Nondegree Worker*

The role of the undergraduate student as an active participant in community programs as tutor, companion, and behavioral therapist has increased (9, 131, 133, 169, 179, 181, 221, 287, 313, 320, 337, 358). A very provocative and comprehensive report of the role of the undergraduate in community work is a published report of a Master's thesis at the University of Illinois (5). College volunteers working with first grade and kindergarten children from poverty level families instituted two intervention programs: structured reading and companionship. The structured reading program was found to be more effective with both first grade and kindergarten children. Comparing treatments in this way is essential in illuminating valid service roles.

A number of articles present frank accounts of attempts to design service roles for citizens with or without A.A. or B.A. level degrees or specific training. The articles as a group express the "do's and don'ts" when training "indigenous" persons (6, 48, 68, 106, 153, 195, 341, 361, 385).

The level of education, B.A. or A.A. degree, is not the only variable for effecting the performance of human service roles. The University of Rochester program (94, 95) is providing a framework for predicting the performance of effective nonprofessionals, both in terms of job performance and personality attributes. An incisive and coherent source for thinking about the education of the paraprofessional is the writings of Pearl (265-267). He persuasively advocates that the nonprofessionals must have a workable theory of social change, personal and professional competences, active social support, and political savvy to create new professional roles for themselves.

### *The Citizen as Influential Volunteer*

There is estimated to be 50 million Americans involved in five million voluntary groups (83). The reader can choose from illustrative examples describing the effectiveness of volunteers in community service programs (25, 26, 105, 178, 252, 305, 324, 338, 359, 366). The general pattern of the evaluations is that citizens who carry out helping roles do perform very well and increase their own sense of self-worth when doing so. Volunteering for community work is good for the community and for the volunteer.

Citizens serving on governing boards of community service agencies can breathe easier. The published work of Briscoe et al (42), Meyers et al (223, 224), Beck (23), and the excellent reviews of the literature prepared by Paschall (261) and Mogulof (227) all point to these facts: citizens can be trained to be better problem solvers as board members (42); citizen board accomplishment can be predicted (223, 224); for citizen participation to work, both professionals and citizens will need training (227, 261). A manual for CMHC board members offers explicit and helpful guidelines for citizen participation (377).

Koleda (191), in reflecting upon our society and our education, suggests that the common goal for all training and education is a "guaranteed lifelong usefulness." He advocates continuing education, job upgrading opportunities, and career switching options as a matter of course at all levels of education and for all ages. Now that is a good notion for a community psychology!

The mental health professions are sorting out the similarities and differences between clinical and community service. Debates over role boundaries and preferences for professional practice are expected to continue.

*SCI skills are beginning to be identified as important topics in their own right. There is an optimistic mood in the literature that competences for SCI work will be defined and realized.*

It is established that persons with A.A. and B.A. degrees as well as citizens, either as volunteers or as paid staff, provide quality community service. As yet they are not recognized in terms of salary, occupational mobility, or professional status for their contributions.

*As new roles for SCI develop, the variety and availability of A.A. and B.A. professionals, and citizens, can provide new resources. The delivery of SCI can accommodate to the competences of the person doing the work, rather than relying upon the formal level of achieved education as the sole criterion for professional worth.*

## FINALE

The conclusions presented at the close of each section of the chapter summarize the trends expressed in the literature. We have focused upon the data, the theoretical ideas, and the examples of service delivery that are observable issues for the years 1972-76. We have intended to reflect and communicate the major themes, to denote them, and to clearly set them before you.

The literature that has accumulated during the past 4 years expresses a maturity and a sense of confidence when coping with doing community work. There is a tangible, positive mood and an explicit movement away from doing work derived solely from the traditional orientations of the psychologist. Psychologists are adapting traditional methods and concepts, and coming up with new SCI that go to the heart of applied problems to meet the needs and hopes of citizens.

There is an obvious and compelling complexity in trying to understand the work of SCI. We expect that the creation of methods and theories developed by the psychologist can continue to expand so that new SCI can affect public policy and produce useful community and preventive programs. We have the belief that a definite part of SCI is intuitive and personal, not shared, and not yet in print. We urge the field to provide opportunities for those who are doing community work but not publishing it to share with us what they know. We urge the creation of oral history programs to document the intricacies and subtleties of doing community work. We believe that the field needs supplements to material published in the journals and books, particularly related to the process of the hows and whys of doing community work. Biographical and autobiographical accounts are needed to go beyond the abstract, technical, and often truncated presentations of substantive findings.

