Lobbying for Endorsement of Community Psychology in Australia

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Abstract

In November 2010, the areas of practice known as community psychology and health psychology were endorsed by the Australian Health Workforce Ministerial Council (AHWMC). This was a major reversal of the Council's earlier decision in April that year to limit the endorsed areas of practice to those represented by the other seven Colleges of the Australian Psychological Society. This paper describes the intense lobbying effort coordinated by the National Committee of the Australian Psychological Society College of Community Psychologists and their supporters, which was sustained over many months and led ultimately to a changed decision by the Australian Health Ministers. The story is important for community psychology as it demonstrates the power of collective, integrated and focussed political lobbying, in this case to promote and to inform others of the key contributions of community psychology to health policy, illness prevention and primary care. Without endorsement there would be little incentive for universities to offer postgraduate programs in Community Psychology, which would then choke the only pathway to future membership of the College, rendering it unviable. With no further training offered, and eventually no representative body within the APS, there would be direct implications for the sustainability of the whole discipline and practice of community psychology in Australia.

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Lobbying for Endorsement of Community Psychology in Australia

This paper describes the campaign that members of the Australian Psychological Society (APS) College of Community Psychologists shared with members of the APS College of Health Psychologists, together with a host of supporters, following the 1 April 2010, when it was announced by the Australian Health Workforce Ministerial Council (AHWMC, made up of all Commonwealth (national) and State/Territory health ministers, henceforth 'The Health Ministers') that there would be only seven endorsed areas of practice in psychology under the new national registration system for health professionals. The two areas of practice recognised by the APS, but not endorsed by the Ministers were community psychology and health psychology. The Ministers noted that their decision was "consistent with local and international categories for the psychology profession such as branches of psychology in Western Australia (WA), and the recently recognised domains of practice in the United Kingdom" (AHWMC, 2010, p.1).

The profession of psychology within Australia now formally recognises nine areas of specialist psychological practice, as represented by the nine Colleges of the APS: the APS Colleges of Clinical Neuropsychologists, Clinical Psychologists, Community Psychologists, Counselling Psychologists, Educational and Developmental Psychologists, Forensic Psychologists, Health Psychologists, Organisational Psychologists, and Sport and Exercise Psychologists. 'Generalist' registration (akin to licensing) as a practising psychologist does not require specialisation or endorsement of any one area of practice; in February 2012 there were 28,632 psychologists registered in Australia, of whom 7550 (26%) held an area of practice endorsement (Psychology Board of Australia, 2012).

In November 2010, all nine areas of practice were endorsed by the Ministers following a concerted campaign. It is important to clarify the links between the Ministers and their regulators. Australian psychologists are regulated by the Psychology Board of Australia, operating under the auspice of the Australian Health Practitioner Regulation Agency (AHPRA), which in turn, is responsible to the Health Ministers. AHPRA is the organisation responsible for implementing the new National Registration and Accreditation Scheme (NRAS, henceforth 'National Registration Scheme') across the eight State and Territory jurisdictions of Australia, bringing together the functions of 85 separate health practitioner boards

to ten National Boards, covering 530,000 health practitioners (AHPRA, 2011). Prior to the formation of AHPRA, and under the Australian Constitution, health practitioner regulation was the responsibility of the individual States and Territories. Following a joint decision by the Health Ministers, the National Registration process commenced in 2008.

Although the decision to exclude community psychology and health psychology as endorsed areas of practice under National Registration was formally announced in April 2010, it had been 'in the wind' for several months. The Australian Health Ministers Advisory Committee (AHMAC, made up of the Director Generals of Health in each State, henceforth 'Advisers to the Ministers') had initially recommended that the Health Ministers endorse only four practice areas: clinical psychology, counselling psychology, forensic psychology and clinical neuropsychology, with the rationale being that these four were the most likely to represent areas within psychology which would need regulation to protect the health interests of the public. In retrospect, it might have been better for community psychology in Australia had the endorsed areas of practice been confined to the context of direct health service delivery. Had the initial recommendation been followed, then the sizeable minority of psychologists represented by the other five APS colleges would have represented a sustainable counterweight to the power vested in the four that were originally intended to be endorsed. This situation would then have been similar to the New Zealand scenario, where only clinical, educational and more recently, counselling psychology are designated as specialist scopes of practice within their parallel registration system, with the remaining areas (known within the New Zealand Psychological Society as Institutes, more or less corresponding with the nine APS colleges) being content for now at least to be subsumed under the mantle of generalist psychological practice.

The decision, however, to endorse seven areas of practice left the remaining two areas of practice in an invidious situation. It was fortunate that health psychology was also excluded, as the task might have been much more difficult had sport psychology been excluded (with an APS college as small in size as community psychology, with fewer than 100 members nationally at the time) or had organisational psychology been excluded, which was and is as difficult as community psychology to accommodate within a narrow framework of health

service delivery. Although the number of trained or self-identified community psychologists in Australia exceeds 250, about a third of those had elected to join the college. Moreover, both community psychology and health psychology were well represented at senior levels within the APS National Office, which helped to maintain the steadfastness of the APS to keep lobbying for all nine specialist areas, in keeping with its official policy that all the areas of practice represented by all nine Colleges of the APS should be endorsed.

The Health Ministers' decision to endorse seven areas of psychological practice, rather than the four originally proposed, was associated with the political situation in WA, and as such was both political and pragmatic. WA was the only jurisdiction to have had a pre-existing system of specialist registration at the time of announcement of the areas of endorsed practice, with practitioners in these seven areas having been recognised by the WA Registration Board for many years as holding specialist title registration. No such system operated in the more populous States of Victoria and New South Wales, and specialist registration had indeed been abandoned in Victoria during the 1990s, as having no demonstrable added value. But among WA psychologists, a major concern was that their specialist titles would be lost with the introduction of endorsed areas of practice, and a well organised pressure group had emerged in that state to advance the interests of specialist psychologists within the new national system.

As WA had been the only State to have a pre-existing system of specialist registration, its list of seven areas became the fallback position as the Advisers to the Ministers were pressured by the APS and other bodies to expand on the original four. Hence, the WA Health Minister, the Hon Dr Kim Hames stated that approval for area of practice endorsement was based on maintaining consistency with WA's seven branches of specialist registration, pending development of national criteria for assessing specialist registration proposals. It is interesting to speculate why the regulation system in the least populated State in Australia was accepted without any supporting evidence from the six other States and Territories. Pragmatically, it would have been more difficult to completely remove the existing specialist status from WA psychologists than to 'grant' it to the rest of the country; and politically, at the time WA was the only state with a conservative government that needed to be accommodated by the Federal Labor Government that was ultimately responsible for implementing the National Registration scheme.

So 'endorsement' was the compromise position; very few of the health professions were permitted to include specialist titles at all under the National Registration Scheme.

In the section that follows, the authors have collated reports from some of the key individuals associated with the collective community psychology response to the Health Ministers' decision to endorse seven areas of psychological practice, rather than all nine areas long recognised by the APS. These voices provide a narrative that should be understood within the political framework of Australia, which is a federation of State and Territorial governments, represented by the Federal or Commonwealth Government based in Canberra, Australian Capital Territory, and also within the context of Australian community psychology, which traditionally has been strongest in Victoria, WA and Queensland, where postgraduate courses are running or have run in the past. The Appendix at the end of this paper summarises all the initiatives undertaken by different groups to obtain endorsement for community psychology.

The College Chair's perspective - *Lynne Cohen*

It was shortly after I became National Chair of the APS College of Community Psychologists, that the news of our failure to be endorsed by the Health Ministers was released by the Psychology Board of Australia. This devastating information was set to unite a group of people in ways we could never have envisaged. Once the disbelief had settled came the realisation that this could mean the demise of the College and community psychology in Australia, as there would be no incentive for universities to offer postgraduate training programs, and the numbers of students electing to study community psychology would soon reduce to the stage where programs would be unsustainable. Postgraduate students would be unlikely to elect a study pathway which would not lead to professional endorsement. A meeting was organised in Melbourne, Victoria to which members of the National Committee of the College, (comprising the Chair, Secretary, Treasurer, Membership Secretary, Program Accreditation and Professional Development convenors, state section and student representatives), and other interested parties were invited. I was extremely apprehensive prior to the meeting as there was little indication at that point of whether there was adequate support and motivation by the members to pursue endorsement. However it soon became apparent within a short timeframe that there was overwhelming support for developing a campaign

and not giving up in the face of adversity. I was also aware that the campaign would require coordination and monitoring across Australia. Leaders emerged from the different State branches and the entire operation was managed with precision by Dr Anne Sibbel in WA.

My role in the subsequent months became one of facilitation by writing and meeting with various Members of Parliament, using personal contacts to acquire support from international organisations, as well as government and non-government agencies with which we had previously worked and who supported the skills and competencies of community psychologists. A defining moment for me during this time was a decision that the committee had made to consider seeking expert advice from a professional lobbyist to assist us with our endeavours. An appropriate person was recommended and a meeting was arranged. It was after the meeting when I realised that all our members and supporters were already engaged in the activities suggested by the expert. I knew from that moment that we were taking the correct approach and that we were going to excel in at least trying to achieve our goal – the endorsement (and survival) of community psychology in Australia.

Letters of support and cultivating champions

Anne Sibbel - National Secretary of the APS College of Community Psychologists

Following the Health Ministers' decision not to recognise community psychology under the National Registration Scheme, our National Committee convened an urgent face-to-face meeting to put together our response to this decision. We agreed on a number of strategies (See Appendix A), realising we needed a fluid process that was able to be responsive to future developments. Letter writing and meetings with key decision makers to present our case for endorsement, to correct misinformation about what community psychologists do, and to cultivate support for our endorsement were two of these strategies. As a small college, we needed members of the various government committees who had the decision making power in this process to understand who we were, what we did and our unique contribution to the wellbeing of the Australian population.

In WA, we tried to arrange a meeting with Health Minister Hames, but for "ordinary" people such meetings are usually booked months in advance, time we didn't have. I mentioned our plight to a neighbour at our local residents and ratepayers

association meeting. A few days later I was thrilled to receive an email from that neighbour asking if we'd like him to use his political connections to arrange a meeting for us with the WA Shadow[9] Minister for Health, Roger Cook. A few days later Ken Robinson and I met with Roger at Parliament House in Perth. Roger was sympathetic to our cause and seemed to have a good understanding of the situation but we weren't sure how he could further help us. But sometimes luck can be on your side and you can be in the "right place at the right time". Just as we were about to close our meeting with Roger, Minister Hames walked past where we were sitting. Roger asked him over and introduced us. Minister Hames immediately told us he understood our situation; he was supportive of us being granted endorsement and suggested we needed to get similar support from ministers in the other states in Australia so he would not be a lone voice on the council. This was our first breakthrough and we quickly emailed the news to our colleagues around the country.

At this time we also decided to ask the organisations and companies we work for and with as community psychologists to write to the WA Health Minister in support of our endorsement, detailing value of the particular work we do. I approached the WA Chamber of Minerals and Energy, the peak body representing the booming resource sector, to write on our behalf. The Chamber is a high profile organisation that has the "ear" of government, with the impact of mining on the wellbeing individuals and communities often on the public agenda. A number of community psychologists work in this sector; my own work is with fly-in/fly-out workers and their families, and the Chamber readily agreed to write in our support. The Minister's Chief of Staff replied to their letter within two weeks confirming the Minister's understanding of the situation and his support for community psychology, and suggesting that the Chamber also write to the Chair of the newly formed Psychology Board of Australia.

There were, however, several points in that reply that I thought should be clarified, so a couple of days later I decided to "cold call" the Minister's office and see if they would put me through to his

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[9] Shadow ministers are Members or Senators from the Opposition party who are given a 'shadow' portfolio with responsibility to scrutinise the work of a particular Government minister/department. They have no official power, and may or may not be allocated the same portfolio should their party be subsequently elected to government.

