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By Don Bishop



TPA: Psychology's Political Party

Walt Cubberly, PhD

At the birth of the Texas Psychological Association (TPA) 55 years ago, TPA was composed of a handful of Noble Individuals who got together to discuss Noble Ideas (I believe this is a quote from Dr. Joe Kobos). At that time, licensure was not even a gleam in anyone's eye. Politics were for cigar smoking, non-psychologist men in back rooms brokering deals over pork (i.e. government contracts) and stopping the spread of communism. In 1947, TPA served a social purpose for academics. Continuing education was not a requirement, rather something professionals did for fun, excitement, and growth.

Times change, however, and the role of TPA has changed along with the evolution of our field and the challenges facing psychologists. TPA is no longer unique in providing a place for noble psychologists to get together to socialize, network, and discuss the relevant issues of the day. This is better done through your local area society (LAS). TPA has never been unique in providing excellent continuing education. APA and your LAS are often quite good at this (TPA's "Paris in the Springtime" CE Program notwithstanding).

TPA's main mission 55 years after its birth has become political. TPA became political out of painful necessity. We discovered Nobleness alone left us as fresh meat for groups who were better prepared for survival. Nobleness by itself was very ineffective in getting bills passed that benefited the people we served. TPA, therefore, became the political party representing our still Noble Profession and the Noble People we serve. At this task, TPA is unique.

No other organization will represent you before the State Legislature to negotiate for your rights as a psychologist and the rights of your clients. No other organization will stand up against other groups who would very much like to see psychology lose its position as the preeminent profession (based on quality of training) for providing mental health services to the public.

I am excited to serve in a leadership role for the political party that represents such a valuable profession, and proud to be a psychologist. I hope you feel the same sense of pride from being a member of this profession.

I want to thank each of you who has donated to our Sunrise Fund to preserve our license to practice. Elsewhere in this issue we have listed the names of the generous and loyal psychologists who have donated to our Sunrise cause, which will help us preserve our Noble Profession for at least through 2017.

In order to remain responsive to psychologists throughout the state, I have been traveling to various local area societies to talk with our membership. Most recently, I was invited to visit Montgomery County LAS and East Texas LAS in Texarkana. I received very valuable feedback from both groups regarding ways that TPA can better serve our membership and our clients. TPA develops our legislative agenda out of these meetings, as well as input from your elected Board Members. I am struck by the altruism of the psychologists that I talk to on these trips. Almost all are deeply concerned about the people that they serve and want TPA and APA to help improve their ability to better serve these people. TPA will assist as much as our resources will allow. I also encourage other LASs to request a visit. Friday's are my main travel day,

and if you can arrange with your LAS to have me visit, I would enjoy the opportunity.

TPA has put together an outstanding Annual Convention, keynoted by Dr. Irvin Yalom. Opportunities to hear Dr. Yalom speak are extremely limited. He told me he doesn't do these presentations at this late stage in his career because they take away from his opportunity to see patients and write. We had to work very hard to secure his agreement to come. I believe he is the major figure in American 20th Century psychiatry because of his impact on the fields of group therapy and existential psychotherapy, as well as individual therapy. He is the most impressive speaker I have ever heard, and one of the few who is as good in person as "on the page".

Also regarding TPA's state convention, I want to thank Dr. Alan Hopewell, Chair of the convention's Program Committee. We had so many high quality program submissions that we had to reject some very high quality applications only because there weren't times and rooms available to accommodate them. While unfortunate for some who submitted programs, it bodes well for those attending the convention November 14-16 at San Antonio's Hyatt Regency Riverwalk. (In the aftermath of 9/11, we got very good room rates for such a high quality Riverwalk hotel). I am excited about this year's convention and hope to see you there. Registration materials will be mailed during the first week of August or you can register online at www.texaspsyc.org today. ★



Walt Cubberly, PhD
TPA President

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APA's HIV Office for Psychology Education (HOPE) seeks doctoral-level psychologists to become regional HIV/AIDS continuing-education (CE) trainers.

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For additional information contact Christopher Rowe, HOPE program training director, at the APA, by phone at (202) 216-7603, or by e-mail at crowe@apa.org. The application deadline is Aug. 30.

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TSBEP: Meet Its Newest Members

David White, CAE
Executive Director

Over the past several years TPA has become a key player in the legislative process. We have taken a proactive stance to our legislative agenda and legislators are taking notice of our issues. We have been called to deal with key pieces of legislation and have been asked to comment on proposed legislation that directly affects psychologists.

One other area where TPA spends a tremendous amount of time and effort is working with the Texas State Board of Examiners of Psychologists (TSBEP). Once legislation is passed we work closely with the State Board to ensure that the rules and regulations that stem from the legislation protect the best interest of psychologists and the public.

Recently, Governor Rick Perry appointed three new psychologists and two new public members to the TSBEP. With five new members on a board comprised of nine members in total, the majority of the board is new. I was fortunate to attend their first meeting and they all will be a true asset to the board and the profession. I'll briefly introduce you to the board additions.

Pauline Clansy, EdD

Dr. Pauline Clansy of Houston is a psychologist and manager of the Psychological Services Department of the Houston Independent School District. She is a member of the Texas Psychological Association and American Psychological Association, as well as the Houston Psychological Association. She also is involved with the National Association of Black School Administrators, National Organization for Victims Assistance, and the American Red Cross. Dr. Clansy received her bachelor's degree from Monmouth University, her master's degree from Boston University, and her doctorate in education from Ball State University.

Dr. Art Hernandez

Dr. Hernandez of San Antonio is an associate dean in the College of Education and Human Development at the University of Texas at San Antonio. He is a member of the American Educational Research Association, American Public Health Association, Association for Supervision and Curriculum Development, and the National Association of School Psychologists. He received his bachelor's degree from St. Mary's University in San Antonio and doctorate in educational psychology from Texas A&M University.

Jess Ann Thomason

Ms. Thomason of Midland is a retired community leader in property management, children's healthcare issues and non-profit fundraising. She served the Midland Cerebral Palsy Center for more than 23 years and was named Distinguished Fund Raiser by the International Fund Raisers of the United States. Jess Ann is also a former member of the directors of Camp Sweemy, a program for diabetic children. She received her bachelor's degree from Texas Christian University.

Catherine Estrada

Ms. Estrada of Dallas is a community volunteer. She is a member of the directors of Ronald McDonald House in Dallas and Ronald McDonald Charities of Texas. Catherine is a former member of the board of directors of the Dallas/Ft. Worth Ballet

and Fort Worth Opera. Formerly, she worked as a personal investor and as an English and history teacher. She received her bachelor's degree in political science from Hampshire College in Amherst and master's degree in educational administration from Texas Christian University.

Mike Nogueira

Mr. Nogueira of Corpus Christi is president of the First State Bank of Bishop in Corpus Christi. He is a Region 11 board member of the Texas Department of Human Services and a member of the Strategic Directions Advisory Committee of the Texas Department of Protective and Regulatory Services. He is also a member of the state of Texas Foster Parent Program and the Costal Bend Youth City Foster Parent Program. Mr. Nogueira is a member of the Texas State Board of Dental Examiners, Corpus Christi Chamber of Commerce, and the Texas Bankers Association.

We welcome these new members and look forward to working with them in the future. I also want to re-introduce the current Board members and want to convey my admiration for all their hard work and dedication they have brought to these positions.

M. David Rudd, PhD

Dr. Rudd is Professor and Director of Training in the Department of Psychology and Neuroscience at Baylor University. He also maintains a part-time private practice.

He completed his doctoral training at the University of Texas-Austin and completed post-doctoral training at the Beck Institute in Philadelphia under the direction of Aaron T. Beck. He is a Diplomat of the American Board of Professional Psychology. In addition to his clinical work, Dr. Rudd is an active researcher with over 60 publications in refereed journals. He has authored several books, including *Treating Suicidal Behavior* (2001, Guilford) and *Suicide Science: Expanding the Boundaries* (2001, Kluwer Academic Publishers).

Dr. Rudd's research has been recognized through his receipt of the Edwin Schneidman award from the American Association of Suicidology, the Outstanding Contribution to Science Award from the Texas Psychological Association, and the Aleteia Award from the Aleteia International School of Cognitive Therapy in Italy. Dr. Rudd serves on a number of editorial boards and is president-elect of the American Association of Suicidology.

