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Reflections on a Community Psychology Setting and the Future of the Field

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Abstract

The 50th anniversary of the Swampscott Conference offers an opportunity to reflect on a community psychology setting, The Consultation Center at Yale, that was formed in response to the 1963 Community Mental Health Act and the 1965 Swampscott Conference. The Center has flourished as a community psychology setting for practice, research, and training for 39 of the 50 years since Swampscott. Its creation and existence over this period offers an opportunity for reflection on the types of settings needed to sustain the field into the future.

The 50th anniversary of the Swampscott Conference offers an opportunity to reflect on a community psychology setting that has existed for 39 of those 50 years: The Consultation Center at Yale. The Center was formed in the crucible of the 1960s that resulted in the 1963 Community Mental Health Act and the Swampscott Conference, and has flourished as a community psychology setting for practice, research, and training ever since. Its creation as a setting and sustained existence over this period provides those of us at the Center a unique opportunity for reflecting on the future of the field, and the types of settings needed to sustain it.

Since its inception in 1976, the Center has been a collaborative endeavor of three entities – the Department of Psychiatry, Yale School of Medicine; the Connecticut Mental Health Center, a state-funded community mental health center; and The Consultation Center, Inc., a nonprofit 501(c)3 organization. The mission of the Center is to promote health and wellness, prevent mental health and substance abuse problems, and advance equity and social justice (www.consultationcenter.yale.edu). With eleven full-time psychology faculty in the Department of Psychiatry, Yale School of Medicine, the Center serves as a multidisciplinary training site for psychology pre-doctoral interns and postdoctoral fellows as well as master's students in social work, nursing, education, divinity, and public health (Tebes, Kaufman & Chinman, 2002). A hallmark of the Center's work is close collaboration with community stakeholders to effect social change.

Historical Context

Two seminal events closely tied to the birth of community psychology led to the establishment of The Consultation Center: the Community Mental Health Act (CMHA) and the Swampscott Conference. Signed into law in 1963 by President John F. Kennedy, the CMHA redirected federal resources away from large state facilities to build community mental health centers that would provide comprehensive mental health services: inpatient and outpatient care, partial hospitalization, crisis services, and consultation/education services (Rochefort, 1984). One of those centers was the Connecticut Mental Health Center (CMHC), which was built in New Haven, Connecticut in 1966 through a collaborative agreement between the Connecticut State Department of Mental Health and the Yale School of Medicine, Department of Psychiatry. The CMHC celebrated its 50th Anniversary this year, and because of the federal requirement to provide consultation/education services, from the beginning it has implemented community-based prevention, psychoeducation, and consultation services through one of its community clinics that also provided clinical services (Steiner et al., 2016). Ten years later those services were organized into a separate site, The Consultation Center, which focused exclusively on community-based services, research, and professional training (Tebes et al., 2002).

The other seminal event that led to the Center's development was the *Boston Conference on the Education of Psychologists for Community Mental Health*, held in Swampscott, Massachusetts in 1965. One goal of the conference was to develop strategies for training psychologists involved in community-oriented mental health programs. Community mental health, defined as "active participation in community affairs on the part of mental health personnel, preventive intervention at the community level, and collaboration with responsible laymen (sic) in reducing community tensions" (Anderson, Cooper, Hassol, Klein, Rosenblum & Bennett, 1966, p. 1) was, at the time an emerging area of work. As noted in the conference proceedings, psychologists (mostly clinical but some social psychologists) were already involved in program development as well as consultation to community organizations to promote mental health and to create healthy environments, even though most had not been trained in these new professional roles (Anderson et al., 1966). State departments of mental health and federal agencies, such as the National Institute of Mental Health, were eager to enhance educational opportunities for clinical psychologists in community mental health settings to do community-oriented work, which provided an impetus to define a new area of practice, community psychology (Anderson et al., 1966).

Since The Consultation Center began as part of a multidisciplinary clinical site that included psychologists, social workers, psychiatric residents, nurses, and paraprofessionals (and then moved to a new location separate from the clinical service in 1980), the Center always adopted an interdisciplinary, team-based approach to carry out its mission, which early on also included a life-span developmental focus. Thus, Center faculty and staff provided a range of consultation, education, and prevention services, including: clinical and organizational consultation to Head Start Centers, youth-serving organizations, schools, and community social service organizations; training to professionals and psycho-educational workshops to community members on a range of prevention and health promotion topics; and program and systems development consultation to city and state leaders to improve

practice and policies. Since community psychology faculty served in leadership positions at the Center, they also developed related research programs that integrated practice and research. In many ways, early Center faculty viewed their work as continuing the tradition of the Yale Psychoeducational Clinic (Sarason, Levin, Goldenberg, Cherlin & Bennett, 1966; Goldenberg & Levine, 1969) which served as a pioneering setting for community psychology from the early 1960s to the mid-1970s. However, because the Center was a part of a community mental health site and a medical school, there were different institutional incentives to sustain it as a practice, research, and training site.