Chief of Staff. I was also keen to see if they could advise us on further strategies. I dialed the number and expected the "gatekeepers" to deflect me elsewhere. However, I was very pleasantly surprised a few minutes later to be speaking with Minister Hames' Chief of Staff. He gave me the opportunity to clarify the issues and then made some suggestions for future action. Over the duration of the campaign, the Chief of Staff proved to be an extremely valuable ally – he provided information and advice that I'm sure was crucial to our ultimate success in the campaign – a champion indeed.

Brian English - Committee member of the WA Section of the APS College of Community Psychologists
I was always looking at the issue from two perspectives, first, as a negotiation, and second, from the need for diversity in our profession. The basics of effective negotiation require establishing any fair and reasonable benchmarks: from a procedural justice point of view what I thought was needed was a public statement to correct the information presumably used to justify the decision not to endorse community psychology - hence our decision to write an open letter.

From the perspective of the need for diversity within any profession, the fact that community psychology is relevant to mental health not only needed to be said loud and clear, but it needed to be said by the people and organisations that work with community psychologists (i.e., in most cases Non-Government Organizations). I considered there was not much point in us making our own claims as others would simply point to self-interest, hence my strong advocacy for the NGOs to say it. My psychologist partner Kerry, and I initially drafted letters for NGOs to write to the WA Minister of Health, which raised our profile. These were not chain letters, but individually crafted for each NGO, and for their Ministerial recipients.

Later, when we started receiving contradictory and misinformed replies, for example, that the decision not to endorse community psychology and health psychology had been taken on the advice of the Psychology Board of Australia to the Health Ministers, Kerry and I spent three days researching and writing the draft open letter to all Ministers of Health across Australia. After much email debate, input from the College Committee members across four states and multiple redraftings, the open letter was sent to the Ministers, as a strategy to resolve the misconceptions, factual errors and

inconsistencies in reply we had received during the campaign.

Dances with bureaucrats - *Emma Sampson, Co–Chair of the Victorian Section of the APS College of Community Psychologists*

I agreed to follow-up with the Victorian Health Minister, as part of our strategy to contact all Health Ministers to rectify incorrect information and put our case forward to ensure a corrective decision with respect to the endorsement of community and health psychology.

The Minister's office replied promptly – "*Unfortunately the Minister for Health, Hon Daniel Andrews MP, is unable to meet with you at this time. However, the Minister would like for you to meet with his adviser, to discuss your concerns. [The adviser] will be in touch to arrange a convenient meeting time...*" Five weeks later, following numerous attempts to contact the Minister's adviser, Heather Gridley, Victoria University community psychology student Jacinta Wainwright and myself found ourselves outside his office. By this stage it had become apparent that factually incorrect information, such as community psychology not having had specialty status in any jurisdiction in Australia, had been used to justify the initial decision to exclude community and health psychology. Furthermore, the broader context (that WA is not representative of the national context, and that the Psychology Board had actually recommended endorsement of both community psychology and health psychology) was being ignored, not to mention the contradictions with the Government's own health reform agenda that emphasised prevention approaches.

The other 'hook' we had was a media release by David Davis MP (the then Victorian Shadow Health Minister), showing his understanding of the issue and support for endorsement. He had met with Heather and a senior Health Psychology colleague soon after the Health Ministers' decision was announced, and was receptive to anything that might embarrass his ministerial opponent!

Along with the Minister's adviser, another bureaucrat attended our meeting; together they proceeded to question us about community psychology's position. They had been involved in workforce sector reforms within the state, so were aware of the context and particularly interested in why community psychologists needed 'endorsement' and what the 'public' would lose if this area of psychology was not endorsed.

While as community psychologists we are used to 'justifying' our existence within the context of the broader psychology profession, I must say their phrasing (and directness) threw me a little. While not endorsing clinical psychology would have a direct impact on the quality of services for those with mental health issues (as put by the bureaucrat), community psychology is broader, less 'client focused' and more indirect in its processes and outcomes. For a minute I went blank - it is funny how particular language or different ways of phrasing something can stop you in your tracks! I will also admit that I myself questioned our 'need' for endorsement throughout the campaign. Was it necessary to insist on the specialist status of community psychology, given the values and philosophy that drive it? Do we really want or need to professionalise community psychology? Will it just make it more inaccessible to both students and the community? Wouldn't our efforts be better directed towards advocating for the rights of asylum seekers in the face of continuing detrimental immigration policies? Of course, as Heather has pointed out, it is about the recognition among nine specialisations (colleges) and for me the future of the Victoria University course (Masters in Applied Psychology – Community Psychology) – this had been my 'way in' to community psychology, and I didn't want to see this opportunity lost for future students/community psychologists.

In response to their questioning, we managed between us to quickly identify that without endorsement the preventative and strengths-based approaches taken by community psychologists would not be available to the public (phew!). Heather pointed out that, particularly pertinent to the Victorian context, Victoria University currently hosts one of only two accredited programs in Community Psychology in Australia, operating in a stream alongside the equally niche market area of Sport and Exercise Psychology (which did receive endorsement). Thus both streams of the program would be under direct threat if community psychology was not endorsed, which would represent a significant loss to the diversity within the psychology profession. They took note of this point. Jacinta then provided an example of how studying community psychology had 'added value' to her career, providing her with a unique perspective in her work in the family violence field and enabling her to build on the skills she already had.

They were particularly interested in our links with Indigenous psychologists and communities. We explained that community psychologists are oriented to work with Indigenous people and communities in ways that are effective and empowering, and following the meeting, we forwarded them a letter in support of endorsement by Professor Pat Dudgeon APS Fellow and Chair of the Australian Indigenous Psychologists Association, outlining community psychology's role in facilitating the change required to deliver equitable, accessible, sustainable, timely and culturally safe psychological care to Aboriginal and Torres Strait Islander peoples in urban, regional and remote Australia.

In a way only bureaucrats can manage, they didn't give much away! We left happy with the case we had put forward but with not much insight into where it might lead!

Gaining the support of the profession
The APS and broader psychology profession lent their support to our endorsement campaign. I was also armed with the task of putting together an article for *InPsych*, the bi-monthly APS bulletin that goes to all members. Because the endorsement process (and lack thereof in our case) under National Registration was related to the Federal Government's health agenda, after collecting the stories of several community psychologists 'in the field', I familiarised myself with the *National Health and Hospitals Reform Commission* (2009) report. While I could easily promote community psychology and espouse its benefits to communities, it was important to align these with the Government's agenda. The resulting article discussed community psychology's vital role in prevention and health promotion, in advocacy for minority groups and in fostering consumer involvement in health care – three goals of the national health reform agenda. See: http://www.psychology.org.au/publications/inpsych/2010/#jun2010

Some general reflections
The process has since had some unexpected outcomes, with community psychologists and community psychology graduates coming together as never before. The efforts to gain endorsement have also increased College membership by twenty-five per cent since 2010, with one prospective member commenting 'I'll have to join now, after that effort! I have learnt a lot about how decisions are made, and the importance of speaking to the 'right' people. Having a committed group around the country also made an effective campaign possible, as did the constant email

contact, providing key pieces of information throughout the process.

The Student Perspective - *Rebecca Hogea, Postgraduate community psychology student, Victoria University, Melbourne.*

The community psychology postgraduate students at Victoria University were concerned about the decision to exclude community psychology from the list of endorsed areas of practice. We were concerned about the continuation of one of the only community psychology programs in Australia. We were equally concerned about whether this body of knowledge would be available to future students of psychology.

On behalf of the current students, I wrote a letter to Federal Health Minister Nicola Roxon explaining community psychology and its applicability in promoting wellbeing. I also mentioned my own journey to community psychology and how some students travel interstate (myself included) and internationally to study this course. We invited Minister Roxon to speak with students in her own electorate (which includes Victoria University) about this issue.

I received a reply on behalf of Minister Roxon declining the invitation to meet and assuring us that the course was fully accredited, which we already knew - this was not our concern. In an attempt to correct the misunderstanding that students were concerned about their future registration as psychologists, I sent a second letter informing Minister Roxon that the decision to exclude community psychology from endorsement was based on incorrect information. I also highlighted that the focus of both community and health psychology was reflected in her Government's health agenda and reform plans. Once again, on behalf of the students in Minister Roxon's electorate I requested a meeting to discuss this matter in person.

The final letter I received from Minister Roxon's office once again declined the request to meet with her, but this time correctly acknowledged our concerns. We were informed that this matter would be discussed at the approaching Health Ministers' meeting in November. We were pleased that our concerns were eventually understood and acknowledged with a promise of some action. The students wish to thank the College of Community Psychologists for their ongoing updates, information and documentation that supported us to continue correspondence with Minister Roxon. To

our knowledge we were the only group that focussed our campaign on her as Federal Minister, while others approached the various State ministers.

Lobbying for support - *Ken Robinson, Chair of the WA Section of the College of Community Psychologists*

During late April 2010, shortly after the adverse announcement by the Health Ministers, Professor Lynne Cohen and I enrolled in a lobbying workshop organised by the WA Public Health Advocacy Institute entitled '"How to lobby me" - Working with politicians – learn from the experts'. The advice had been forwarded by Dr Anne Sibbel, who had received the information from her daughter, a research officer for a State politician. Anne's role as communicator and information forwarder was critical as she was able to tell us the progress of legislation both in WA and in other States.

The workshop speakers were the Hon Jim McGinty, former State Minister for Health and Attorney-General, Federal Government Senator Rachel Siewert, Dr Janet Woollard, independent State Member of the Legislative Council, and Mr Peter Tagliaferro, former Mayor of Fremantle. These speakers represented each of the three tiers of government in Australia: Federal, State and Local. All advised that it was imperative to know and target your politician, to find out their background and what they stand for, to be clear on what you want, and what you want them to do. Jim McGinty advised that it was important to make being persuaded desirable and to arrange third party support, such as the letter from Professor Pat Dudgeon mentioned by Emma Sampson previously. In addition, he advised that it was important to keep repeating the same message, until you find that the message is repeated back to you, and to prepare information kits for speeches, press releases and other communications. Senator Siewert advised us to do our homework and find out what the political process was, to use local state illustrations, for example, research on suicide in WA regional communities, to ensure the information is accessible, and to consider what the opponents, in our case those people who would resist the endorsement of community psychology, would say and be prepared for that[10]. Janet

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[10] There was not so much direct opposition to the endorsement of either health or community psychology, as resistance (for some understandable reasons) to a burgeoning of specialist designations

Woollard advised using your Local Member as your lobbyist, as they are able to talk to the Minister responsible on your behalf; she stressed that presentation is important and to ensure that the lobbyist is a good communicator, provides a clear rationale, with examples, and statistics, and leaves the politician thinking that they are now better informed. She emphasised that form letters and chain email should not be used, and that multiple, individually crafted letters were far more effective. Finally, she advised that the help of the politicians lobbied should be acknowledged. At the end of the session, I asked for advice regarding the hiring of professional political lobbyists, and was advised by all four politicians that it was best for groups to do their own lobbying, as they had a much better appreciation for their particular political issue. Both Lynne and I relayed this advice to our National Committee, which subsequently informed our national strategy, as well as our WA State strategy.

At the National meeting convened by Lynne Cohen at the start of our campaign, I volunteered to investigate how to petition. Initially, I considered a petition for the Senate, which is the Commonwealth Upper House, and found I could run an online petition. Most jurisdictions in Australia have adopted the Westminster system of bicameral representation, where legislation is enacted by the lower house, and reviewed by the upper house. Under this system, petitions are far more effective addressed to the upper house. The national petition was important to raise the issue, and to demonstrate widespread support, given that the College of Community Psychologists had fewer than 100 members at the time, and might appear to be in a weak position to argue for its own relevance. It was important to address this misperception, and point out the broader implications of not endorsing community psychology, in that it addresses systemic change that is not necessarily considered in the approaches of other psychology specialities. By November we had generated nearly 3000 signatures to the online petition, which was remarkable.