Ruben Rendón, Jr., MS

Mr. Rendón was born in Laredo, Texas and graduated from the University of Houston in 1971 with a Bachelor of Science degree in psychology. He received a Master of Science degree in Clinical Psychology from the University of North Texas in 1975. He worked as a counselor with a federal program (SER Job for Progress) from 1974-75. He began working as an associate school psychologist with Dallas Independent School District in 1975. He specialized in bilingual assessments and assessing children ages 2 through 6. In 1994 he was part of a team that received a Promising Practice award from the Texas Education Agency for their assessment program of young children. In 1996, Mr. Rendón was hired as a Coordinator of Appraisal for the Carrollton-Farmers Branch School District. He currently supervises 6 LSSPs, coordinates the district's bilingual assessment team, and is the system administrator for the special education department's technology software program.

Brian H. Stagner, PhD, (Vice-Chair)

Dr. Stagner has a private practice in clinical psychology and is a clinical associate professor at Texas A&M University in College Station. He obtained his doctorate from the University of Massachusetts and has served as an associate editor for *Clinician's Research Digest* since 1993. He formerly served as the Chair for Ethics for the Texas Psychological Association. Dr. Stagner is the clinical practice psychologist appointment on the Board.

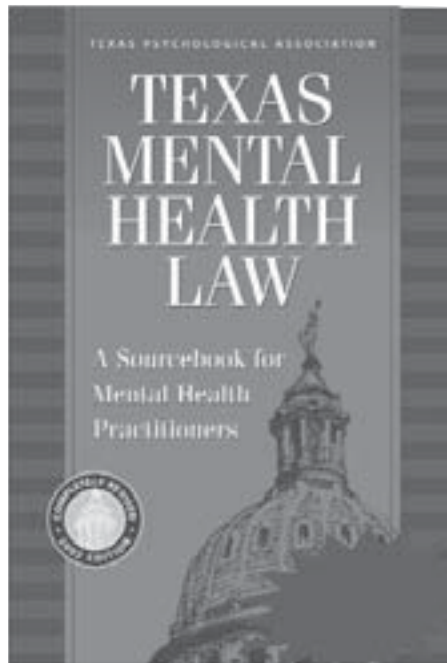
Stephanie Sokolosky, MA

Stephanie Sokolosky was born in Houston, Texas where she graduated from the University of Houston in 1970 with a Bachelor of Science in Education. Her career has focused in public school settings where she has had a variety of experiences, ranging from teaching students from 3 to 22 years old in numerous settings, working as an assistant principal, and providing psychological services. In 1987 she received a

Master of Professional Studies in Art Therapy and Creativity Development from Pratt Institute in New York City.

She continues her interest in watercolor. She currently provides consultant services through the Education Service Center Region 9 in Wichita Falls. Throughout her career, her passion has been in the area of autism and she currently has the opportunity to provide extensive training to teachers, families, and local agencies in an effort to enhance the opportunities for individuals with autism. Ms. Sokolosky is also active in her community where she serves on the Mental Health Planning and Advisory Committee for the local MHMR organization (Helen Farabee Center).

The Texas Psychological Association welcomes all new board members and we look forward to working with the entire board to ensure that the rules and regulations that stem from the legislation protect the best interest of psychologists and the public. ★



TPA has published a NEW edition of the Texas Law and the Practice of Psychology!

The new edition, *Texas Mental Health Law: A Sourcebook for Mental Health Practitioners*, is the most comprehensive book for mental health practitioners ever published. Get the latest information on supervising, ethics, subpoenas, confidentiality, and more. If you have never purchased a reference book on the laws that pertain to your practice...the time to do so is NOW!

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In our Spring 2002 issue of *The Texas Psychologist*, Sam Houston and Merritt McReynolds Marinelli discussed a potential duty to report in the circumstance wherein an adult client discloses that while a minor he or she sexually abused another minor. The answer was, I believe, somewhat overly broad and thereby, misleading, and would tend to encourage abandonment of the long-established duty of confidentiality.

Rule 465.12 (22 Tex. Admin. Code 465.12) spells out the duties of confidentiality, while Rule 465.37 also requires that the psychologist comply with all applicable law. In the scenario provided by Mr. Houston, an adult client discloses that while a minor he or she sexually abused another minor a report should be made, or in the alternative, documentation should be made why a report was not made. More needs to be said about this circumstance.

It is correct that the Tex. Family Code, Chapt. 261, which deals with the duty to report child abuse, is silent on the time in the past at which the alleged offense took place. In fact, Tex. Family Code 261.101 specifically states that a report is required “when a child’s physical or mental health has been adversely affected,” or that when a professional “has cause to believe that a child has been abused or neglected or may be abused or neglected...” then a duty to report exists within 48 hours after the professional first suspicions same. The opera-

no duty to report. Certainly if the reportee was himself/herself the victim, then a therapeutic issue exists to assist the victim in taking such action as might be legally proper.

Thus, I would propose a decision tree be used in contrast to Mr. Houston’s blanket assumption of a duty to report. a) Is there evidence of misconduct such as child abuse (the definitions are in Tex. Family Code 261.101)? b) The second question is very important: Is the victim — at the present time — a child? For purposes of decision making, the question is whether the victim, or likely victim, is yet a child. If “yes” then a duty to report exists. If “no”, then no duty to report is present — save only the circumstance wherein another child was a potential or likely victim.

This may seem like a harsh rule. However, psychologists provide the greater service to the public when they stay in the role that is defined by the rules of practice and the APA Code of Ethics. This means, that from time to time, patients or clients

protect children from present harm rather than designed to punish abusers. That means in evaluating whether or not to report, the therapist should take into account present propensities of the perpetrator and likelihood of potential present victim’s presence and decide to report based on those factors rather than on harm that may have occurred some time in the past. CPS doesn’t want a child harmed this afternoon and they don’t want their names above the fold on the front page tomorrow. That’s the real motivation.” (Ray Hays, PhD, JD, personal communication).

Oddly, were the violation more mundane and less emotionally freighted, most would quickly see that confidentiality is paramount. For example, if the patient/client reported shoplifting, or even embezzlement, the psychologist would likely not rush out to call the District Attorney. Because the issue is so current, psychologists might be tempted to abandon their duties to the patient/client altogether too easily, without warrant — and perhaps subject themselves to an ethics charge or complaint.

One caveat, the issue of maintaining confidentiality if a patient/client reports a criminal act is separate from the issue of whether such information could be revealed in a criminal proceeding. For though privilege exists in civil matters, there is no privilege for physicians in criminal proceedings (save for substance abuse information) Tex. Rule of Evidence 509, and by extension, no privilege would extend to other providers as well. Further, Tex. Rule of Evidence concerning mental health information refers to civil cases. Discussion of this issue is beyond the scope of this comment.

Floyd L. Jennings, JD, PhD

Is the victim — at the present time — a child? For purposes of decision making, the question is whether the victim, or likely victim, is yet a child. If “yes” then a duty to report exists. If “no”, then no duty to report is present — save only the circumstance wherein another child was a potential or likely victim.

tive phrase, however, is not the distance in time from the point of the professional’s knowledge or suspicion, but “the child” — is the victim a child?

The supervening duty with a patient or client is always to maintain confidentiality. That duty is abrogated only under certain circumstances, not all of which will be discussed herein, but which would include child or elder abuse. Thus, if, then, the once minor victim is no longer a minor, there is

may, indeed, report having committed a criminal act at some time in the past. Ordinarily, the psychologist performs no useful public service by being the reportee, by assuming some function of law enforcement or the judiciary. Only in certain limited circumstances does the law require that the fundamental concern for confidentiality be violated.

“As for reporting abuse, the legislative history suggests that the law is designed to

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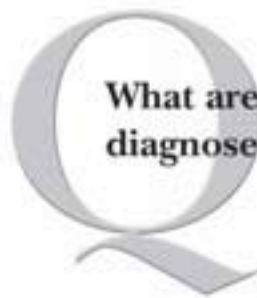
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What Should I Do If a Client Files a Grievance Against Me?