The Medical School Context

Being embedded in a medical school has shaped the Center in fundamental ways, which is instructive for community psychology's future. At Yale, as is true in most medical schools, settings operate mostly on "soft" money in which faculty must obtain grants and contracts to support the viability of the setting. Typically, this is done through a combination of practice, research, and training, although some sites may emphasize one or more of these areas. Medical school settings that thrive usually embrace an entrepreneurial spirit, an interdisciplinary approach, and a commitment to collaborations within and outside the setting. Each of these attributes aligns well with several of Kelly's well-known "qualities for the community psychologist" (Kelly, 1971), such as "a commitment to risk taking", "coping effectively with varied resources", and adopting a "defined area of competence." As community psychologists, Center faculty also value other Kelly-ascribed qualities, including a commitment to diversity, adopting an ecological identity, balancing "patience and zeal" when working with community stakeholders, and being willing to give away credit to the community, or as Kelly describes it – "giving away the by-line." Medical school settings are committed to translational research, in which science moves from bench to bedside to community settings (Drolet & Lorenzi, 2011; McHugh & Barlow, 2010). Although community psychology does not usually focus on translating biological agents into community settings, our field does emphasize knowledge translation across ecological levels, particularly from the individual to the community or systems-level (Tebes, Thai & Matlin, 2014; Case, et al., 2014). However, through collaborations with medical school colleagues in other departments, Center faculty have begun to expand their understanding of health, wellness, and prevention in order to examine the contribution of biological and genetic processes to understanding social problems (Crusto, de Mendoza, Connell, Sun & Taylor, 2016; Strambler, Linke & Ward, 2016; Steeger, Cook & Connell, 2016; Cook, Chaplin, Sinha, Tebes & Mayes, 2012). We view this extension into understanding inter-individual levels of influences, and their interaction with intra-individual and contextual influences, on healthy development from a community psychology perspective. Translational research may also include examination of implementation in community settings (Damschroder, et al, 2009; Martino, et al, 2016), another focus of community psychology (Spoth et al., 2015; Wandersman, Chien & Katz, 2012).

The Center's location in a medical school also has encouraged faculty to consider interdisciplinary team-based research and practice, which aligns well with work done in community psychology. Interdisciplinary and collaborative approaches are also consistent with the emerging focus on team science (Stokols, Hall, Taylor, & Moser, 2008).

Community psychologists have much to offer team science, particularly if one considers the overlap between interdisciplinary team science and community-based participatory research (Tebes et al., 2014; Tebes, 2016). As community psychologists in a medical school, not only have we learned much about social and community change processes from collaborations with colleagues in kindred disciplines, such as public health, nursing, social work, and psychiatry, but also from those less common to community psychology, such as primary care, pharmacology, health economics, and biomedical ethics. These collaborations have expanded our thinking about what can be achieved in promoting health and wellness as well as equity and social justice, which are central to research, practice, and training in community psychology.

Mentorship and Training

Vital to the Center's work is ongoing training at the graduate and postdoctoral level of the next generation of scholars and practitioners in community psychology and related fields. Since its inception, the Center has provided mentorship and training to students in psychology, social work, nursing, and public health, and at any given time, about one quarter of the 120 or so people working at the Center are students of some kind, or are planning to become students in the near future. Throughout its history, the Center has supported pre-doctoral psychology internship training in clinical/community psychology. Depending on whether interns have a "primary" or "secondary" placement at our site, they spend considerable time engaged in applied community intervention and research, for which they also receive individual and team-based supervision. These are supplemented by site-based, didactic training in community psychology. With the support of a NIDA T32 postdoctoral research training grant, the Center also trains postdoctoral fellows in prevention research who come from various fields in psychology, as well as from public health, human development, and social work. By design, fellows work with two mentors, at the Center or elsewhere in the medical school, so that they obtain multiple perspectives to guide their career development. As a result, they often are trained to consider complex health and social problems at multiple levels (e.g., individual [behavioral, brain, and/or biological], family, peer, school, neighborhood, service systems, policy).

This mentorship model of training (Belar & Perry, 1992) provides opportunities to educate emerging professionals, including community psychologists, in the application of science in the community as well as in conducting community-based research. Since most faculty at the Center completed their pre-doctoral and/or postdoctoral training there, faculty have direct experience in ensuring that training experiences remain dynamic and responsive to students' needs. We view our role as helping advanced students build on the skills they have gained through excellent graduate school training in community psychology or in related fields by mentoring them in community psychology practice and/or research, depending on their interests. For pre-doctoral interns, this bridging of academia with applied experience helps them consolidate their graduate training, develop areas of competence, and select new areas for further development. For postdoctoral fellows who already are committed to some form of research career in community psychology or a related field, mentorship emphasizes articulating an independent program or research as they seek an external faculty or research position. For both types of students, we believe that the combination of mentorship and

training in a community psychology setting that values practice as well as research reinforces the principles, competencies, and values of our field. We also believe that the creation of other community psychology settings that have this dual focus for training – integrating practice and research in a center exclusively focused to doing so – will grow and sustain our field.