We have been impressed and gratified to see others besides psychologists work, worry out loud, and write about the scientific and value issues facing the community-oriented psychologist. In this regard, the psychologist devoted to SCI can benefit and be encouraged by the material published in the journals of other professions. There are an increasing number of social and behavioral scientists, planners, journalists, and citizens, who are interested and are working hard on the same or related topics. Yet the psychologists' contributions are still unique. Looking for and relating to the writings of nonpsychologists not only educate us, but help clarify for us what it is in SCI that is uniquely psychological. Our identity is clarified by seeing how we fit. These are the latent directions. What about the future?

We present the following options to ourselves and to the reader for propelling the evolution of SCI. In the future SCI can:

1. Design new means of communication and new social settings for those of us doing, evaluating, and thinking about SCI, so that our results are widely seen, articulated, digested, and considered.
2. Become more directly involved with the evaluation of public policy in the governmental, political, and community settings where policy is made.
3. Instill within our education and training programs a tradition of devoting a proportion of SCI resources expressly for working on citizen-selected problems.
4. Increase the commitment of psychologists to work with other professions and citizens on SCI. We can know our place in the world of SCI by working with others unlike ourselves.
5. Clarify, sort out, and make explicit the boundaries and the roles for citizens and professionals in service delivery, program evaluation, program development, and public policy. Can we psychologists in SCI do anything better than anyone else can do?
6. Place more intellectual and financial resources and attention on the design and evaluation of community based social experiments. We should not shy away from investing in planned trial and error.
7. Pay attention to the economic properties of social and community interventions. Social and community interventions carried out without a commitment to improve economic resources of the community or the economic well-being of citizens will be pale and inconsequential.
8. Increase efforts to understand the personal qualities and abilities involved in designing and carrying out community work. Can we select, educate, and train for community work? Does the performance of SCI involve the same or different qualities as carrying out other professional roles? So far we have only vague hunches.
9. Spend more time, energy, and creativity to understand natural support systems, social networks, and social support. Understanding these social processes will help us understand what is valuable in the social organization of communities. If we can increase our insight about the workings of social structures, we can know better why and where we should intervene.
10. Pay more attention to theories and philosophies of social change. SCI are often derived from implicit premises about how social organizations work that don't always fit natural conditions. We also need to know more about the motivations

and aspirations in ourselves for doing SCI. If we aren't sure why we are doing what we are doing, how can we cope well with the resistances to our work?

11. Learn as much as possible about the management of conflict. SCI involves, whether we anticipate it or expect it, the management of personal, organizational, and community conflict. When a SCI is set in motion, we are raising the level of conflict. Can we anticipate the positive and negative forces we set in motion?
12. Direct more efforts to the teaching of personal and social competences, and give more conscious attention to the creation of supportive environments. These acts may give substance to the concept of primary prevention.

These are some ideas that stand out. They make sense to us for the next phase of SCI.

## APPENDIX

Information on social and community interventions is available through a variety of sources including automated information retrieval systems, abstracting and indexing services, government publications, informal reports of research projects, proceedings, dissertations, pamphlets, and specialized publications. A brief list of information sources is cited below:

### *Search Systems*

Automated search and retrieval systems represent the quickest and most efficient method of bibliographic control. Christian (65) lists selected publishers of machine-readable data bases. The search systems include:

1. PsychINFO — American Psychological Association, 1200 17th Street, N.W., Washington, D.C. 20036, the automated data base version of *Psychological Abstracts*.
2. COMPUTER INFORMATION SERVICES OF THE NATIONAL CLEARINGHOUSE FOR MENTAL HEALTH INFORMATION (NCMHI) — Alcohol, Drug Abuse, and Mental Health Administration, 5600 Fishers Lane, Rockville, Md. 20852. Reader generated bibliographies are available without charge to anyone within the mental health professions.
3. DATA BANK OF PROGRAM EVALUATION (DOPE) — School of Public Health, U.C.L.A., 10833 LeConte Avenue, Los Angeles, Calif. 90024. A computerized field of brief reports of evaluations in the mental health field appearing in over 100 journals and unpublished sources since 1969.
4. NATIONAL TECHNICAL INFORMATION SERVICE (NTIS) — 5285 Port Royal Rd., Springfield, Va. 22151. A semi-monthly, computer-printed, bibliographic data base by the U.S. Department of Commerce for information generated under federally funded research. NTIS also issues *Behavior & Society*, a weekly news service.
5. LOCKHEED INFORMATION SOURCES — 3251 Hanover Street, Palo Alto, Calif. 94304. A commercial data base including *Psychological Abstracts*, *ERIC*, and *NTIS*.