By Sam A. Houston

Every psychologist should be wary of a grievance complaint. A grievance can greatly disrupt your life, and possibly even result in suspension or revocation of your license. Thus, any and all complaints, or even threats of a complaint, must be taken very seriously.

A grievance filed by a client is handled as an administrative procedure and is covered under the Texas Occupation Code § 501. A grievance should not be confused with a malpractice lawsuit, which is a suit for money damages. A grievance may be filed in conjunction with a malpractice suit, or a grievance may be filed on its own. Typically, clients do not have lawyers when filing grievances, but some may.

As you probably know, you are required to notify the public that complaints may be filed with the board. By statute, such notification includes publishing the board's name, its mailing address, and telephone number. The sign must be located in a prominent location where psychological services are conducted, in a position that is reasonably likely to be viewed by individuals occupying the room. The notification must be printed in both English and Spanish. The board approved current English notification statement reads as follows:

"Be it known that the Texas State Board of Examiners of Psychologists receives questions and complaints regarding the practice of psychology. For assistance, please contact Texas State Board of Examiners of Psychologists, 333 Guadalupe, Suite 2-450, Austin, Texas 78701, (512) 305-7700 or (800) 821-3205."

A similar statement must be set forth in Spanish. You should probably contact the board on occasion and make sure you that your standardized form complies with the rules.

The rules regarding complaint dispositions are fairly complex. Thus, I will only give you highlights of what will happen in a typical situation. The client/complainant is given a standardized form to fill out. Under the rules, if a complaint is filed appropriately, a preliminary investigation will first be conducted to determine if the board even has control over the complaint. Then, the board will categorize the complaint and determine if the complaint is subject to dismissal or if the complaint requires the services of a private investigator. If the form states an allegation, which if true constitutes a violation of the board's acts and rules, the complaint will usually be subject to further investigation.

Typically, if the complaint, even if outlandish, states something that, if taken true, would violate any of the ethical rules, at a minimum the board will ask for a response to be filed by you. Usually, this will come in the form of a letter from the board. Information will be requested and timelines are usually set forth. It is very important that you timely reply to this particular request. It is also recommended that you, at least, consult with an attorney to make certain that the information you are giving is applicable and appropriate. At all times, you should be very truthful in responding to any investigation at this stage.

Hopefully, the investigation will end following your report. This is because the investigator will make a written recommendation as to whether the investigation has produced sufficient evidence to establish probable cause that a violation of the board's act and rules has occurred. If the

investigation determines there is no such probable cause, the complaint will be referred to the board for dismissal. If the investigator determines that there is sufficient evidence to determine there is probable cause, the case will be referred to the disciplinary review panel of the board for further proceedings. You will then be served with notice of the violations.

If the action is formally referred to the board, a number of other things can happen. This might include temporary suspension of your license if the committee determines that during the investigation phase, you constitute a continuing or imminent threat to the public welfare. There are a number of detailed steps that are taken at this phase. However, we will address those in more detail in the next article.

Suffice it to say, it is greatly to your advantage to provide sufficient information to quell any formal investigation by the board. An inquiry by an investigator with the state board does not mean that the board has even decided that probable cause exists or that you will be investigated. Normally, under the board's standards, if the client states a position that, if taken true, could result in a violation, then there must be an investigation. While it may or may not be advisable at the early stage of the investigation to hire a lawyer to respond, I would recommend that you have a lawyer review what you have done, so that you are certain that you comply with all the rules. This may or may not be a strategic time to disclose certain information. If you do believe that there is distinct likelihood that you have violated the rules, you should

probably, even at the very early stage, hire an attorney who is experienced in addressing board issues.

In the next article, we will discuss the procedures and the process that occurs if the board finds probable cause to institute an investigation against you.

Sam A. Houston offers discounted legal consultation to TPA members. If you need to contact him regarding a legal matter, please do so at (713) 650-6600.

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NEW MEMBERS

The following individuals joined TPA between May 14, 2002 and June 20, 2002. **TPA welcomes all of our new members.**

Doctoral

Howard Gray Atkins, PhD
Alicia Patricia Bonewits, PhD
Susan X. Day, PhD
James McMan, PhD
Catherine Osborne, PsyD
G.A. Jason Simpson, PsyD
Susan Walsh, PhD

Student

Victoria Keller
Annette S. Kluck, BA
Christine Palmer
Leslie St. Aubin
Raquel Wasielewski, MA
Mary Yancy, MA



INSIDE TPA

Psychopharmacology preceptorship is now available in the Dallas/Richardson area. The preceptorship is designed to be flexible in order to meet the needs of pharmacology graduates in rural areas or with busy practices. Review materials for PEP exam and CE credit anticipated to be included in preceptorship. Contact **C. Alan Hopewell, PhD**, for application at:

6025 Wonder Dr.
Ft. Worth, TX 76133
(817) 707-6304
a.hopewell@charter.net

The Rio Grande Valley Psychological Association has had an active spring with a visit from the folks at Psych Quel (thanks for the dinner!) and providing free mental health screenings at a NAMI South Texas sponsored mental health fair. We have also spent much time and effort supporting our physician colleagues in their fight against lawsuit abuse. Our new officers were elected in July. **Dr. Mary De Ferreire** is our new president. Finally, we will be having the Third Pediatric Interdisciplinary Conference at South Padre Island on Sept. 28. We have truly interdisciplinary committee and offerings. We are excited about contributing to the improved healthcare environment for Valley children. Call **Dr. McCoy** at 956-584-3353 or e-mail at josephmccoy@juno.com for more information.

Rita and Blair Justice were a big part of the Third National Conference of the United States Association of Body Psychotherapy. The theme was "The Body in Psychotherapy" and featured plenary sessions by **Steven Porges** of the University of Chicago on "The Polyvagal Response" and Ed Tronick of Harvard on "The Co-Creation of Relationships" (between infants and their caretakers). Rita Justice is on the Executive Committee of that group (as

treasurer) and served as one of the three Conference Committee members in charge of organizing this successful event, which attracted over 300 psychotherapists from the United States, Europe, Japan, Australia, and Canada. Blair Justice presented a workshop on "The Neurobiology of Well-Being" and co-chaired the Academic Forum for educators in Somatic Psychology. If you are interested in knowing more about the organization or obtaining a copy of the proceedings from this conference or their journal, contact Rita Justice at ritajustice@yahoo.com.

Dallas Independent School District Psychology Internship Receives Maximum Seven Year Accreditation

At its meeting on April 4-7, 2002, the American Psychological Association (APA) Committee on Accreditation (COA) voted to award accreditation to the Dallas Independent School District (DISD). Accreditation of the Psychological Services pre-doctoral school psychology internship is effective for seven years beginning November 9, 2001 through November 9, 2008. APA initially voted to accredit this internship on January 11, 1991, making it the first APA approved site in a school setting.

The DISD pre-doctoral internship program provides school-based experiential training focusing on child, adolescent, and family services. Internship training focuses on assessment, consultation, and therapeutic interventions with children, adolescents, and families. Interns participate in three concurrent assignments working on a traditional school campus, an alternative education school, and a school-based mental health clinic. For additional information contact **Drs. Jose Luis Torres** (jtorres@dallasisd.org) or **Bert Rakowitz** (brakowitz@dallasisd.org). www.geocities.com/Athens/Parthenon/6201.

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Community and Its Consequences

By Edwin P. Willems, PhD
University of Houston

If you enjoy dreamy nostalgia, then let a group of older Americans tell you about the places they grew up. What a shame, they say, that children these days can't enjoy the kinds of places they once enjoyed. What's interesting about this is that they mean every word of it—even those who grew up in places where the police were brutal, where local merchants ripped them off, where racially and ethnically biased officials starved the schools for resources, and either snobs or bullies made their lives miserable. Are these people all Pollyannaish buffoons? Are they all liars? Have they no memories? Surely, they must know that, in virtually every measurable way, their children are better off than they themselves used to be. What is it they imagine their children to be missing?

My guess is that they are remembering, with power and vividness, the belongingness, the relationships, the interpersonal bonds, and the social and ethical moorings that at one time made residential areas and places into neighborhoods, into interdependent networks of people and groups in which there was a sense of community. And, I think they are saying (or, at least, feeling) that the modern cushions and protections we have constructed around ourselves are not enough to offset the loss of community.