A Community of Scholars and Practitioners

Another unique feature of the Center that we believe is instructive for the field are the benefits that accrue from being part of a faculty group that is supportive, collaborative, and committed to the Center's mission. Although not all of our faculty are community psychologists, all embrace the values, principles, and competencies of the field (Kloos, Hill, Thomas, Wandersman & Elias, 2012). In addition, all faculty are scholars as well as practitioners, so debates about the primacy of each make little sense. Having colleagues with community and applied interests is a real asset to the research done at the Center, and having scholarship and research provide a foundation for community practice enhances the capacity of faculty, students, and professional staff to engage in applied work. Supported by like-minded colleagues, Center faculty are also more willing to take risks, which drives innovation. Each of us can recount instances in which we have done important work with communities that we would not otherwise have done without the support provided by our setting. Also, since our stakes are tied to one another because of the “soft money” medical school environment, we are incentivized to collaborate and innovate, often rotating roles and responsibilities as researchers, practitioners, or student mentors depending on the particular project or initiative. This context has mostly benefitted the Center and our work, and holds promise for what our field can accomplish through the creation of similar community psychology settings.

Challenges in Sustaining a Community Psychology Setting

Although the “soft money” environment incentivizes internal teamwork, external collaboration, cross-specialty competencies, and entrepreneurial risk taking, it also poses a number of challenges. One such challenge is stress. Since about 90 percent of the Center's support is grant or contract funded, our faculty and professional staff submit about 50 grants per year, or an average of about 5 grants per year per faculty member. A related challenge for faculty is establishing and sustaining a cohesive program of research in an uncertain funding environment. One approach to these issues is developing a collaborative network of colleagues that allow faculty to sustain an area of work even if they are not always the lead or principal investigator.

Another challenge is that the type of work done in community psychology, often with marginalized populations, is not always adequately supported. The bulk of the Center's work takes place in under-resourced communities and institutions (e.g., public school systems, city and state departments, publicly-funded services systems) that often do not have the time, funding, or expertise to sustain this work independently. A related challenge, one that is common for all community psychologists, is the time needed to do rigorous community research or sustained community practice. As is well known, partnerships and community

collaborations take time, and initially are navigated without funding support. For our setting, this creates inevitable tensions between our values as community psychologists and our need to pay the bills to sustain our teams and organizational bottom line.

A final challenge is that, frequently, the promotion and tenure process at our academic institution does not always align with the values of our field. As noted above, the slow pace of collaborative work in community settings means that publications dependent on data generated from those collaborations are slow to reach fruition. In addition, community collaborations do not always allow for the most rigorous quantitative designs favored by high impact journals, thus further compromising faculty opportunities for career advancement. Fortunately, over the years as our faculty have successfully navigated the promotion and tenure process within our department, the Center's work has increasingly been valued for its rigor, cultural embeddedness, participatory nature, practical benefit to communities, and policy impact. This is due, in part, because of mainstream professional and scientific acceptance of community-based and public health approaches.

Implications for the Future for Community Psychology

This Commentary was intended to describe a unique community psychology setting that has been sustained for almost 40 of the 50 years since the founding of community psychology at Swampscott. A by-product of doing so was to illustrate the benefits and challenges of being a community psychologist in a setting explicitly established for community psychology practice, training, and research during this time. In describing The Consultation Center as a setting, some readers may have been reminded of some themes from Seymour Sarason's seminal 1972 book, *The Creation of Settings and the Future Societies*. One theme introduced by Sarason in that book was the concept of "before the beginning" in relation to a setting – that is, the local and historical context that gave rise to a particular setting and shapes a setting's development and trajectory. For The Consultation Center at Yale, the "before the beginning" phase included the 1963 Community Mental Health Act and the 1965 Swampscott Conference, combined with sufficient and timely resources as well as committed leadership to create a setting at a moment in time. Together these led to the creation of the CMHC and eventually the Center itself. However, these confluences also guaranteed that the Center would be established as a particular type of community psychology setting, one aligned with the community mental health movement and nested in a comprehensive state psychiatric hospital. The setting that formed thus became a *clinical* community site, albeit one with a decidedly community and systems focus. In this respect, one might argue that from its earliest beginnings, the Center embodied what the Swampscott founders originally envisioned – a community psychology grounded in clinical psychology but facing outward toward the world, beyond clinical psychology. That vision, however promising, was as constraining to the future of the field as were the Swampscott founders themselves, given their professional and cultural histories, and thus represents just one possible vision for a community psychology setting.

Our own experiences in one longstanding community psychology setting prompts us to call for the creation of other such settings, but ones that fit the contemporary *Zeitgeist*. Examples of such settings might include a start-up social enterprise, a community action site, an

educational policy institute, a youth-run company, or a university or medical school organization. If our experience is instructive, it is that settings that blend practice, research, and training – with roots in community psychology alone or aligned with other fields in psychology or other disciplines – have extraordinary promise for sustained collaboration and innovation. Thoughtful consideration of incentives to grow and sustain the work within the setting so as to provide opportunities for cross-fertilization, ongoing constructive feedback for new ideas, and support for professional risk taking are essential. To the extent that such settings promote the integration of research and practice as the basis for knowledge generation and professional training; encourage interdisciplinary, team-based collaborations within and outside one's setting; and establish a supportive environment of like-minded scholars and practitioners, they will advance our field's growth and sustain its future.

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