I quickly realised, however, that a second petition was required as legislation was going through each State House of Parliament, and that the appropriate

across the various health professions covered by National Registration. And there was a sense from some quarters within the profession that endorsement of all nine areas might represent 'a bridge too far', so if a campaign was to be waged, we would have to lead it ourselves, in collaboration with the health psychologists.

petition within WA was to its upper house, being the Legislative Council. Although we generated far fewer signatures with the paper-based petition, it was important because it leveraged the role of the house of review in our State. The tabling of this petition raised the profile of our concerns among all politicians within the WA Parliament, and forced me and Anne Sibbel to learn about government process, which proved important in our ongoing strategy and actions.

In keeping with advice from the lobbying workshop, I lobbied Alan Plumb, who at the time was the Chair of the APS WA Branch, and a member of the WA Psychology Registration Board. He is a prominent psychologist whom I convinced to write a letter of support to the Hon. John Hill, South Australian Minister of Health, who is the Chair of the Australian Health Workforce Ministerial Council. Alan's support was important, because it demonstrated third party endorsement for our issue, and that our cause was not limited to the few members of the Community College in WA. It showed that the WA psychology establishment was in sympathy with endorsement of both community psychology and health psychology.

My final recollection is about using the information from the workshop in lobbying prominent WA health bureaucrats. With the WA Section Chair of the College of Health Psychologists, Dr Rosie Rooney, I visited the WA representative on the Health Workforce Principals Committee, made up of senior public service officers representing each State in Australia. This committee is the body that prepares and provides the enabling documentation to be considered by the Advisers to the Ministers, which then passes recommendations to the Health Ministers for their decision. The meeting and subsequent advice from this prominent public official was critical in advising our ongoing strategy. It was she who indicated that we had to lobby and be active in more states than just WA and Victoria, and that it was essential to include Queensland and, if possible, South Australia. She further indicated that it was more important to "convince the organ grinder, rather than the monkey", and therefore to concentrate our efforts on the relevant Health Ministers, their Council Chair, Minister Hill, and his principal adviser, rather than senior health bureaucrats like herself. Her strong advice was to concentrate on the Ministers, as they could either accept or reject advice provided to them. Her advice was important as it ensured that members of our National Committee would involve more States (Heather's

action with Dr Y, described later, and Julie's action with the Queensland Health Minister) which I believe eventually made the difference to the decision to endorse community and health psychology.

A particularly concerning comment this public official made was that that if the endorsement issue were to be raised with the Health Ministers, it would be likely referred back to the Ministerial Advisers to consider adding endorsements for community psychology and health psychology. This advice corroborated a letter we had recently received from Minister Hill which said that the Ministers "recently decided to refer this matter for the consideration of the Health Workforce Principals Committee..." She explained that this particular Committee was working on the new framework for endorsement which might take more than 12 months to finalise, and that progressing our case would probably have to wait until this process was established. This was the preferred option for Ministers, as it would ensure would ensure that any success on our part would not form a precedent for other professions to make similar claims to endorsement. It seemed that after all our campaigning, all we would achieve was the opportunity to put our case forward whenever the new rules for endorsement would be established, at best in 12 months time.

A glimmer of hope lay in her further advice that we had to show that both community and health psychology had been through a process of independent review to establish that they were, indeed, areas of practice that ought to be endorsed. When I reported this discussion back to the National Committee, Heather Gridley indicated that community psychology had been confirmed as an area of specialist practice within Victoria under its regulations in 1992, and had gone through a process of review sanctioned by its State Government. In addition, Heather pointed out that Health Psychology was one of the recognised areas under the recently established British Health Professions Council. This was the evidence we wanted; we could demonstrate that both community psychology and health psychology had gone through independent review.

The basketball mum's story - *Colleen Turner, Committee member of the Victorian Section of the APS College of Community Psychologists.*

My contribution to the salvation of community psychology was unexpected. Heather Gridley as campaign manager was keeping us up to date and I was trying hard to understand the complexities and

circularities. I was prepared to write letters of support, and there was discussion of whether my organisation, and my program area of Communities for Children, would be willing to lend their official support to the campaign.

Amid all of this, Jess my 11-year-old daughter joined a new basketball team, along with a team of parents I needed to meet and bond with, so while watching our girls run up and down and throw endless baskets I fell into conversation with Sally's mother (not the girl's real name). We shared names, children's schools and interests, and eventually our jobs…

Sally's mum worked for the Victorian Department of Human Services. She had, I discovered, been one of the Victorian representatives involved in drafting the new national legislation for health professionals' registration. We had a fairly 'robust' discussion about the pros and cons of national registration and how that would affect existing structures and specialities. I think I expressed some scepticism about the efficiency of introducing yet another layer of bureaucracy, and relayed to her my limited understanding of the community psychology situation. Then training ended and we all went home.

I told Heather about this chance meeting and she, true to the role of campaign manager, urged me to follow up with better information and more questions for this possibly influential person. And so the conversations continued over several weeks of training sessions until I reached the absolute limits of my understanding of the issues, which became more complex as we discussed them.

Sally's mum's opinion – as I recall it, because the bouncing noises were distracting – was that three or four specialist areas in psychology were enough, and that any more would be confusing to psychology consumers, whether they be individuals, organisations – or indeed communities. Further she thought (bounce, bounce, good shot Sally, good shot Jess…) that enough concessions had been made to the APS by the expansion of the list to seven specialities (or endorsed areas of practice).

All of this was logical and sensible. I gave my opinion that the most important thing for community psychology was maintaining the very different skill set through the continuation of specialist university programs. As I recall, Sally's mum was sceptical that refusing endorsement would mean the end of the programs. I confirmed that this was the case because one had already

ceased in WA[11]. But I couldn't explain the hows and whys of the argument.

So back to Heather, who suggested she should have a conversation with Sally's mum. It had become clear at campaign headquarters that the basketball connection was important. Sally's mum had a pivotal role in working from and shaping the Victorian Government's perspective, and ensuring her clear understanding of why community psychology mattered and how its exclusion from endorsement would impact on programs seemed vital.

I admit that at this point I became quite hesitant – it seemed one thing to have general, if increasingly technical, conversations at basketball training and quite another thing for direct lobbying to take place. I worried that exploiting the random personal connection would be seen as unfair; I worried that Sally's mum would cease speaking to me at training, which might impact in turn on Jess and Sally's incipient friendship, and so on… I eventually decided it was ok to lobby after Sally's mum advertised their school fete though the basketball email trail – wasn't that a form of lobbying too? So I gave Heather Sally's mum's contact number, after warning her that Heather might call.

Anyway, they then had a productive conversation including much history and much technical detail. The bit I remember hearing about is Sally's mum disputing that Victoria had ever had specialist registration at all, much less for community psychologists. Heather was able to quote the legislation almost verbatim, including the date the Act was introduced (1987), the date the Regulations were implemented (1992), and indeed, when it was repealed (2000) and specialist registration abandoned on the grounds that it was too much trouble to administer for too little

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[11] The postgraduate program previously offered by Edith Cowan University was not submitted for accreditation in 2010, soon after the original announcement that community psychology was not to be one of the endorsed areas of practice under National Registration. This meant that there would no further intake of students into the program, as the School of Psychology and Social Science reasoned that potential postgraduate students were more likely to choose a specialty which would gain them endorsement with the Psychology Board of Australia. That decision has now been reversed and a new intake is anticipated in 2013.

demonstrable additional public benefit beyond general registration of all psychologists.

I don't really know how far this series of conversations fed into the general mix of advocacy and information – Heather believes it contributed to the general softening of attitudes towards psychology, and/or a better understanding at least of community psychology, within the bureaucracy overall. Jess and Sally still play basketball together, and I enjoy conversations with her mum about all sorts of things.

Some reflections
Every 2-4 years there is a crisis in which community psychology needs to review its status as a postgraduate course, as a practice speciality within psychology, as a subgroup of the APS. For me this process has continued for perhaps 15 years now. It's interesting that the battle keeps needing to be fought, and a new generation of policy makers, educational institutions and internal APS management needs to be convinced of the difference, specialness and contributions of community psychology – and so far each time it happens I am persuaded to be part of the campaign. I do think it is important to maintain specialist training, even though I am no longer registered as a psychologist, and registration is not relevant to the work I do or to my professional identity as a community psychologist.

Dances with decision-shapers - *Heather Gridley, Past Chair and current Victorian and National Committee member, APS College of Community Psychologists*

What stands out from the campaign for me is the importance of the chain(s) of correspondence with the key decision makers and their advisers and gatekeepers. As they trickled in, the responses to Brian's much discussed, debated, and redrafted letter to each health minister were notable for their inaccuracies – it was tempting to use some of the more egregious examples to embarrass the minister concerned, but instead we simply used them as hooks for the next letter, email, phone call or, with luck, face-to-face meeting. 'Is the Minister aware that there has been a postgraduate program in community psychology running successfully in her own electorate since 1994?' 'We are concerned that the Minister appears to have been poorly advised; if he is unable to schedule a face-to-face meeting or phone call, is there a senior adviser on health workforce matters we could speak to…?'

We knew that the Chair of the Health Ministers Council was the South Australian Minister, and that

the Head of his Department was also Chair of the Ministerial Advisers group. Quite late in the campaign (October 2010), I was visiting Adelaide, capital of South Australia, for another purpose, and took the chance to stay overnight in the hope of arranging a meeting with either the Minister or his chief adviser. We knew that both had been heavily lobbied by the health psychologists, who are strong in that state (where there are only two Community College members). We had communicated with the health psychologists in South Australia, and their advice was that they were not being heard by the Minister or his chief adviser. And we had even heard the Department Head had expressed more comfort with the case for community psychology as a distinct area than with health psychology, which he found harder to distinguish from clinical psychology. So there was now a sense that all the lobbying had prompted some kind of rethink where it mattered, although the APS had been advised (similarly to Ken) that there would be a 12 month delay before the Ministers would be able to review their endorsement decision. And time was running out to reverse that position – the Advisers to the Ministers were due to meet at the end of October, the last opportunity for them to recommend that the Ministers make a corrective decision.

My main task in Adelaide was to find a way to make it easier for the decision to be reversed without too much loss of face. I called and emailed the offices of both the Health Minister and his Department Head, and somehow managed to secure a brief interview with Dr Y that afternoon, perhaps on the basis that he had been well briefed on the health psychology case but had never spoken directly with a community psychologist. I arrived somewhat flushed and dishevelled after walking several long city blocks in warm spring weather, and tried to act cool and composed. Dr Y was fairly gruff and the meeting was brief, but it was obvious he was across his job and didn't really need the supporting documents I had brought with me, as much to prompt myself as to persuade him – a letter of support from Australian Indigenous Psychologists Association Chair Pat Dudgeon, and an excerpt from the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) contexts, which specify a background in community psychology or public health as essential for foreign mental health professionals seeking to work in international disaster settings.

I spoke frankly about our main motivation lying not in achieving specialist status per se, but in the certain demise of all community psychology

training, and eventually practice, if endorsement was not granted sooner rather than later. 'We simply don't have 12 months to spare,' I explained, with the next community psychology postgraduate intake in Victoria due in February 2011, and applications already affected by the endorsement issue – 'most students don't know the difference between registration, accreditation, endorsement, APS membership… but they will hear "non-endorsed" and think "don't go there"'. I think this was one point he hadn't fully grasped until now, believing that universities usually have internal reasons for closing down programs. I didn't mention that the Victoria University program had managed to douse one such internal bushfire less than two years earlier, but I did point to the WA program's bid for reaccreditation in mid-2010, which had been put on hold by the university in the wake of the Ministerial decision in April.