Community isn't only sentiment. It isn't only feeling. It isn't only attitude. It is located somewhere. Philip Zimbardo, recently elected president of the APA, speaks eloquently about a particular neighborhood in Brooklyn where he spent his early years. Place has always been an ingredient, and that core ingredient somehow has been lost, perhaps in the face of pressures from the size, diversity, and density of populations and from enormous increases in mobility and transience. When we are submerged in masses, when we can change jobs and identities in a moment or with a press of a key, and when we can change living partners with a simple declaration, then it becomes very hard to think of community as living together on a relatively lasting spot. Several writers have discussed the power of place, the importance of place identification, and the centrality of place to human well-being (Barker, 1963, 1969; Fischer, 1984; Gallagher, 1993; Krupat, 1985; Schoggen, 1989; Wicker, 1987). For most of the old-timers who grew up in a simpler, older United States, community had a quality of place, or location, with recognizable post offices, bars, shops, delis, and grocery stores.

Often, in those older communities, there were people who faithfully avoided speaking to each other for decades and who would cross Main Street in order to avoid each other. This piece of the puzzle is important to remember—warm, glowing feelings and positive affect were not the bonds of those older communities. Something else very important was going on, as noted by Etzioni (1993):

When the term community is used, the first notion that typically comes to mind is a place in which people know and care for one another—the kind of place in which people do not merely ask “How are you?” as a formality but care about the answer. This we-ness (which cynics have belittled as a “warm, fuzzy” sense of community) is

indeed part of its essence. Our focus here, though, is on another element of community, crucial for the issues at hand: Communities speak to us in moral voices. They lay claims on their members (Etzioni, 1993).

Etzioni mentions “moral voices.” When I was in graduate school at the University of Kansas, we lived in a small town, working on a research project. We had three young children, and we were very poor. My wife received a phone call at about midday on a cold winter Monday. The caller was one of three single sisters, all elderly, who lived together almost three blocks away.

“Missus Willems, I noticed your wash wasn’t hangin’ out today.”

“I know. I didn’t wash because Debbie is very sick.”

“Oh, OK. Just checkin’. By the way we have a car. You need anything?”

“No. I think we’ll be OK.”

“You sure? Just checkin’.”

Later that day, a casserole was delivered to our front door. We hardly knew the sisters. They and we didn’t inhabit the same social orbits. In order to see our clothesline, the sisters had to go up to the third unused, floor of their house and then strain to peer out of a corner window in order to see our clothesline. However, even if in their minds they were being nosy, that is unimportant. Why? Because they were moved by a moral voice that whispered something about common fate, obligation, or being in it together. My wife and I, in turn, felt that moral voice very keenly when one of the sisters fell and broke her arm. Communal voices. Expectations.

The community has expectations, and it spells out oughts and shoulds (behavioral and social norms) for members. The various individuals do not necessarily all like one another or spend much time together, but they know one another and grant one another, however grudgingly, membership in the community of which they are a part. To a large extent, that sort

of community of people and place is history, especially in large urban areas. It seems that community, in the sense in which I discuss it here, does not happen readily in large, urban collections.

The Theory, or Some Guesses

Hillsboro, Kansas, where I spent the first 18 years of my life, has a population of about 2,000. Hillsboro is not a city. To this day, a locked front door in Hillsboro has a special kind of meaning. In general, when a front door is locked, none of the other doors or windows is locked. When residents leave to run errands, they lock their front doors, but not for security or protection. The locked front door is a handy and immediate signal system. If someone comes to the door, the locked front door signals to the visitor that the family is not home and that there will be no need to check or wait any further. That is not likely to happen in Houston. What kind of place makes that possible?

Carolyn Lewis wrote about her sons in an essay (1982):

My two sons live lives starkly different from my own. ...They make their homes in small rural places, and theirs are lives of voluntary simplicity. ...What my sons have is a world that is small enough to be understood readily, where those responsible wear a human face. When I talk about the big city where I live, in the only terms that can grasp its enormity...my sons smile sweetly and talk about people who live around the corner, who have specific names, and who have real, concrete, recognizable problems. ...Plainly, what my sons are getting is something different—something smaller, simpler, and more manageable (p. 13).

Ingredients or Elements

When I describe a feature of my home town, and when people like Carolyn Lewis make comments like hers, what are we denoting? Which features of small-town life

are central or salient in what they are saying? I think one thing we are saying is that small towns often have more sense of community than cities. But, what is community? Here are some of my guesses about the properties that distinguish small-town life from city life. I purposely state them in such a way that they also can be viewed as some of the ingredients of community for broader application later.

- **Place.** Community, sense of community, and the smaller aggregates in which it is easier to create and maintain are not abstract. They occur concretely in place and time. Concrete location in space and time means that people know when they are in the settings or out of the settings, and the whole business is denotable and palpable to inhabitants. In this sense, for example, a group, which also can be very real and cohesive, by itself is not a community, because meetings of the group can take place anywhere, or even over the phone.
- **Pace.** The events, problems, persons, and programs of the settings generally proceed at a modest pace, rather than a fast pace. This ranges all the way from lower miles per hour to moving at a pace that facilitates greetings and exchanges among people.
- **Simplicity.** The events, problems, and programs of the settings that make up everyday life in the town are relatively simple, rather than complex. For example, it is simpler to go from home to Star Cafe to office in Diboll, Texas, than to go from home to Houston’s Restaurant to office in Houston, Texas.
- **Comprehensibility.** Daily life and its behavior settings are intelligible—they are comprehended and understood by residents of the town. One can envision and understand the physical and behavioral map to the drug store or the doctor’s office more readily in the small town than in the city. As Herbert Wright discovered, this difference is especially powerful for children.
- **Manageability.** Daily life and the various settings that it comprises can be

done comfortably and with effectiveness by residents within their ordinary behavior perspective and within their ordinary capabilities, without mobilizing extraordinary vigilance, energy, or stress. And, the residents know they can do it.

- **Continuity.** Especially with respect to persons, relationships, and transactions, daily life has a great deal of continuity for residents of the town. Other persons, both liked and disliked, but almost all familiar, tend to show up repeatedly by means of crossed paths and as participants and active functionaries in a high proportion of the activities of one's daily life.
- **Directness.** Much of daily life in the town flows along without the need for intermediaries, intervening steps, or bureaucracies. Residents have relatively direct access to most behavior settings, and, just as importantly, they have relatively direct access to the highest-level leaders of most behavior settings. They can walk in and talk to the pastor, the mayor (who may also run the hardware store), the bank president, or the principal of the local high school. Try doing that in Houston with Second Baptist Church, Mayor Lee Brown, the president of Bank One, or the principal of Bellaire High School.
- **Dependability.** Residents of the town generally can count on the various behavior settings of daily life to function according to their typical levels. In fact, in a small town, departures from this dependability usually signal specific things that are wrong. A grocery store that is still locked after 9:00 a.m. means that something serious very likely has happened to the proprietor, who is familiar to most people, both as a person and in terms of daily habits and behavior patterns.
- **Predictability.** Behavior setting events in the town flow along in such a manner that residents know what is going to happen and what people are going to do. In fact, much of what passes for drama

in such towns are departures from this predictability in ordinary things, such as the time Mrs. Johnson left her car on the hill by the furniture store with the emergency brake disengaged.

- **Interdependency.** Partly because residents of the town are claimed as participants by so many of the behavior settings and activities of the town, each person is linked in common fate over and over again with a significant portion of other residents in a relatively wide array of the town's functions. And, they carry with them a keen awareness of this fact.
- **Controllability.** Residents of the small town can and do affect the way in which the activities and settings of the town function. This is because these residents are overlapping participants in so many of the settings and are so familiar to each other.

I would argue that these are the ingredients, the elements, of community and sense of community. They are the features that facilitate the bonds and fabric of community. When these ingredients are present, residents will experience a sense of community. When the ingredients are absent, residents will experience and talk about a weakening of the fabric of community.

Karen Jensen moved from a large city to a small town some years ago, and she found the laid-back, easy-going ways of the local townspeople quite pleasant—after she got used to them. She became a bit concerned when she took her husband's suit to the cleaners for the first time. The man who waited on her said,

"Sorry, ma'am. My wife's not here right now, but I think we can have the suit ready for you by seven o'clock."