### *Indexing and Abstracting Services*

In addition to *Psychological Abstracts* and the *Catalog of Selected Documents in Psychology*, published by the American Psychological Association, five other helpful indexing and abstracting services for the topic of social and community interventions are:

1. **SOCIAL SCIENCES CITATION INDEX** — Institute for Scientific Information, 325 Chestnut Street, Philadelphia, Pa. 19106. Issued three times a year. Access to information is also available through a Permuterm (subject) index, corporate index, and source index.
2. **BULLETIN OF THE PUBLIC AFFAIRS INFORMATION SERVICE (PAID)** — Public Affairs Information Service, Inc., 11 West 40th Street, New York, NY 10018. A selective list of latest books, pamphlets, government publications, reports of public and private agencies, periodical articles relating to economic and social conditions, public administration and international relations published in English throughout the world. Issued weekly except for the last two weeks of each quarter.
3. **SUBJECT GUIDE TO FORTHCOMING BOOKS** — R.R. Bowker Company, 1180 Avenue of the Americas, New York, N.Y. 10036. A list of books expected to be published in the United States during the next five months. Issued bi-monthly.
4. **JOURNAL OF HUMAN SERVICES/ABSTRACTS** — Project Share, P.O. Box 2309, Rockville, Md. 20852. January 1976 was the first issue of this quarterly journal of documents. Project Share makes available a broad range of documentation of subjects of concern to those responsible for the planning, management, and delivery of human services.
5. **EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)** — National Institute of Education, Washington, D.C. 20208. Indexes and abstracts documents processed through clearinghouses in the ERIC system. Contains author, subject, and institution indexes. Issued monthly.

### *Federal Sources*

The following federal government sources are recommended for the topic of social and community interventions:

1. **MONTHLY CATALOG OF UNITED STATES GOVERNMENT PUBLICATIONS** — Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.
2. **INDEX TO U.S. GOVERNMENT PERIODICALS** — Infordata International, Inc., Suite 4602, 175 E. Delaware Place, Chicago, Ill, 60611. Published in May, August, November, and March.
3. **CIS/INDEX TO PUBLICATIONS OF THE U.S. CONGRESS and AMERICAN STATISTICS INDEX** — Published by the Congressional Information Service, Inc., 7101 Wisconsin Avenue, Washington, D.C. 20014. A comprehensive guide and index to the statistical publications of the U.S. government. These

two sources will yield valuable data concerning hearings, witnesses, proposals, legislation, and other vital information including corresponding statistical data related to federal government activities in the mental health field.

### *Specialized Sources*

1. InterDOK — A directory of published proceedings, InterDOK Corporation, P.O. Box 326, Harrison, NY 10528, is a bibliographic directory of preprints and published proceedings of congresses, conferences, symposia, meetings, seminars, and summer schools. Issued monthly 10 times a year, September to June.
2. RESEARCH GRANTS INDEX — U.S. National Institutes of Health, Division of Research Grants, Bethesda, Md. 20014. This annual publication provides information on health research currently being conducted by non-Federal institutions and supported by the health agencies of the Department of Health, Education, and Welfare.
3. PUBLIC AFFAIRS PAMPHLETS — 381 Park Avenue, S., New York, NY 10016, issues interesting and easy-to-read pamphlets addressing problems in mental health, family relations, social problems, etc.
4. ALTERNATIVES IN PRINT: CATALOG OF SOCIAL CHANGE PUBLICATIONS, 1975-76 (7) — A specialized guide to publications available from nonprofit, antiprofit, counterculture, Third World movement groups and the free press.

The personal and informal exchange of information among us still remains the most important and most valuable information source.

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