But rather than pushing a case that he mostly understood very well, and risk annoying him further than he clearly already was by the stridency of 'the psychology lobby', I sought his advice on where we should direct our energies at this point – to the Ministers or their advisers? Should it be en masse and in public, or carefully targeted behind the scenes? He was quick to suggest targeting the Ministers themselves, possibly to deflect the barrage away from himself and his staff, but his advice extended to which Ministers were likely to be most influential (one was about to face an election and could not participate while in caretaker mode; another would need some convincing; another was already on side, as we knew).

Time was up – the meeting had lasted no more than 10 minutes, yet I felt I had had a respectful hearing and said most of what I had wanted to say – and more importantly, I had come away with some very helpful advice that enabled us to narrow down our campaign strategy for the run home.

FAQs for a BlackBerry: Just-in-time policy advocacy in Queensland - *Julie Dean*

As a member of the APS College of Community Psychologists in Queensland, I was asked if I could represent their voice to the Queensland Health Minister prior to the critical Ministerial Advisers' meeting on October 29. Whilst my previous history of activism has included joining rallies, writing letters of concern to decision-makers and being arrested alongside 500 others for refusing to leave an unwanted uranium mine site, face-to-face presentation of complex arguments to government policy makers was a first for me. In short, it was a little daunting.

My initial task was to understand the complexities of the issues. I was greatly assisted by some timely telephone coaching from the ever-supportive Heather Gridley in Victoria. The next step was to contact the Minister to request a meeting. I first picked the brains of a colleague at my work who also happened to be a member of the ruling Labor party in the state. One his key tips was to emphasise any funding implications (or lack of) for the government regarding the decision to endorse community psychology. Our meeting was scheduled for the afternoon before the all-important Ministerial Advisers' meeting – not much time for things to go wrong!

On the morning of the meeting I participated in my second coaching session; a senior member of the Psychologists Registration Board of Queensland firmly advised me to practise my spiel several times with colleagues before doing the real thing. Thunder and rain poured down as I caught the bus to the city for the meeting. Arriving in good time and huddling under shelter, I realised five minutes before the meeting that I was at the wrong government building! The sprint three blocks to the correct address meant I arrived flustered and wet. I was ushered in to meet three policy advisers, none of whom was the Health Minister, although at least one held a senior government role. I was told that a policy adviser unable to be there that day was in fact a psychologist. There was an atmosphere of reserved friendliness in the air.

My effort to comprehend the dimensions of the issues and practise communicating them was now 'gold'. I firstly explained why I was there and what I wanted. After my five-minute pitch they let me know that they required very brief answers to several specific questions – some I could not even begin to answer. This FAQ style material would inform the Ministerial adviser at the conference first thing the next morning. Critically the answers needed to be brief so they could be quickly understood by reading them on the screen of his BlackBerry.

I dashed back to work, emailing and leaving messages with as many members of the College of Community Psychologists as I could. Thankfully Heather returned my call immediately and we began the task of answering the specified questions:

- What do Community Psychologists do?

- How many Community Psychologists are working in Australia?
- How many Community Psychologists are in training?
- Are Community Psychologists registered in the UK?
- Key issues requiring urgent consideration

Throughout the evening and late into the night emails came in from Victoria and Western Australia from the national community psychology team helping to refine the shape of the all important FAQs. The information was duly sent, and the next day I received an encouraging message from the senior policy adviser "Great work – I have sent it to [the Director-General of Queensland Health]". And so, the FAQs made it to the BlackBerry!

On November 13, 2011, we discovered the results of our long campaign. The Ministerial Advisers had made a positive recommendation, and the Ministers had subsequently agreed to endorse community psychology and health psychology under the National Registration scheme in Australia. A flurry of emails across the country between members of the National Committee and well wishers both nationally and internationally were shared, as were a number of bottles of champagne! On a longer term basis, we have found that our membership has increased by over 25% since this period, with the total number of members of the College of Community Psychologists now being 107. Moreover, as a direct result of the decision to endorse community psychology, the WA academic program was reinstated and will take initial enrolments in the first semester of 2013.

What helped?

This was a collaborative, interactive, multilevel, iterative process, which demanded continued action over a lengthy period of time, shown by the various points made by members and friends of the National Committee of the APS College of Community Psychologists. The points made below in Table 1 are a bald summary of protracted processes that succeeded in convincing State and Federal Health Ministers with respect to the case for endorsement of community psychology as an area of psychological practice. We have provided them also as a reminder that collective, integrated and focussed political lobbying is an important aspect of community psychology practice itself.

Table 1
Strategies used in the campaign

Member action:
- Writing letters and emails to local Members of Parliament and health bureaucrats.
- Signing and promoting petitions.
- Active participation in ICAP Community Psychology sessions.
- Communicating with College Committee and APS National Office about responses received.
- *College National Committee action*:
- Convening the Initial meeting to develop strategy and identify resources such as personal contacts with politicians, bureaucrats, NGO staff etc. Tasks were allocated, and then regular meetings were held afterward by telephone conference and group email.
- Letters and emails to identify key people to lobby and influence; listing of contacts, replies received regularly updated.
- Letter sent to the Ministerial Council (after many discussions and drafts over a number of weeks).
- Attendance at "How to lobby me" politician workshop.
- Developed, maintained and distributed information kit and letter templates for members to use and adapt for own personal communications.
- Developed and distributed national and state level petitions.
- Instigated and attended meetings with identified key politicians, bureaucrats and NGO staff across states.
- Developed questions to be asked in parliament by key politicians.
- Ensured that our State message was supportive and consistent with the APS College of Health Psychologists through their State Section Chair.
- State level support: South Australia, Tasmania, Queensland, esp. WA and Victoria as they have or had recent community psychology programs.
- Support for current students of community psychology by liaising with them and encouraging them to lobby politicians, Psychology Board of Australia, APS.
- General information gathering and development of deep understanding of political and bureaucratic processes involved, including need to have a ministerial champion to support our case from within the ministerial committee.

College Chair action:
- Communication to members – regular updates via Bulk Email.
- Letters, emails and visits to key politicians and bureaucrats challenging misconceptions.
- Elicited support from CP 'champions' around Australia and internationally.
- Strategy co-ordination and ongoing monitoring of current state of affairs.
- Ensured that our message was supportive and consistent with the APS College of Health Psychologists through their National Chair.
- External support from allied professional organisations and non-government organisations:
- Letters of support from BPS, APA, CPS (Canadian), Norwegian colleagues etc; ICAP international keynotes.
- Letters of support from key NGOs, such as the WA Chamber of Mines and Energy.

Note. This Table is provided to assist others who may welcome proven strategies for lobbying, and outlines the varied processes that were used by the APS College of Community Psychologists to obtain area of practice endorsement under National Registration. They are presented as a collection of strategies which were found to be useful and will hopefully assist others in their future endeavours. The examples are provided under major headings which reflect the action taken by a particular group. We investigated an external political lobbyist but it was not seen to be cost-effective, as we had established enough high level personal contacts through members not to require their services. Similarly, we decided not to pursue a media strategy to publicise our concerns, but rather to make extensive use of letter writing, lobbying and persuasion.

Final Reflections

This paper, and indeed the writing of it, revealed the interplay of many skill sets and perspectives

that typify the breadth and diversity of community psychology itself. The process of writing this paper has been collaborative and interactive, as were the processes underlying the successful campaign for endorsement of the areas of community and health psychology in Australia. The breadth and diversity of the accounts reported in the paper indicate that the degrees of separation to the powers that be can be very small; the stories of basketball mums, daughters working for parliamentarians, ministers strolling by, and ratepayers associations demonstrate that effective process is as much informal as formal.

Community psychology in Australia has now been formalised to a greater degree than anywhere else in the world (Fisher, Gridley, Thomas, & Bishop, 2008), not only within the APS but now to the extent of area of practice endorsement within the national registration (licensing) system. The ongoing tension between our often uncomfortable fit with bodies such as these, and our dependence on these same structures for survival, is apparent in the comments of our narrators. Foundation member Stephen Fyson (1992, cited in Gridley & Breen, 2007) summed up the dilemma in compromising the original vision for the sake of professional/organisational survival:

> When we started the Board [now College], we hoped the emphasis would be on interdisciplinary exchange, as well as a common meeting ground for psychologists who wanted to think more broadly - it was thus a tension when it became 'professionalised' (in the Sarason sense of limiting access to knowledge and recognition) as a College… The 'professional' recognition is important, but it has greatly limited the original attempts at the broader aims... (p.135)

Meanwhile the people with whom we like to think we have most in common – community development workers, social planners, Indigenous mental health workers, political activists, epidemiologists, community artists, and so on – are excluded from 'the club', and/or are mostly unaware of our existence (Gridley & Breen, 2007). The energy expended in responding to and complying with burgeoning administrative demands and regulatory practices has often restricted the field to an inward 'maintenance' focus, instead of a more transformative, outward engagement with Australian society at large. We were thrilled when the number of signatories to our online petition reached 3000 – but somewhat

shamed when it was noted that fewer than 1000 Australians had signed a petition for the restoration of the Racial Discrimination Act in the Northern Territory. Within mainstream psychology community psychologists might feel like minnows, but we still have more power to 'work the system' than many of the communities we work with. In the midst of our euphoria, we can find ourselves concurring with our UK colleagues (Burton, Boyle, Harris & Kagan, 2007)

> With … a permeating notion of liberatory practice, any debate about who is really doing CP, and about how to organise to do it, perhaps fades away as only of interest to careerist professionals. (p.232)

References

Burton, M., Boyle, S., Harris, C., & Kagan, C. (2007). Community Psychology in Britain, Chapter 10 in S. Reich, M. Reimer, I. Prilleltensky, & M. Montero (Eds.), *International Community Psychology: History and Theories*, NJ.: Kluwer/Springer pp.219-237. ISBN 978 0 387 49499 9.

Fisher, A., Gridley, H., Thomas, DR., & Bishop, B. (2008). Community Psychology in Australia and Aotearoa/New Zealand. *Journal of Community Psychology 36*, 649-660.

Gridley, H. & Breen, L. (2007). So far and yet so near: Twenty-five years of community psychology in Australia, Chapter 5 in S. Reich, M. Reimer, I. Prilleltensky, & M. Montero (Eds.), *International Community Psychology: History and Theories*, NJ.: Kluwer/Springer pp.119-139. ISBN 978 0 387 49499 9.

Inter-Agency Standing Committee (IASC) (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.

National Health and Hospitals Reform Commission (2009). *A Healthier Future For All Australians - Final Report of the National Health and Hospitals Reform Commission.* Canberra: Commonwealth of Australia.

Psychology Board of Australia. (2012). *Connections, 4,* March. http://www.psychologyboard.gov.au/News/Newsletters.aspx Accessed 5 April 2012.

Invisibility and informality in Latin American Community Psychologist

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When Tom Wolff sent his message to me, inviting me to comment about the experience in Australia, I immediately recalled the research carried out by Irma Serrano and I, about the histories of Community Psychologist in the twenty countries that compose that compose some two thirds of the America continent. In four of those countries (Bolivia, Cuba, Honduras, Panamá), finding psychologists working in community psychology was a hard task. Much to our surprise we found that it is neither applied, not taught in Panamá. While in Bolivia, only recently it is beginning to be taught, but at the same time, a wonderful participatory and critical programme of research, has been carried out for more than 35 years, in Indigenous Aymará communities, by two psychologists: Javier Mendoza & Mercedes Zerda. As they work with, and for those communities, they were unknown outside the country and also within it. Cuba and Honduras presented histories of public policies and work in the field of community health.