"You mean seven o'clock next Wednesday or something?"

"No. Seven tonight. When you get here, just knock on the back door."

Karen said, "That sounds fine, but don't I need a ticket?"

The man said, "Nope" over his shoulder as he walked away.

Karen persisted. "But, wait a minute. How will you know which suit is mine?"

The man looked a bit baffled, but he was patient. He said, "Well, you're gonna tell us which one is yours, aren't you?"

Simplicity. Directness.

Comprehensibility. Continuity.

While living in Oskaloosa, Kansas, a town of 800, we had a dog named Louie. We all loved Louie. One day, Louie disappeared, and, by the third day, we had become pessimistic about finding her. Gloom and depression permeated our household. On the fourth morning, the crossing guard at the high school all the way across town called from the school to say, "Willems, I've got your dog. I'll hold her here 'til you come and get 'er." This gentleman, a handyman, belonged to the Booster Club with me. He did janitor work at the church, and we often met at the cafe or at public functions. Directness. Continuity. Manageability. Interdependence. No police. No animal control officer. And, the whole set of events and problems were relatively simple and comprehensible.

In Oskaloosa, I often stopped at a local cafe on my way to work. The mayor and the local agent for Farm Bureau Insurance almost always showed up, and the three of us were comfortable acquaintances. We overlapped in many of Oskaloosa's behavior settings. One morning, the head cashier at the local bank also came. That morning, I had a problem with my water bill, I needed to process a claim on my car insurance, and I had been called about an overdraft at the bank. The four of us had coffee, we brought each other up-to-date on our families, and I solved all three of my problems, all within about 20 minutes. Imagine what would happen if I were to wait in Champs Restaurant in Houston for the mayor, the State Farm agent, and the head cashier from Bank One to come in to meet me, to talk about their families, and to take care of problems I might be having with my water bill, an insurance claim, and an overdraft. Long wait. Simplicity. Manageability.

Continuity. Directness. Predictability. Interdependency. As the generic ingredients in community, these are not personality characteristics of people—they are characteristics of the networks and systems of behavior settings we inhabit. They are the features of community life that dissipate exponentially as the size of towns increases arithmetically.

I lived in Oskaloosa, participating in a community research program, the whole time I was a doctoral student at the University of Kansas. Almost immediately, I was attending worship services, high school football games, meetings of the Rotary Club and Booster Club, and the Halloween feast and parade. However, the settings of Oskaloosa were not content with my attendance; they needed more from me, and they got it. There was no sense of drama about this. Here are a few highlights of what I was doing in Oskaloosa before long, at the same time that I was planning a master's thesis and studying Statistics and Research Design, Advanced General Psychology, Methodology, Experimental Psychology, and Social Psychology of Communication.

- Working as member of the Committee on Membership of the Oskaloosa Booster Club
- Helping to mix batter for the Annual American Legion Pancake Fry. (It made no difference to the sponsors that I was a pacifist.)
- Serving as a judge of costumes at the Halloween Parade;
- Singing bass in the choir of the First Methodist Church;
- Managing a Little League baseball team and serving as treasurer for the organization;
- Singing solos at worship services and at the funeral of Mr. Roscoe Miller, who died in an explosion at his Sinclair filling station;
- Delivering four sermons at worship services, three at the First Methodist Church and one at the First Presbyterian Church;
- Serving an elected term on the City Council and being in charge of city

water service for one year (I arranged for repairs on the water tower); and

- Working on a planning group for a county-wide zoning ordinance in anticipation of a large dam and lake that was to be built nearby.

Related Issues

There are other correlates. First, these ingredients of community are not primarily cognitive or affective, even though they certainly have cognitive and affective accompaniments and consequences. They are properties of the town's settings, of the environment, and of the flow of everyday life. This means, for example, that residents can feel a strong sense of community without liking each other very much. This is important, because social scientists often assume, mistakenly in my view, that pleasant or warm feelings or affect form the basis, the glue, of sense of community. The basis of community lies in functional ties and in the ingredients described above. The issue here is somewhat similar to cohesiveness in groups. Work groups or problem-solving groups can be very cohesive and effective under conditions where the members would never think of going to happy hour together.

Second, Carolyn Lewis went on in her essay to suggest that choosing small places may be the "only alternative we have to an urban culture in which we have created so much ugliness, and where we seem to inflict so much pain on each other through neglect, selfishness, and failure of will." Failure of will? Deficiencies in people? To the extent that my guesses about community are tenable, then it is fruitless to blame or browbeat persons as if it is their character flaws that produce the problems we see in cities. I would modify Lewis' comment by noting that the "failures" most likely are not the failures of people, any more than a scuba diver's failure to breathe effectively when the air valves are shut off is a moral failure on the part of the diver. The problem is that the city, as an ecobehavioral system, is a context in which it is very difficult, virtually impossible, to

experience community because it is so difficult to promote, to replicate, and to maintain the requisite pace, simplicity, comprehensibility, manageability, continuity, directness, dependability, predictability, controllability, and interdependency, which occur more easily in small places and that are so central to the maintenance of the human spirit.

Third, in small towns, people have to be leaders—they learn responsibility by having it. There are many roles and duties to fill in a small town, and few people to fill them. It's hard to stay anonymous and unrecognized. It's even harder to stay inactive. Everyone is needed. It is very unlikely that I would have done any of the things I did routinely in Oskaloosa if I had chosen to attend graduate school in Berkeley, Ann Arbor, Tallahassee, Phoenix, Chicago, or even Lawrence, Kansas. The small town allocates a large share of responsibility, activity, and civic duty to citizens, and it reaches out and stakes claim to their energy and involvement. In small places, it is much easier to see and experience the essential patterns of daily life and to get a clear idea of what is expected of the individual and what is expected of the community, and, therefore, to maintain the feeling of community. Place, pace, simplicity, comprehensibility, manageability, continuity, directness, dependability, predictability, interdependency, and controllability.

Fourth, we hear much these days about the deterioration of the family. The belief seems to be that the break-up of the family is the primary cause of many of the forms of wretchedness we see around us: loss of civility, drugs, violence, gangs, failure in school, mental illness, and various forms of crime. I think this causal belief misses the mark. The family is a nurturing unit, a socializing unit, a comforting unit—not the building block for all manner of societal goods. The family is not the unit for making, defending, or sustaining society. My guess is that the breakdown of the family is a result and not a cause. Like many other forms of human misery and behavioral pathology, it is the result of breakdown at another level—the

breakdown of community. Families, like individuals and groups, need much networking, sustenance, social fabric, and follow-through in order to do well. If I am on the right path, then we are fighting a losing remedial battle—we will be swamped—if we continue to focus our efforts only on individuals and families. In any case, this guess should lead to hypotheses that can be tested in research.

Fifth, do towns and other social units with strong sense of community always do positive things? Of course not. Literature in social science, history, and fiction includes instances in which strong communities operated by destructive norms of racism, sexism, religious oppression, violence, homophobia, and bigotry. How can this be? The Branch Davidians represented a very strong community. Other apocalyptic groups have. Various anti-government militias and survivalist groups have. Urban gangs often do. My guess is that the issue here, just like groups with very high cohesiveness but negative effects and outcomes, is the norms around which the forces of community become mobilized. In those groups and communities, we often see high morale, incredible cooperation and support, and very high self-esteem among members. As Forsyth argues for group cohesiveness (1999), strong communities can do bad things. A community study by Sampson, Raudenbush, and Earls (1997) provides strong support for these guesses. In 343 neighborhoods, violence was negatively correlated with shared norms of “collective efficacy” (willingness of citizens to intervene, help, supervise, get along, take care of children, trust, and feel close). Remember, though, that this was a neighborhood business—not a city-wide affair.

Other Evidence

Beyond stories and guesses, is there systematic evidence that supports the arguments I am offering here regarding community? I think so. A complete and detailed review of everything bearing on the propositions would take too much space for present purposes. But, I will highlight some

activity in three domains: (a) cohesiveness of groups; (b) correlates of size (number of people); and (c) an experimental study based on the concepts.