But also in countries where Community Psychology (CP) is known and where there have been academic programmes as far back as in the mid-seventies (i.e.: Colombia or México), those pioneering initiatives have not survived, although in the same tenacious way of Mendoza and Zerda in Bolivia, some admirable community psychologies have continued to carry on the stake. That is the case with Eduardo Almeida who for many years has kept a community programme also with indigenous communities in Puebla, Mexico, or Jorge Mario Flores in Guatemala and Mexico, or Carlos Arango in Cali, Colombia.

Although the amount of information, and the degree of development in most of the countries in the region is not only important regarding practice and publications, and the fact that the action and research produced in the region has developed a paradigm from participatory action and research, nourished by theoretical roots coming from Paulo Freire's adults education, from Fals Borda's critical sociology, from Marxian ideas (manuscripts, critique of German philosophy; Gramsci´s works, philosophy of liberation (Dussel, Levinas)., and has created and submitted to the proof of practices , concepts and relationships, in many countries in the region CP is rather invisible or informal. That is: presented under the social psychology, or clinical psychology umbrellas or as an appendix of health programmes. The following examples, going from South to North, illustrate the point:

Argentina: As an academic discipline CP began to be developed in the early 90's Saul Fuks & Antonio Lapalma (2011, 41-64), authors of quite a few researches and responsible for the chapter about the history of PC in Argentina, began saying that "community participation is an emergent notion in Social Sciences", and that its "instrumental use not always is sustained by the ecology of ideas" coming from CP. So it has a variety of uses, that deprives its content, forcing CP to keep retrieving its key concepts", meaning that it has to be reconstructed once again (2011, pp. 56-57). They complain of the fact that "with the exceptions such as annual Conferences, it has been impossible to gather community psychologists around common objectives" (p. 58), and they attribute at that lack of gremial support for the lack of CP institutionalization. I should bring up that Fucks has had four about some 30 or more years a very successful community programme with a large low-income community, near the National University of Rosario, where community stakeholders have been as engaged and committed as Fuks.

Colombia: This one of the first countries to introduce a CP related programme, and as Arango & Ayala **(2011, 139-155)** have written, what they have to tell is "a history of invisibility" ignoring CP (p. 139). A strong and shocking statement, especially if one knows that Colombia has hosted the two World Symposia about Participatory Action Research (Cartagena, 1977 & 1987). They describe the programmes of the Universities where they are professors (University of El Valle and Catholic University of Comobia, respectively). In the first case (El Valle), the pioneer programme is extinct, but Arango has created a new one that he has labeled as CP of Conviviality. The one at Catholic University is rather new but it is thriving. A very interesting programme created by National Open University (UNAD by the Spanish accronym) is fascinating because it teaches people that got to communities in small places, very far away from the big cities, and teach, in a participatory way. More than 12.000 people have been trained, and to me it is a great job. But people at the UNAD feel that their work and their alumni are somehow considered as in a lesser position. Invisible, although their institution is very formal, CP has been introduced by the Colombian Association of Psychology Faculties in the same Division along with Social and Environmental Psychologies; such union meaning that those three disciplines do not have enough "social weight " as to be independent.

Venezuela: My own country, one of the first to embrace CP has had a tradition of community work included in Public Policies. Those policies have been carried out by a variety of professionals: architects, educators, engineers, economists, sociologists, social workers, physicians and since the 70's, psychologists. But Academia was rather late in 8understanding what was happening outside the campuses. I was a young teacher at the end of the 70's, and I ignored that a CP existed, but along with my social psychology students we felt that we could not solve the problems happening outside the University, unless we approached the people suffering them. So we began going out, doing a lot of group dynamics (the only method helpful at the moment) and in 1979, at an Inter-American Congress of Psychology, we discovered that what we were doing was called CP and there was a lot more in it. Although by 1982 I had a written a definition of CP introducing not only control but also power, by and for the people, it was only in 1986, that I was able to create a CP undergraduate course, but, under the social psychology umbrella. No other course has been added after that one. There is the possibility to do a master in social psychology, with CP mention. In spite of that many good dissertation and theses in CP have been made; as well as Ph.D. thesis. But CP has **not formal recognition**, yet, in the country, in spite of being one of the countries that has produced and is producing more contributions to CP literature, and that in Central University has been produced a line of Environmental CP. And there is a line of graduate studies in Community Clinical Psychology at Catholic University (created in 1999).

El Salvador: This country has an interesting history written by Nelson Portillo (2011, 213-233). CP was beginning to be developed in the late 70's by Marta Mercedes Moran, who for political reasons that led to a tragic civil war, she had to flee. As Portillo says, that development was stopped because in the two main universities it was very much opposed due to the idea of a traditional-institutional vision that was considered useless. Social psychology was not prepared to do the task and it was re-introduced in the early 90's after the end of the conflict, being then considered as very useful to work in the country reconstruction. According to Portillo it has been professionalized in the period between 1998-2002.

Mexico: In this country during the mid 70's CP in the line of Newbrough and other US pioneers began to be introduced in Guadalajara by the ITESO a catholic academic institution. At the same time a very unusual and interesting experience directed by Emilio Ribes Iñesta, a conductist psychology was carried out in an institution dependent of the National Autonomous University (UNAM). This experience demanded that all the education was to be practiced in the communities around the site (workers communities), but it lasted only five years, and soon it was reverted to traditional psychology with elimination of CP. Recently (about five years ago), an undergraduate course in CP has been, for the first time created at the Faculty of Psychology of the UNAM. Almeida & Flores, authors of the chapter about México (2011, 277-304), have entitled it as **The informality of Community Psychology in Mexico.** They consider that community orientation has been very important in Mexico, but it has not been, so far, informalized. The terms *community* and community development, are key terms for social work; the concept of community is needed and used in many researches and practices; many institutions work for and in communities, and there are formal programmes in some universities (Sinaloa, Veracruzana, Morelos, Puebla, Yucatán), obviously, research and practices have produced knowledge and theoretical studies, but as those authors say "it seems that PC will continue transforming itself in Mexico, thanks to more non-institutional university experiences, but also thanks to the theoretical and methodological contributions from scholars who from their scientific and humanistic fields reflect and act in relation to community approximations to contemporary social problems" (p. 299). So, in spite of the slow attention towards formal CP, there is a future in the case.

Commentary: Lobbying for Endorsement of Community Psychology in Australia and the Invisibility of Community Psychology in the United States

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The challenges faced by our Australian colleagues raise a range of questions about the future of Community Psychology (CP) in contexts that have become increasingly focused on the legitimizing of academic programs and professions by bureaucratic governmental entities whose understanding of the disciplines and professions they seek to legitimize may be limited at best. More importantly, their struggle points to challenges within academic psychology, as CP continues to struggle for a place at the table of organized psychology. Perhaps the greatest lesson in the narrative of this struggle was how some of the tools of the discipline were used to resolve what was perceived to be a crisis threatening the very survival of CP in Australia.

In the United States, CP has a long-standing history of invisibility within mainstream psychology. Clinical psychology and its close cousin, counselling psychology, have dominated the realm of applied psychology for so long, that the lay public believes "psychology" to be synonymous with psychological distress, "mental illness" "counselling" and "therapy." CP is similarly invisible within academic psychology, as evidenced by its very limited presence or complete absence from introductory psychology textbooks in the United States (Sarkisian, Taylor, & Council of Education Programs, 2009) and as a domain of instruction in many psychology departments.   This invisibility is compounded by the fact that community psychologists have articulated a paradigm whose assumptions and practices diverge significantly from traditional applied psychology in problem definition, levels of analysis, types of research, interdisciplinary ties, ethics, roles of then professional and service recipient, and the focus, timing, and type of intervention (Nelson & Prilleltensky, 2010). In many ways CP is additionally marginalized within the dominant traditional models of psychology because our work often focuses on working with people who are themselves marginalized by the social system and by traditional deficit-based approaches that have no models for effectively addressing the impact of social oppression or working beyond the individual to manifest change.

The narratives of our Australian colleagues beautifully illustrate how as a marginalized community, we as community psychologists, can use our own values, theories and methods to effect change for ourselves and CP. Much of the work reported in the summary of activities reads like a textbook on community organizing and coalition building, illustrating along the way how bringing theory to practice is often fraught with unanticipated challenges. Within the U.S., CP gained professional recognition through the Society for Community Research and Action (SCRA), Division 27 of the American Psychological Association, yet we still remain invisible.

With a membership approaching 800, and monetary resources, SCRA is in the best position it has ever been in to facilitate organized efforts to increase visibility of CP within the U.S. and internationally. Recent developments within SCRA, such as the legitimization of the Community Psychology Practice Council (CPPC) with voting power on the executive committee, the decision to hire an executive director of SCRA, or the recent development of the SCRA Public Policy Committee, reflect steps toward greater inclusion and a more proactive focus. Further, several councils of SCRA have already engaged in activities to raise visibility of CP. For example, the Council of Education Programs (CEP) has engaged in letter writing campaigns to text-book authors to lobby for greater inclusion of CP content in introductory psychology texts and has partnered with Idealist.org to promote graduate education in CP at graduate school fairs with volunteers from SCRA sitting at tables and talking with fairgoers about CP and CP training. While these efforts are effective outreach on a small scale, they are ameliorative in nature, reaching one author or one potential student at a time. A transformative approach would focus efforts to raise visibility on a large scale, seeking to effect change on the macro level with entities such as the APA, the National Institutes, Text Book Publishers, University systems, and U.S. State and Federal Governments. Challenging the dominant value on the deficit-based model and raising awareness of more inclusive and holistic approaches utilized by community psychologists among macro level entities would be a difficult endeavour.

Unlike our Australian colleagues who were presented with a threat great enough to mobilize individuals into action, we in the U.S. have no such threat other than sustained invisibility in the shadow of a deficit-model. If the members of

SCRA believe that increased visibility is important for the field and the work is beneficial to communities, then they could mobilize to increase the visibility of CP. There is likely little doubt among community psychologists that the profession has the means to accomplish the desired end of increased visibility. However, there may be a concern that sustained invisibility, a threat associated with CP in the U.S. since its inception in 1965, would not be considered a threat but rather a comfort zone.

While we cannot ensure that legislators, accrediting bodies, professional blocks, and our fellow psychologists know what CP is and how community psychologists work, we can, as a professional community ensure that we continue to create opportunities to educate them. Additionally, we can engage in organizations, such as the SCRA,

to facilitate large scale efforts targeted toward raising the visibility of CP through transformative approaches which best utilize its members and financial resources.

References

Nelson, G., & Prilleltensky, I. (2010). Community Psychology: In Pursuit of Liberation and Well-Being (2nd Ed.). Palgrave Macmillan.

Sarkisian, G.V., Taylor, S., & Council of Education Programs (2009). Rating of introductory psychology textbooks with community psychology content. The Society for Community Research and Action. http://www.scra27.org/resources/educationc/ratingofcommunitypsychologycontentinintrotexts.pdf

"The proof of the pudding is in the eating."

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I would like to salute the dedication of all Australians involved in this accomplishment. It is an important contribution to the affirmation of community psychology and we will all benefit. Before commenting on the main issue, I want to acknowledge that we can learn many more things from their paper, amongst them: 1) lobbying is a useful tool, 2) our allies should be diverse and are not necessarily where we think they are at first; 3) timing is just about everything. Their paper could be recommended reading for *Influencing Policy* because it helps us understand the collaborative process that is needed to influence policy decision-making and the necessity of informing and persuading.

It is often debated whether gaining recognition by a National Regulatory Board is what needs to be prioritized to develop community psychology. For various reasons, few of us choose to undertake this quest. Then something in our ecological niche changes that gives us the impulse to do so. In the Province of Québec (Canada), we also chose to ask for official status from the *Ordre des psychologues de la province de Québec* (OPQ) which is the official Provincial Regulatory Board for psychology, each provincial board in Canada being independent. What stimulated our decision was a redefinition of the diploma of entrance to the practice of psychologist by the OPQ and a resulting reshuffling of many graduate training programs in the province. Québec was one of the few Canadian provinces that up to that point accepted a Master's as the diploma of entrance to the OPQ (with a Generalist registration) but it was now to become a Doctorate (Ph.D. or D. Psy). As we were already offering graduate training in community psychology in our department of psychology (the other University doing so being Université du Québec à Montréal), we thought it wise to aim for the development of a fully independent program in community psychology and to ask for its recognition by the Provincial Board. The chairman of our department was a strong believer in the diversity of psychology and in the contribution of community psychology. Our colleagues were less

empathic but the three professors in community psychology saw this redefinition of programs as an opportunity. There are proportionally more than twice as many psychologists in Quebec as in the other provinces of Canada. This amounts to 7 150 psychologists, of which 75% are women. We thought that community psychology, with its values on social justice and empowerment, could earn its place.

The OPQ has the mandate to certify the programs which correspond to standards ensuring quality of practice and protection of the population. If the doctoral program of a university is not on their list, its graduates cannot become members of the Provincial Board and thus are not allowed to use the designation *Psychologist*. In Québec, there is no endorsement of areas of speciality such as community psychology, clinical psychology, counselling psychology, etc., unlike Australia, where nine areas are now recognized. If the faculty members interested in community psychology at Université Laval had not developed a fully independent doctoral program, the only path to become a psychologist and member of the OPQ, would have been to be a graduate of an accredited clinical program. Organizational psychology faced the same problem community psychology did. The Ph.D. program in *Research and intervention in community psychology* at Université Laval was accredited by the OPQ in 2003 and community psychology was thus indirectly endorsed as an area of practice within the provincial registration system.

So, are we happy? Are we better recognized? At the provincial level, yes. At the local level, no. The proverb, *"The proof of the pudding is in the eating"* seems the perfect descriptive sentence from my point of view. I like the English expression but let us not forget that the first author may have been Spanish- Miguel Cervantes- or French- Nicolas Boileau! I think that we, at Université Laval, simply choked on our pudding. Two main ingredients were lacking: the support of our proximate community, our colleagues; and a proper

understanding of the lack of interest among students in what we were proposing in our program. It is easy to identify *Colleagues* and *Students* as responsible for our failure; things are more complicated than that, for sure. I would suggest that a lack of resources is the main explanation. Having only three professors responsible for the program along with a few other collaborating colleagues, and with no possibility of recruiting additional staff, led to a restricted choice of courses and practica. The administrative requirements of the Provincial Board were also numerous and added to the work of the professors. The burden associated with the large number of students choosing the clinical program influenced our colleagues to concentrate on this speciality, which became nearly synonymous with the orientation of the whole department of psychology. We had gambled that the endorsement of community psychology by the OPQ would consolidate the intent of students and be an additional motivation to pursue a Ph.D. in community psychology. We were wrong. Our program is now suspended and we no longer accept new students. The only remaining accredited program in community psychology in the province of Quebec is at Université du Québec à Montréal. The coming years will show if they succeed in recruiting psychology students with social concerns. And this will remain also an important issue for Australia.

What were the positive aspects of being endorsed by the OPQ? I would suggest two aspects. First, it made us better as a program. We were invited to define the skills to be developed in the practica and in the internship and this led to lively discussions and finally got us involved in thinking more about the practical training of our graduates (Lavoie & Brunson, 2010). Second, we contributed to our discipline of psychology as a whole through our criticism of the OPQ's Agreement Manual on Training: we repeatedly challenged the mandatory nature of a course in Psychopharmacology for all psychologists and denounced the near omission in the Manual of the importance of context and culture. Yes, this is still possible in the 2010's.

As our Australian colleagues wrote, "Every 2-4 years there is a crisis in which community psychology needs to review its status." We have consolidated one area, the recognition by a regulatory board of the practice in community psychology. But "(…) the battle keeps needing to be fought" with new resources and a new generation. And by the way, we have other things to do…..to change the world. I raise my glass (of Québec cider) to our Australian colleagues and look forward to tasting their Australian pudding.

References

Lavoie, F., & Brunson, L. (2010). La pratique de la psychologie communautaire. *Psychologie canadienne, 51*(2), 96-105.
DOI : 10.1037/a0018085.

COMMENTARY TO "LOBBYING FOR ENDORSEMENT OF COMMUNITY PSYCHOLOGY IN AUSTRALIA"

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Can the Australian Struggle also happen in Italy?

The struggle to have community psychology endorsed as one of the recognized psychological specialization among the health professions could not happen in Italy in quite the same form, since in our country the most prestigious professions (doctors, lawyers, architects, engineers etc.) are regulated through "professional orders" , which are instituted through specific laws passed in Parliament. University graduates aspiring to practice one of these "legalized" professions must pass a special examination (similar to the bar exam for lawyers in the United States) to become members of the professional order. Different professions can create scientific or professional associations, which have less prestige and power than professional orders. In fact, many requests by professional associations to become an order often remain in the form of proposed laws for years in the Italian parliament. In Italy, a big battle, which required most of the same lobbying described by our Australian colleagues, actually took place in the seventies and eighties to obtain the passage of this kind of law.

They were years of intense debate, and of open conflict with the Medical Order. Psychologists had to gain the approval of most parties to try to have the law passed. The Italian Scientific Psychological Association (SIPS), which had less than a thousand members in the sixties grew tremendously after the first college degrees in Psychology were instituted in 1970 at the University of Rome and Padova; and students, mostly female, flocked to them. In the seventies several laws were passed aimed at moving educational, social and health services from secondary and tertiary prevention to primary prevention, encouraging citizen participation, and networking among services. All these laws provided new job opportunities for psychologists who were looking for new professional roles. In this climate, in fact I published, under the sponsorship of Augusto Palmonari and Bruna Zani, social psychologists from the University of Bologna, who had invited me to hold a seminar on my experiences in community psychology in the United States[12] the first Italian article (Francescato

2007 a), on community psychology, which was entitled: "Community Psychology: a new role for psychologists?" The late seventies and early eighties saw the birth of community psychology in Italy, the first books were published (Francescato 1977b, Palmonari and Zani 1980) and Community Psychology became a Division of SIPS, in 1981.

In the early eighties there was still no public university training in community psychology, but the new division of SIPS, of which I was the first National coordinator, promoted theoretical seminars, training sessions, debates and annual conferences, and the division grew to have as many as 300 members including teachers, social workers, and other non-psychologists interested in community psychology. We allied ourselves with social and clinical psychologists in academia to obtain the introduction of community psychology in the psychology degree programs. It took several years of lobbying because then the Italian university system was very centralized and the introduction of new subjects had to be approved not only at the university level, but also at the national level. For years I taught informally community psychology contents in a course called, "Personality investigation techniques", while other Italian psychologists taught CP in the their social psychology or clinical psychology courses. Only in 1985 I became the first Professor in community psychology. After much struggle in 1986 a major national reform was passed, which changed from four to five years, the academic degree granting programs in psychology: CP was finally formally introduced as a fundamental discipline and began to be taught in all major Italian universities offering a new degree in clinical and community psychology. Both academic and professional psychologists lobbied together to get legal endorsement for the profession and finally in 1989, the Italian Parliament passed law Number 56, which created the Professional Order of Psychologists.

After winning the battle for the creation of the Order, SIPS decided to terminate its existence. In

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[12] For more information in English on the development of community psychology in Italy

see Reich, Riemer, Prilleltensky, & Montero, 2007; Vazquez Rivera, 2010 and Francescato 2007 and 2008).

its place the Italian Association of Psychologists (AIP) was created with experimental, clinical, work and organization, health, social, developmental and other divisions. Community psychologists decided instead to create an independent organization and so SIPCO (Italian Society of Community Psychology) was born in 1994. Most Italian psychologists work in private practice as psychotherapists; community psychologists work in the third sector in cooperatives, volunteer organizations and in the territorial services of public health organizations, where they are hired as psychologists, the professional title protected by the Order of Psychologists. In contrast to the Australian experience, Italian psychologists are not hired formally as clinical or community or health psychologists. In Italy, a national law passed in 1978 as a major health reform, requires psychologists to be present in what are called "territorial services" which include mental health centers, and a variety of services that cater to the needs of women, children, people with handicaps or of people with behavioral problems such as drug abuse, alcohol, abuse etc. However, not all territorial services have full time psychologists on their staff because every Italian region has its own specific law, which may "permit" but not "require" hiring of psychologists. Furthermore, to cut surging health expenses in the last decade, no new hiring have been allowed. Only hiring pro –tempore (for definite periods ranging from a few months to two years) have been permitted to substitute psychologists on maternity or sickness leave. Most psychologists were hired by these territorial services in the 70's and 80's, but are now reaching retirement and are not often being replaced. The situation is even worse for psychologists who want to work in hospitals. Very few regions have laws that require the presence of psychologists among hospital staff, mostly permit the employment of psychologists, but do not make it compulsory to do so. So the actual number of psychologists present in Italian hospitals in 2007 varied widely ranging from 276 in Lombardy, where the law does not require but permits the presence of psychologists in hospitals, to one in the southern region of Molise**.** The Order of Psychologists has now about 90,000 members, about one third of all psychologists in Europe. The phenomenal growth of psychology in Italy has created new problems since more than a third of psychologists are unemployed, under-employed or employed in jobs which do not involve professional psychological skills. So Italian universities are now pressured to cut the number of students they admit in psychology for undergraduate and graduate training. This year for instance, the University of Sapienza at Rome,

where I teach, which in 1970 instituted the first psychology degree in Italy, has cut by one-half his maximum student enrollment in its undergraduate three-year bachelor degrees. In general, University funds also have been cut for doctoral programs.

Advantages and disadvantages of community psychology association (SIPCO), not formally connected to organized psychology (AIP)

If one chooses as a criterium the number of members, creating a separate community psychology association (SIPCO)not connected with AIP, has been a disadvantage. While the old Division of community psychology within SIPS reached a maximum of 400 members under the coordination of Marco Traversi (prematurely deceased after having done a wonderful job of spreading CP among professionals), SIPCO members have been fewer, ranging from 50 to a 100, and they have been mostly academics and graduate students, from 1994 to the present. However, the decision to create a separate association SIPCO has allowed community psychology a certain amount of visibility and given it the freedom to promote yearly seminars and conferences on topics of specific interest for community psychology such as empowerment and self-help, community psychology and politics, adolescents needs and social service, intercultural issues and empowerment, and European-Mediterranean intercultural dialogue. SIPCO has held biannual conferences in prevention for schools and communities and also promoted the birth of the first Italian Community Psychology journal, It also publishes a newsletter and has a site (http://www.sipco.it). Among the most important achievements of SIPCO is the organization of the first European Congress of Community Psychology in Rome in 1995, where the European Network of Community Psychology (ENCP) was created and a European perspective to community psychology began to emerge (Francescato and Tomai 2001). ENCP promoted the foundation of the European Community Psychology Association (ECPA) in 2004.

Italian community psychologists have developed and refined a variety of tools to deal with social and human problems and to promote empowerment at the individual, group, organizational and community levels. Among these are: (a) community profiling and network building to identify strength and problem areas of a local community, along eight profiles, and to promote broadly networked community projects (Francescato, 2007; Francescato, Solimeno, Mebane, & Tomai, 2009; Martini & Torti, 2003); (b) multidimensional organizational analyses to

empower people working in organizations, to detect interconnections among points of strengths and problems areas along four organizational dimensions, and to plan desired organizational changes (Francescato, 2007, 2008; Francescato, Tomai, & Solimeno 2008; and Francescato, Mebane, Benedetti, Rosa, Solimeno, & Tomai 2010); and (c) affective education and empowerment training, to help people belonging to the same small groups to improve their group skills, solve conflicts and create a mutual help climate (Francescato 2007; Francescato, Solimeno, Mebane, Tomai, 2009.