■ Cohesiveness in Groups

Over the last 60 years, many studies have addressed the issues of cohesiveness in groups and the consequences of cohesiveness. Cohesiveness can be characterized in various ways: feeling unity, feeling of a common fate, interdependence, shared goals, bonding, shared commitment to a task or tasks, mutuality, togetherness, and a sense of belonging. In a wide variety of groups, high cohesiveness provides a context in which members feel free to unite in meaningful work and cooperation. Cohesiveness is not based on affect—it is based on shared commitment. So, for example, a fire-fighting team that fights fires with high cohesiveness and effectiveness and in which members trust each other completely and clearly expect dependability from each other might not particularly like each other. In these ways, cohesiveness sounds a lot like sense of community (Krupat, 1985).

High cohesiveness has clear consequences for the functioning of groups. Forsyth (1999), Gladding (2002), and Yalom (1995) offer excellent summaries. For example, members of a cohesive group, in contrast to members of a noncohesive group, will:

- work harder at group tasks,
- try harder to influence other group members,
- be more open to influence by other members,
- be more accepting of other members, and listen better,
- experience greater security and confidence about themselves,
- participate more readily and at a higher rate,
- learn to know each other better, protect the group from persons who deviate from group norms,
- be less susceptible to disruption and break-up by persons deviating,
- comprise a more stable group,

- be more dependable in attending and taking part in group activities,
- drop out less often,
- deal with conflict constructively and in ways that preserve the group,
- support shared goals more intensely, and
- perceive results of group process to be consequences of cohesiveness.

These are interesting correlates of cohesiveness, because they sound like some of the behavioral consequences that I have suggested will follow from sense of community. Furthermore, size of the group affects these relationships in profound ways (Mullen & Copper, 1994). The smaller the group, the stronger the effect of cohesiveness on the outcomes listed above. In other words, the cohesiveness-performance relationships are much more likely to happen in small groups than in large. That is why group therapists don't typically work with groups of 30 members. The cohesiveness breaks down. They are much more likely to work with groups of 7 to 9 members.

■ Correlates of Size

One of the most ubiquitous and neglected socio-environmental variables of both modern life and of social science is the number of people: group size, organization size, town size, institution size, school size, etc. A large number of studies conducted over the last 40 years yields a consistent pattern of conclusions, which is that participation of persons attenuates as size increases.

The smaller-school movement, which is well under way in many parts of the country, is based on precisely these expectations and these findings (Barker & Gump, 1964; Christian & Sleger, 1999). Smaller schools not only allow students and teachers to know one another better; they also have less crowding and less competition for membership in bands, student councils, drama, athletic teams, and other extracurricular activities, the major settings in which students express and define themselves. At huge schools, hundreds of students compete for the relatively few spots on the elite teams and squads, which can make everyone else feel like nobodies. In high schools with more than

1,500 students, a third or more of students do not participate in any extracurricular activities. In schools of 500 or fewer, only 2 percent don't. Several studies clearly suggest that, in smaller schools, students make better grades, are less likely to be involved in fights or gangs (they know someone is watching), are less embarrassed to discuss problems with teachers, have better attendance, have lower dropout rates, and participate in nonclass activities at higher rates. And, a larger variety of students in terms of ability, race, ethnicity, personality, appearance, and beauty, are pressed into service at the higher rates. In large schools, notifying school authorities of the troubling behavior of others is seen as "tattling." In small schools, it is called "reporting," and it is seen as an obligation of school citizens (Reno & Smalley, 2001).

Some of these ideas can be generalized, based on a large accumulation of studies over the years. All the way from intimate groupings to institutions and organizations, as size (number of people) increases, average rate of participation per person goes down, number of leadership functions per person goes down, and the proportion of persons who are noncontributors goes up. Sense of obligation to or involvement in the organization decreases with size. In groups, cohesiveness might be seen as similar to sense of community in the places where people live. In groups, cohesiveness goes down as size increases. Perhaps most intriguing, the likelihood that persons will be helped with their pressing needs (directions to their destinations, help with a car breakdown, personal emergencies such as injuries), goes down as the size of town or city increases. The larger the city or town, the less interested and the less involved citizens tend to be in its politics and in expending effort to change things. When they are interested, they tend to be much more divided (Fischer, 1984). This seems to be one of the indexes of loss of community, or the loss of cohesion and consensus.

An Institutional Experiment

For about ten years, as my thinking about community was taking hold and

growing, I was intrigued at the possibility of going to a place where the lack of community was quite clear, where some significant group of persons wanted more sense of community, and then trying to build community from scratch based on the ingredients and principles I have outlined in this essay.

About 5 percent of the University of Houston's 31,000 students live on campus, and students commute from all over southeast Texas. The University serves a diverse population of undergraduates. In the early 1990s, the overwhelming majority of entering students did not graduate in five years. The most definitive research on factors predicting retention zeroed in on two: living off campus and working. When we added in the diversity of the students, it was clear that the University was swimming upstream in the river of retention. Surveys of students discovered that (a) they found the University to be confusing, disconnected, and unresponsive to their needs; (b) they felt no sense of involvement or community at the University or with any groups on campus; and (c) the campus was too big. These findings struck a vivid chord with me and with another colleague. We raised money, and we planned an experimental intervention. None of it would target students' attitudes or values directly. We would try to build community with the building blocks I have discussed.

We built a place and called it the Scholars' Community. The place was on the edge of the campus, across the street from the largest commuter parking lot. It was open 15 hours per day. There was a lounge and study area, with tables, couches, and lockers, so that these commuting students could leave major chunks of their loads there instead of lugging them around the campus. There was an administrator and information center, at which students could get almost any information or directions they needed—in one stop. There were free telephones, which members could use to call employers, families, or anyone else without waiting in line for pay phones at other campus buildings. There were certified academic advisors

on duty at all times who could help with courses, course changes, or schedule changes. During registration, advisors from various colleges came there, so that the whole registration mess could be handled in one stop. There were offices for eight faculty. Twelve student mentors served as big brothers and sisters to the students and helped to build cohorts and organize activities. There was a computer lab with 32 networked computers for members to use any time. Students could work on their course projects, or they could prepare them at computers off campus and submit them through the lab. In fact, most of the early online courses at the University were pioneered at the Community. There were four classrooms and one conference room in which classes and small group activities could be conducted. Community members were tracked into special sections and discussion sections of courses in English, Political Science, and math, so that they would develop some continuity of acquaintances.

Commuting freshmen were invited into the Community and divided into cohorts of 300. These cohorts were scheduled for use of the facility at different times. They were told that they could be members of the Community until they graduated. Around the bedrock ingredients of a specialized place and management of cohort size were some of the other elements of community. We reduced many of the physical distances and bureaucratic steps for students, as well as many of the old, confusing academic steps. In this sense, we manipulated simplicity, manageability, directness, and controllability. With the concentration of major functions, as well as the accommodating of many seemingly minor facets of students' lives, we influenced dependability and predictability. With small groupings and physical and architectural encouragement to spend time there, and with the dedicated course arrangements and advisement, we probably facilitated continuity and interdependency.

During the experimental phase from 1994 to 1998, some 4,500 students went through major parts of their undergraduate

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experiences in the Scholars' Community. We obtained huge amounts of data, as one might expect. To answer the University's major question—retention—we made regular comparisons between Community members and comparable students outside the Community. Immediately, the rate of retention (staying in school) went up dramatically, not only from Fall to Spring semesters, but between school years. The increase in retention was especially strong for minority students. Just as importantly, students in the Scholars' Community were both specific and general in their comments about their experiences. Many said they would never have stayed in school if they hadn't been in the Community. The most common member responses indicated the value of something like sense of community—they belonged to something, they had a place that was theirs, they learned to know people, they weren't lost, they gained confidence, their daily lives at the University made sense and were manageable, they were not left on their own, and they were part of something.

This experience, as much as all my stories and memories and theories, buttressed my interest and confidence in trying to approach community as being potentially valuable to psychologists and as having some handles we can use to make a difference. The Scholars' Community is still in place, and the model has been replicated at several other large, urban universities.

Final Comments

Environments have features that constrain and influence our well-being in profound ways. The city, as an environment, as a ecobehavioral system, is a setting in which it is very, very difficult to find, to replicate, and to maintain the relevant place, pace, simplicity, comprehensibility, manageability, controllability, continuity, directness, dependability, and interdependency—the ingredients of sense community that occur organically or more naturally in smaller places. And, community has consequences that probably are central to the human spirit and human well-being.

I believe that, in order to solve human psychological and behavioral problems most directly, most efficiently, and most humanely, the insides of people's heads sometimes are the wrong starting point for some proportion of the problems. For those, we must start on the outside—at the level of the settings, the events, the groupings, the environments in which people live and function. I believe that one of the most promising among those outside starting points is community, as demonstrated by the Scholars' Community.

It might be possible to create community where there has been none, to restore strong community where it has weakened or corroded, and to maintain community where it is robust. I believe it occurs and is sustained most readily in small places. If that is so, that is an important clue. However, the real challenge is to see whether community can be built by developing its ingredients in places that seem unlikely, such as cities, or large concentrations of population. I believe many churches do precisely this. Is it possible to do it in secular ways? I am encouraged by the experience with the Scholars' Community.

In community as characterized here, there is potential for preventive work. Removing a contaminated well from a village can reduce the rate of cholera, which is very complex and expensive to treat. Measles vaccinations or polio vaccinations are effective ways to prevent destructive and expensive conditions. Perhaps, more systematic energy devoted to creating and maintaining community will prevent the onset of a variety of psychological and behavioral problems.

Finally, I wonder if it might be possible also to use the development of community as an approach to treatment and remediation, as well as to prevention. Is it possible that some human problems also can be solved by membership in communities, and not only prevented? Tough-minded evaluation and discussion of the issues around community might lead to enhancing our feeling of efficacy in the face of the avalanche of human misery surrounding us. ★

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October 4, 2002

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Confronting Violence

Lakshmy Parameswaran MA, LPC

As a family violence counselor, I hear about tragedies and devastation as part of my job—personal stories of sorrow and heartbreak that render a family helpless and sometimes homeless. I have seen too many women and children physically, sexually, and emotionally assaulted in their own homes by their loved ones. I know of too many lives struggling to recover, even years after their victimization. The tragedy of September 11 victimized our entire nation, leaving millions traumatized and struggling to make sense of their lives. These events and the fact that October is Domestic Violence Awareness month have caused me to consider my work with victims of violence in light of this national tragedy.

I believe that the effect of any type of violence is hardly isolated. Its consequences are far reaching, beyond homes to communities, beyond one family to generations of families. This is because all acts of violence run on a continuum and what transpires inside a home affects those of us outside; what happens in a remote corner resonates in the mainstream. Seldom do we realize this, not even when we hear of the most gruesome incidents in the news—the Houston mother who drowns her five children, one after another, destroying a family; the Colorado teenager who goes on a shooting rampage in a school stunning a community; or the Nepali prince who guns down his parents, the king and the queen, devastating a small country. We shake our heads. We wonder. We feel sorry for the innocent victims and those who loved them. Then we resume our normal lives, often not realizing that we too have been victimized along with those innocent people.

The September 11 tragedy is perhaps the first time in a long time the citizens of this country have truly felt the impact on themselves of violence against someone else. Like others, I am confused and outraged. Like

others, I am moved to tears and rendered helpless. Like others, I search for answers as to why and how this could have happened. I loathe the perpetrators of this unspeakable atrocity. Yet I look at their faces flashing on the television screen and wonder about their childhood. What did they witness in their own homes? What messages did they receive from the adults around them? It is easy for us to blame religion and scriptures for they offer a graceful way out—out of personal responsibility—not only for the terrorists but for us as well, their “enabling” families and community. But we are aware that no world religion including Islam condones violence of any kind.

It is only natural to feel defeated by the enormity of this tragedy and to feel that we cannot do anything about it. Thousands dead and many more thousands left to deal with the sudden and cruel loss. However, I do believe that if we voice our objection to the everyday violence, the so-called domestic disputes—the subtle and not so subtle acts of physical, sexual, and psychological assaults on millions of women and children in their own homes—we may actually be able to do something about it.

We have heard the saying, “Charity begins at home.” The families I work with show me that charity is not the only thing that begins at home. Love, hatred, anger, and violence—all begin to take shape at home from early on. This is what makes me believe that we are not helpless after all. If violence can take shape from home, isn't it then appropriate that prevention also begin at home? What is there to stop us from making sure that our own homes are violence-free?

Rita (not her real name), a survivor of domestic violence, had this to say about the September 11 tragedy. She said, “It is difficult for me to share my feelings with the outside world because I'd be called crazy. I actually saw on TV the second plane

approaching the tower... people screaming and finally I saw with my own eyes this plane hitting the tower. Unfortunately, I was in my bedroom at the same spot where my husband John had made this brutal attack on my life two years ago. The psychological impact of watching another act of violence from the same spot where violence was inflicted on me was so horrible that I started screaming...I actually visualized John in the cockpit of that plane flying it through the building.”

Rita continued in disbelief, “I think family violence is in fact an act of terrorism inflicted by one member of the family on other members... Unfortunately, most of the victims of this sort of terrorism do not die. Nevertheless, they smolder in the wreckage with no hope for rescue.”

After September 11, we all know the irreparable damage a vile perpetrator can cause. We all know the torment and agony of the victims. We all know the enormity of the unjustified grief felt by the surviving loved ones in all dimensions of their lives—emotional, physical, spiritual, and material. And, unmistakably, we all know about living with the kind of fear that millions of survivors of family violence already knew. How we utilize this stark revelation will say a lot about us as a nation of peace-loving individuals and families. ★

Lakshmy Parameswaran, MA, LPC, is a counselor and training specialist on family and date violence and sexual assault issues. She has been working with women and children from battered homes for the last six years. She is also a founding member and president of Daya Inc., (713-914-1333) a voluntary, non-profit organization serving the needs of South Asian women and children in Houston.

This article first appeared in Houston Chronicle, 10-22-01, p. 23A/Outlook



Coping, Healing and Resilience

By Laura Barbanel, EdD, ABPP

When I spoke at the TPA convention in the fall, it was shortly after Sept 11 and I spoke to TPA members of my work and the work of other psychologists in the disaster. I subsequently had an article in your newsletter describing that work.

This is a follow-up of that work and an update on developments relative to the aftermath.

"It's normal to be anxious since Sept 11, lots of people are," reads a sign in the NYC subway. It has a telephone number for a referral to see a counselor (psychologist). There are also tips for feeling better. "Talk to someone you are close to, take time to take care of yourself."

It is over nine months after Sept 11, but we know that it is not over. In addition to those who lost loved ones or lost their jobs or lost their homes, there is a significant psychological impact on all of us. There is the shock and the grief and a residual anxiety. We see a chronic anxiety both among patients, those directly affected, and many others, including ourselves. There have been disruptions in our lives, at airports and other public places. The flowers and memorial candles are no longer everywhere; but physical and psychological needs are clearly present. The extent of psychological need is evident by such signs as the ones above. Moreover, Lifenet, which takes the referrals, reports that the number of calls has gone up and peaked at six months. There are reports of thousands of New Yorkers struggling with the psychological aftermath of the trauma and with difficulty accessing mental health services. (Crains, March 4, 2002)

We have gone from disaster to anxiety and fear, some nagging and below the surface, others more clearly identifiable. Although there is some semblance of normalcy, there are many mental health problems that are apparent and some yet to show themselves, if we can predict something from previous disaster, particularly

Oklahoma. There is also the ongoing fear and anxiety of "what next?"

Some clinical vignettes that illustrate the current state are the following:

- A firefighter of 15 years reports that he is now is anxious when crossing bridges with the large trucks that cross them, wondering what they may be carrying. He also worries about his wife and children.
- A 7-year-old girl being seen in therapy in NYC reports that there was a fire drill in her school and that she was scared, as were many of her classmates. This is not related to the original referral problem.
- A young lawyer who was working near the site of the disaster and who for five months tells his therapist that he is fine, starts to have difficulty sleeping and nightmares when he falls asleep. He has started a new relationship with a woman, is meeting new people through her and has been asked to tell his story many times.

These are NYC vignettes, but the impact is more widespread.

- A therapist in California tells of a child brought to see him who is frightened when he hears helicopters above because he thinks they are planes with bombs. He thinks they are planes with bombs. Coincidental? Not likely.
- A woman in Chicago reports that she gets nervous when taking an elevator in a high-rise building, an anxiety that has appeared since 9-11.