All of these participatory intervention strategies use among other tools, personal, organizational, social and media narratives (Francescato, 2007, 2008, 2010; Martini & Torti, 2003. Other instruments include: mediation strategies for handling conflicts among family members and social groups, and ways to promote and support both conventional and new forms of civic and political participation, as well as to promote self-help groups (Cicognani & Zani, 2009; Zani 2012). Several Italian community psychologists have made important theoretical contributions, integrating constructivist and neo-positivistic perspectives, or revisiting the theoretical frameworks of Latin American writers who focus on a critical analysis of reality and on action aimed at social change and the transformation of existing power relations (Amerio, 2004; Zani 2012). Francescato, Tomai, and Ghirelli (2002) have formulated some guiding principles for a 'theory of practice' that outline how community psychology views the interaction between person and context, considering the complexity of the social system, focusing on protective factors and on the crucial role of personal and social narratives and on the link between individual empowerment and collective political struggle (Francescato, Arcidiacono, Albanese, & Mannarini, 2007). Some Italian researchers have redefined key concepts such as social capital and sense of community underlining also the dark side of these phenomena. People can have a strong sense of community and high social capital but be very hostile to newcomers, or they can have a high sense of belonging and still have negative emotions toward their community, and mistrust local institutions and other citizens (Arcidiacono & Procentese, 2005; Cicognani & Zani, 2009; Marta & Scabini, 2003). Others have re-examined the various historical meanings of 'community', from those rooted in a territory to virtual online communities (Francescato, Tomai, & Mebane, 2006; Mannarini, 2009; Mebane, Francescato, Porcelli, Iannone, & Attanasio, 2008; Reich et al. (2007), and Vazquez Rivera (2010)).

SIPCO also tried to promote academic CP in Italy, but with mixed results. Since the late 90s, various major legal reforms have taken place in Italian Universities, granting them much more autonomy than in the past. This led to CP being taught in several universities as part of widely different psychology degree programs, focused on clinical, social, educational and work psychology. The drawback has been that while from 1986 to 1995 CP was a compulsory subject for all clinical and community psychology 5-year degree students, the new reforms created two levels of degrees: a three-year undergraduate and a two-year Master degree program, in which universities were free to offer or not to offer community courses. So community psychology disappeared in some curricula and prospered in others. For instance, Lecce, Torino and Palermo promoted the first interfaculty community psychology doctoral program was opened, which trained several young community psychologists. Now this doctorial program has been closed, so graduate students now learn community psychology only within social, educational and health doctoral programs. Today community psychology is taught in about 30 undergraduate and Master level degree programs, but as several senior community psychologists have retired in Torino and Lecce, or are near retirement, and few new university positions have been created, the prospects for community psychology in Italy are not too bright. Now, there is no public doctoral program in CP, and there are only scant opportunities for some professional training in CPin only one of the more than 300 private post graduate schools, who train for four years psychologists with a Master Degree to become therapists (ASPIC in Rome offers a training in both psychotherapy and community psychology). C P remains a minority subject both in academia and in professional areas. Community psychologists are less likely to be supported in psychology departments, since attention and funding are going increasingly to neuroscience. Moreover, as state funds for education are cut because of the financial crisis, the field is getting even more marginalized within psychology departments. The interdisciplinary attitude of CP has a detrimental effect on its institutionalization as a psychological sub-discipline. The site of the National Order does not even mention community psychology among the professional areas of employment. We have no reliable data today on how many community psychologists actually work in Italy. We know for certain we will have to lobby as hard as our Australian colleagues and be very creative in the next few years if we want CP to sail over troubles waters in Italy.

The paradox of community psychology in Italy today: more and more needed and less and less offered in this period of crisis

Elsewhere (Francescato & Zani 2010) we have outlined how the recent economic crisis has worsened the lot of the poorest and most marginalized groups of citizens, increased the number of people unemployed and underemployed, and augmented fears for the future in many segments of the population, living in contexts already beset by environmental, social, political and financial problems such as found in Italy. As community psychology theorists have postulated, human problems have a social side, because most problems are born in social contexts and in them one can find the cultural and material tools to seek their solution, but they have also an individual side because it is a person who suffers and who must cope with them. Given our hierarchical social contexts, which offer opportunities and obstacles in an unequal manner for different groups of persons, it is likely that most obstacles, and most suffering will increasingly be faced by less empowered groups, who will also have less access to services, have more health problems and suffer more family disruptions. The worsening of the crisis in Europe has already increased in the last two years personal, interpersonal and family conflicts along pre-existing social divides: between natives and immigrants, women and men, young and old, who are now pitted against each other to compete for fewer resources, and find it harder to live together.

The poor–rich, migrants–native differences and the generational and gender gaps create multilevel problems that would be best handled with a community psychology oriented approach.. These complex problems could best be tackled through community psychology programs that are based on the guiding principles that problems have to be faced simultaneously on several levels since transactions among individuals and the hierarchical social contexts are multidirectional and occur at multiple levels (other individuals, small groups, organizations, local and virtual communities (Francescato & Tomai, 2001).CP programs, however, are less likely to be financed, deepening the social justice imbalance already prevailing in most European countries, especially in countries beset by heavy national debts such as Italy. To make CP more visible outside academia is particularly crucial in this period of economic crisis, since the way problems are tackled could be modified utilizing a CP perspective. In fact community psychologists underline that structural and economic interventions, which are generally implemented when countries face economic crisis,

are needed but are not sufficient. We have also to work with people, by rebuilding their trust, and rekindling interpersonal and social ties. Community psychologists therefore, have to increase the visibility of the evidence that policies and intervention based on CP's values of empowerment, participation and social justice produce more collective and individual well-being than those deriving from predominant neo-liberalistic, competition-oriented and consumerist values. Community psychologists need to become more media oriented, using radio, TV and above all the Internet to make CPmore known. We need to provide compelling evidence that community psychologists have the competencies to tackle (with other professionals) today's complex problems. Community psychologists should document that they can act as successful facilitators in increasing: a) social ties and trust; b) empowerment of individuals, small groups, organizations and communities; c) active participation in local communities and politics; d) constructive solution of conflicts; e) consolidation of social networks; and e) the sense of community.

The decrease in the socio-political empowerment of European youth is particularly troublesome for CP, which is becoming all over the world mostly a female profession (Mebane, 2008; Vazquez Rivera, 2010). CP unites clinical psychology's traditional concern with the welfare of the individual with an interest in the legislative and political processes that create the conditions in which individuals live. However, the increasing feminization of psychology students may make it harder to get them interested in CP. Women's cultural heritage pushes them toward the 'caring professions', while the same cultural heritage coupled with the present individualistic Weltanschauung pushes them toward the 'privatization' of social problems, and furthers their interests toward clinical psychology. In spite of changes promoted by feminism, Italian women, for instance, are still less likely than men to be actively interested in politics or to become activists in political parties and movements, and much less likely than men to occupy top positions in most fields (Gelli, 2009; Mebane, 2008) Moreover, in most Italian degree programs, psychology majors are offered dozens of subjects related to clinical topics, yet very few require students to take courses like contemporary history, sociology, economics, political psychology or gender studies, which could provide opportunities for students to understand the relevance of politics to their professional careers and their personal lives. Therefore, we may in the future fail to have an adequate number of motivated female students, who will choose CP as their

specialty. And obviously we need to recruit more males in psychology. We need to promote interdisciplinary endeavors, to better identify our unique contributions and areas of theoretical and methodological overlaps with other disciplines. To enhance the academic standing of community psychology, we have to develop innovative strategic alliances and create joint programs with other disciplines (not only sociology or pedagogy but also political science, urban planning, architecture and economy). We have to improve graduate training giving students practical opportunities to become skilled not only in action research and program evaluation, as now occurs in most programs, but also in intervention methodologies at the individual, small group, organizational and community levels (Francescato, 2007; Reich et al., 2007).

At a more general cultural level, support for the values of social justice and equality is dwindling, compared to the seventies and early eighties when CP first developed in Italy. Then, political and social engagement was favored by the existence of a huge variety of social movements fighting for collective goals. Today individualism prevails; thanks to popular media programs, which glorify values of individual success, the restless pursuit of visibility, money and entertainment. Is CP then going to die or become hopelessly marginalized in these troubling socio-economic, cultural and academic contexts?

 Undoubtedly in the near future CP in Italy will have to face besides the problems already outlined other challenges which require us to act on many different level. We also need to evaluate more the efficacy and efficiency of different action strategies, and to develop methodologies which are also more respectful of the decision-making capacities of the people we work with. We have to overcome the gap between academic and professionals. Many psychologists and other professionals work in health and social services, in organizational and community planning or in human resources departments using CP tools but having almost no contact with academic CP. How to secure funds through private and public new sources is another key issue. We still hope that the European Union will keep financing action research in the health and social domains. However, we need to find other sources of private funding besides the European Union (foundations, unions, ethical banks, professional associations, etc.). Making our discipline more visible could help in securing new sources of funding.

How to exploit the opportunities provided by virtual communities to promote social capital is yet another challenge facing community psychology in general. Different action studies have shown that integrating CSCL (Computer Supported Collaborative Learning) and community psychology interventions can increase social efficacy, socio-political empowerment, bonding and bridging social capital in university and high school students (Mebane et al., 2008; Tomai, Rosa, Mebane, D'Acunti, Benedetti, & Francescato, 2009). We need to study how belonging to Facebook and other online settings affects the social capital of users, and how sense of community, and other key constructs can or cannot be applied in virtual communities.

References

Amerio, P. (2004). Problemi umani in comunità di massa: Una psicologia tra clinica e politica. (Human problems in mass community: A psychology between clinic and politics). Torino: Einaudi.

Arcidiacono, C., & Procentese, F. (2005). Distinctiveness and sense of community in the historical center of Naples: A piece of participatory action-research. Journal of Community Psychology, 5, 1–8.

Cicognani, E., & Zani, B. (2009). Sense of community and social participation among adolescents and young adults living in Italy. In D. E.Dolejšiová, & M. A.García López (Eds.), Challenges for citizenship, citizenship education and democratic practice in Europe (pp. 100–113). Strasbourg: Council of Europe Publishing.

Francescato, D. (1977a) Psicologia di comunità: un nuovo ruolo per lo psicologo? (Community psychology: a new role for psychologists?) Giornale Italiano di Psicologia, 1, 11-63.

Francescato D. (1977b) Psicologia di comunità. (Community psychology) Milano, Feltrinelli.

Francescato, D. (2007). Community psychology core competencies taught at the undergraduate and Master's level in some Italian universities and in most non-academically based Master's program. The Community Psychologist, 4, 49–52.

Francescato, D. (2008). To give psychology away takes a lot of theoretical and practical training. The Community Psychologist, 1, 41–44. Francescato, D. (2010). Salient characteristics of European community psychology: Past achievements and future challenges. In C.Vazquez Rivera (Ed.), International community psychology. Shared agendas in diversity (pp. 68–103). San Juan: CIREC, University of Porto Rico.

Francescato, D., & Tomai, M. (2001). Community psychology: Should there be a European perspective? Journal of Community and Applied Social Psychology, 11, 371–380.

Francescato, D., Tomai, M., & Ghirelli, G. (2002). Fondamenti di psicologia di comunità. Principi, strumenti ed aree d'intervento. (Foundations of community psychology. Principles, tools and areas of intervention). Roma: Carocci.

Francescato, D., Tomai, M., & Mebane, M. (2006). Psicologia comunitaria en la ensenanza y la orientacion. Madrid: Narcea.