What is important to note is both that there is a need and that there is recognition that psychology can help with this need. It is all around us and we need to figure out how to meet it. In New York, programs have been set up for the Police Department, for the Fire Department and for the schools. We need to be able to handle the people that come to see us with

these anxieties and to understand that treatment may be different than the treatment modalities that we are used to providing. New models have to be developed for this work. The people who present themselves are coming for amelioration of specific symptoms, for the relief of anxiety and the feeling of helplessness. Our model has to be of health and resilience.

One young woman that came to see me right after 9/11 had been at the site and narrowly escaped with her life. She was suffering from all of the symptoms of PTSD, most particularly inability to sleep, nervousness and helplessness. My most important work with her was to point out to her how resourceful she was in her escape. She looked at me with a wide-eyed look and said quietly, "Thank you." I was not looking for underlying pathology; I tried to help her find her own strength.

Psychology can be an enormous help to our nation's healing and coping. If we are a health profession, not only a mental health profession, we can and must do this. We need to refine our skills to be able to foster coping and resilience. ★

APA's Board of Directors has a Subcommittee on Psychology's Response to Terrorism of which I am a member. We have as our first priority a Task Force on Resilience. We are seeking to develop programs for psychologists to utilize with patients and in schools and other community organizations to foster resilience. We think that this is an important agenda for psychology and psychologists and an important agenda for our citizens

Laura Barbanel, EdD, ABPP, is the Program Head of the Graduate Program of School Psychology at Brooklyn College and in private practice in Brooklyn Heights. She is a member of the Board of Directors of APA and of its subcommittee on Psychology's Response to Terrorism. She is a candidate for President-elect of APA.

Deanna Yates Appointed to President's New Freedom Commission on Mental Health

The Texas Psychological Association applauded President George W. Bush's June appointment of Texas psychologist Deanna F. Yates, PhD, President-elect of TPA, to the newly created New Freedom Commission on Mental Health.

The 15 member commission, headed by Dr. Michael Hogan, former Director of the Ohio Department of Mental Health, is charged with studying the mental health care delivery system in the United States, including public and private sector providers, and advising the President on methods of improving the system.

"We are hoping that this commission

will help close the gaps in our mental health care system and we are sure that Dr. Yates will play a very important role in helping to investigate current problems and improve care for those in need," said David White, Executive Director of the Texas Psychological Association.

Yates, a much sought-after expert in the treatment of traumatic stress in children and other psychological issues affecting children, has been in the private practice of psychology in San Antonio since 1992. Having gained wide experience in treating both adults and children, Yates specializes in the treatment of children and adolescents

with much of her work centered in the areas of mood disorders, anxiety disorders and developmental disorders.

"I am honored to be working with Dr. Hogan and members of the Freedom Commission, said Dr. Yates. "Having a particular interest in children's mental health, I believe the Commission's work will be essential in examining issues related to early diagnosis, intervention, and treatment of children in the public and private systems."

Prior to her work as a clinical psychologist, Yates worked as an elementary school teacher, supervisor, and principal. In addition to her clinical practice, Dr. Yates is an

adjunct faculty member in the Educational Psychology Department at Texas A&M University. Yates is also active in various professional and community organizations, including the Association of Medical Psychologists, the American Psychological Association, the Texas A&M College of Education Development Council and the Texas A&M Department of Educational Psychology Development Council.

Dr. Yates holds a BA in Elementary Education from MacMurray College in Jacksonville, Illinois, a MS in Education and Supervision from Texas A&M University, an MA in School Psychology from Trinity University in San Antonio, a PhD in Counseling Psychology from Texas A&M University, and a MS in Psychopharmacology from the California School of Professional Psychology.

She resides in San Antonio with her husband, Tom.



2002 PSY-PAC Contributors January 1 - June 19

Ron Cohorn, PhD, PSY-PAC President

The only organizations that represent psychologists in the Texas Legislature are the Texas Psychological Association and the Psychology Political Action Committee (PSY-PAC). Legislative monitoring for bills that are detrimental to psychology and proactively introducing legislation to further the field are essential to the survival of our profession. These activities are not for just a few special interests, but for the profession in general. As a group, psychologists have not understood the importance of contributing to the PSY-PAC fund, but the events of the next few years will make consistent contributing absolutely necessary.

We will soon be facing sunset of our practice act and we must have funds to adequately protect our profession. Dealing with managed care and promoting prescription privileges are also matters of priority. Unfortunately, only 10 percent of TPA members contribute to the PAC and 2 percent contribute the majority of total funds. Please consider a contribution, consistent with your income, and help your profession. We can do great things if everyone pulls together.

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Why Your Future Depends on the APA Presidential Election

Jeffrey E. Barnett, Psy.D.

President-Elect, APA Division 31

(State and Provincial Psychological Association Affairs)

Ballots for the APA Presidential election will be mailed to each APA member on October 15th. Why should this matter to you? I'm sure you have more mail than you care to look at. Yet, this ballot may be one of the more important pieces of mail you receive this year.

The APA President has great power and influence. Each president leads the APA Board of Directors and runs the meetings of the APA Council of Representatives, and, therefore, has great influence over issues that are addressed and how much attention (staff time and money) they receive. APA's annual budget of \$91 million is dispersed to a wide range of initiatives and activities. Since we can't do everything, many tough decisions need to be made. The influence of the APA President should not be minimized in the

making of these decisions. Will APA's Council of Representatives invest its energy in addressing managed care issues, health care reform, insurance reform, prescriptive authority, licensure issues, mobility, specialization and guidelines, and related legal and regulatory issues of importance to the States and State psychologists? Will a significant portion of the APA budget go toward addressing these issues; or will it go elsewhere? Who we elect in the next APA presidential election will have a great impact on how these questions are answered.

Much of the behind the scenes work done at APA is done by APA's Boards and Committees. Getting on the Boards and Committees is a very difficult process that may take many years. The decisions regarding who gets on these ballots are heavily influenced by APA's Past-President, President-Elect, and Recording Secretary. Having State people in these positions is the best way of assuring that State people will make it onto the ballots, and that State concerns will be addressed. At present, although the APA President and President-Elect are sympathetic to State issues, they do not have a long history of familiarity with and participation in their State associations. Because of that configuration of the Board of Directors, this next election will be a very important one for us.

In recent years only a very small portion of eligible voters have participated in APA elections. Yet, the science community has had a very well coordinated election campaign over the past two years that has resulted in winning the past two Presidential elections. To be successful and to ensure that the issues that are so important to our survival and success are addressed fully, we need every SPPA member who is a member of APA to vote in this next election. I can assure you, every single vote counts! We must also understand the election system

used by APA and make it work for us.

The HARE system APA uses in the presidential election requires voters to rank order all five candidates. Failure to do so changes the outcome of the election. It is imperative that all three States' candidates receive your top three rankings. Just voting for one candidate or only giving one your top vote will not win this next election. You must give your first three votes to the three States' candidates running in the APA presidential election. It is important that the non-State candidates not be ranked number 2 or 3. If they receive these rankings on the ballot it will divide the State vote and provide more support to their competitors.

This year SPPAs have three outstanding candidates running in the APA presidential election; Laura Barbanel, James Bray, and Kathy McNamara. Each has many years of service to SPPAs, each is a member and supporter of Division 31, and each is an effective leader in APA governance with many years of experience. After you read the candidates' statements you will decide if you want to rank them number 1, 2, or 3. But, it is crucial that together they receive your top three votes. Please don't dilute your State vote and reduce the likelihood of one of our candidates' winning. The outcome of this election will have a significant impact on each of us for years to come.

Please vote. Please rank the States' candidates 1, 2, and 3 on your ballot. Every single vote is important and really can make a difference.

Should you have any questions about these issues and if you would like to help further SPPA interests within APA please contact me at drjbarnett1@comcast.net

Acknowledgements: Special thanks are extended to Drs. Ruth Paige and Dorothy Cantor for their helpful feedback and suggestions on an earlier version of this article.

September 6, 2002
Dallas

"Introduction to Psychopharmacology"

presented by
Deanna F. Yates, Ph.D., M.S. Pharm
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January 1 - June 26, 2002

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