Francescato, D., Arcidiacono, C., Albanesi, C., & Mannarini, T. (2007). Community psychology in Italy: Past developments and future perspectives. In S.Reich, M.Riemer, I.Prilleltensky, & M.Montero (Eds.), International community psychology. History and theories (pp. 263–281). New York: Springer.

Francescato, D., Tomai, M., & Solimeno, A. (2008). Lavorare e decidere meglio in organbizzazioni empowering e empowered. (Working and deciding better in empowering and empowered organisations). Milan: Angeli.

Francescato, D., Solimeno, A., Mebane, M. E., & Tomai, M. (2009). Increasing students perceived political empowerment through online and face to face community psychology seminars. Journal of Community Psychology, 37, 874–894.

Francescato, D., Mebane, M., Benedetti, M., Rosa, V., Solimeno, A., & e Tomai, M. (2010). Empowering students, teachers, non-teaching staff and parents in a troubled high school through community psychology multidimensional interventions. Global Journal of Community Psychology Practice, 1, http://www.gjcpp.org/en/vol1

Francescato D and Zani B (2010) Community Psychology in Europe: More needed, Less Wanted? Journal of Community & Applied Social Psychology, 20, 445-54.

Gelli, B. (2009). Psicologia della differenza. (Psychology of gender differences). Milano: Angeli.

Lavanco, G. (2001). Oltre la politica. Psicologia di comunità, giovani e partecipazione. (Beyond politics. Community Psychology, young people and participation). Milano: Angeli.

Mannarini, T. (2009). La cittadinanza attiva. Psicologia sociale della partecipazione pubblica.

(Active citizenship. The social psychology of public participation). Bologna: Il Mulino.

Marta, E., & Scabini, E. (2003). Giovani volontari. Impegnarsi, crescere e far crescere. (Young volunteers. Getting involved, growing and promoting human growth). Firenze: Giunti.

Martini, E. R., & Torti, A. (2003). Fare lavoro di comunità. (Community work). Roma: Carocci.

Mebane, M. (2008). Psicologia delle Pari Opportunità. (Psychology for equal opportunities). Milano: Unicopli.

Mebane, M., Francescato, D., Porcelli, R., Iannone, A., & Attanasio, C. (2008). Evaluation of the efficacy of affective education online training in promoting academic and professional learning and social capital. International Journal of Human–Computer Interaction, 24, 1–19.

Reich, S., Riemer, M., Prilleltensky, I., & MonteroM. (Eds.). (2007). International community psychology. History and theories. New York: Springer.

Sanchez Vidal, A., Combrano Costanzo, A., PalacinM. (Eds.). (2004). Psicologia comunitaria Europea: Comunidad, poder, etica e valores. European community psychology, community power, ethics and values. Barcelona: Universitad de Barcelona Publicacions.

Tomai, M., Rosa, V., Mebane, M., D'Acunti, A., Benedetti, M., & Francescato, D. (2009). Virtual communities in school as tools to promote social capital with high school students. Computers and Education, 52, 14–39.

Vazquez Rivera, C. (Ed.). (2010). International community psychology. Shared agendas in diversity. San Juan: CIREC, University of Porto Rico.

Zani, B., & Cicognani, E. (2010). Evaluating the participatory process in a community-based health promotion project. Journal of Prevention & Intervention in the Community, 38, 55–69.

Zani, B., & Palmonari, A. (1980). Manuale di psicologia di comunità. (Handbook of community psychology). Bologna: Il Mulino.

Zani B (ed) (2012) Psicologia di comunità Prospettive, idee, metodi (CP Prospectives, ideas and methods) Rome: Carocci.

A Rose is a Rose is a Rose...[13] Why Community Psychology needs to stand up for its Endorsement on an Interdisciplinary and Societal Ground

Wolfgang Stark[14]

Australian colleagues (Cohen, Dean, Gridley, Hogea, Robinson, Sampson, Sibell & Turner 2012), based on the struggle for endorsement of Community Psychology (CP) in Australia, have initiated an important debate which goes beyond the issue of professionalisation of CP. The Australian case raises issues on the professional and political identity of Community Psychology.[15] Based on the German experience, in this paper the process of traditional professionalization is challenged.

The debate, which is going to be published in the next issue of the Global Journal of Community Psychology3, is summarized this abstract provided by Cohen, Dean, Gridley, Hogea, Robinson, Sampson, Sibell & Turner (2012):

> "In November 2010, the areas of practice known as community psychology and health psychology were endorsed by the Australian Health Workforce Ministerial Council (AHWMC). This was a major reversal of the Council's earlier decision in April that year to limit the endorsed areas of practice to those represented by the other seven Colleges of the Australian Psychological Society. This paper describes the intense lobbying effort coordinated by the National Committee of the Australian Psychological Society College of Community Psychologists and their supporters, which was sustained over many months and led ultimately to a changed decision by the Australian Health Ministers. The story is important for community psychology as it demonstrates the power of collective, integrated and focused political lobbying, in this case to promote and to inform others of the key contributions of community psychology to health policy, illness prevention and primary care. Without endorsement there would be little incentive for universities to offer postgraduate programs in Community Psychology, which would then choke the only pathway to future membership of the College, rendering it unviable. With no further training offered, and eventually no representative body within the APS, there would be direct implications for the sustainability of the whole discipline and practice of community psychology in Australia." (GJCPP 2012, forthcoming)

The Australian Case provides a very good lesson for both the status and possible futures of community psychology as an academic discipline and a area of practice. Although it is beyond my intellectual capacity to fully understand the differentiated and advanced situation of community psychology in Australia, I would like to applaud the power and energy of my fellow community psychologists in Australia! Community Psychology in Australia, like in the US, is an important role model for other countries on the status we can reach with an idea of psychology that goes beyond the individual. This example also can give us insights about the potentials and pitfalls for community psychology as an idea and as a discipline.

Community Psychology – the German Experience

Since the rise of Community Psychology (CP) in Germany in the late 70s, CP and Community Psychologists managed to be accepted as a field of psychology, but never reached formal endorsement4. In the late 70s and early 80s, a growing number of anthologies on CP have been published, in gradually launched a young and critical field within psychology at German universities. Most of the scholars and practitioners have been connected to Clinical Psychology, some to Social Psychology. Students have been drawn to CP because it provided a more holistic and critical approach to the problems and challenges of individuals, family and groups. There have been close links to other disciplines (Sociology, Political Science, Philosophy as well as Social Work, Public Health, Community Psychiatry) as well as to societal movements (feminist movement, psychiatric survivors) and to international movements (Psichiatria Democratica in Italy). CP gradually developed some special programs on CP in universities (universities in Munich, Berlin, Oldenburg, Marburg).

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[13] Gertrude Stein´s metaphor helps us to view things twice, at least...

[14] Wolfgang Stark, Dr. phil. is Professor of Organizational and Community Psychology at the University of Duisburg--Essen in Germany. He has been one of the founding members of the German Association for Community Research and Action (www.ggfp.de) in the 1980s and has been on the board of the European Community Psychology Association (www.ecpa-- online.eu) since its start in 2005. He served as president of ECPA 2007--2009 and is now member of the Task Force on Community Psychology oft he European Federation of Psychology Associations (EFPA).

[15] I am grateful to the editors of GJCCP for the permission to pre--print this paper in the ECPA Newsletter 2012

But when the debate about psychological licensing started in Germany in the 90s, German CP stayed back. Although there has been considerable debate, for many German colleagues, CP always has been closer to other disciplines and movements (see above), than to traditional psychological field like Clinical, Social and the like. As a consequence, although German Community Psychologists formed their own association and institutionalized their efforts, the university programs were closed as soon as the faculty members originally launching the movement retired. What seems to be a strategic setback on the one hand, turns out to have some benefits on the second sight: Today, despite the fact that all official community psychology programs in universities are closed, community psychology topics are more powerful than ever: community psychology in higher education is part of the curriculum in psychology in a growing number of institutions. Concepts of community psychology like empowerment or social support have been adopted by classical disciplines like clinical psychology, social work, educational science and many others.

Patterns of Professionalisation

Hence, analyzing the Australian case from the background of our German CP history (and, of course, my individual professional and political point of view), it may be helpful (1) to identify some of the basic patterns of the Australian CP experience, and (2) consequently, discuss some issues on the identity and development of the field called community psychology.

At first sight, the Australian case seems to illustrate the typical struggle for professional endorsement, which always means the struggle for public resources. As soon as public institutions are endorsing a disciplinary field or professional practice, public democratic reasoning leads to an obligation to offer public resources for professionalization to some extent – either to support schools and education, to reimburse services or even to include community psychologists into pension plans at the end of their career.

Therefore, one can see some basic patterns linked to each other in the case provided:

4 there have been parallel developments in other European countries like Italy, Portugal and Britain which lead to more recognition in their professional communities

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(1) There are limited slices in the "public cake" and there should not be to many who want to eat from

that cake, because it is rather shrinking than growing. This is a very basic pattern commonly used by politicians and public administrators all over the planet. it delivers the double‐‐message: we have to stand together, because situation is getting worse: something is shrinking, and we don´t have the power to do something against.

2) In this case, as a consequence, the "divide and impera"‐‐pattern is applied: if endorsement of professional disciplines is limited, actors will fight each other to be part of the game and thereby forget to see the larger picture (what is really needed for individuals and society). This allows government/public institutions to avoid to start a debate or public discourse about societal problems being the real cause for individual/family/community problems needed to be addressed (you also could call this pattern the "governmental pattern" or "power pattern");

(3) Community psychologists, although always struggling for the good and well‐being of their clients/families in need/communities (and of course this is true respectively for all other psychological disciplines) have to realize that they are – in this case – part of the game. They are fighting for resources for their own discipline that they need in order to be helpful for families and communities in need and which is honourable and will be valuable for communities in need. At the same time CPs tend to be part of the "individualization pattern": as a discipline, although standing together as individual professionals, they tend to be individualized; as a consequence, societal problems tend to be treated as individual problems: that is why we need special disciplines and services. Individualization both in professional and conceptual terms also bears the danger to somewhat loose contact to the original ideas of community psychology.

(4) Finally, it is always helpful to ask the "systemic question": What is missing? In this case I could find a strong lobby of official representatives of the discipline, and even a strong alliance between students and faculty members of the colleges. But I missed a particular role for community members or maybe even community activists in the struggle. They seem not to play an active role in the struggle, although they should be one of the major actors in a political game that, at the end, is all about communities in need. So the question remains: what would community members and community activists say?

Based on these patterns identified (of course there may be more) one could state that the Australian case on community psychology is a case on

professionalization of a field, which could be any field in modern societies (like clinical psychology, social work, but also architecture, financial accountancy, or cattle raising). In this view, this is not a case on community psychology at all, because similar processes on professionalization could happen elsewhere.

Community Psychology beyond Professionalisation

As soon as we realize the implications of the process of (and struggle for) professionalization of CP, issues on the identity of community psychology both as a science an a practical field can be raised:

If we share the vision of community psychology being one of the major psychological disciplines, CP looks like an island of science and practice being not very influential within the discipline of psychology. There may be ways to strengthen the process of professionalization, but both the

Australian case and the history of US--‐community psychology show that professionalization within the traditional structure of psychology bears the danger of loosing major parts of CP´s identity:

CP always has oriented itself towards a systemic view of social dynamics in the world by integrating individual and group levels, community, organizational and societal levels of analysis. This is why CP identity bears a wide variety of regional and individual scholarly stories, and is trying to integrate personal value systems and scientifically based interdisciplinary research and practice within its boundaries. This is in the core of CPs belief system and has been developed since 30 years.

Especially today the transdisciplinary concept of CP has the potential to be one of the most powerful applied sciences in civil society, if not tamed by professional dynamics. By linking the strengths of different traditional disciplines (psychology, sociology, organizational science, anthropology, educational science, social work and social medicine), spheres of academic science and everyday community challenges of our time, and the analytical view on the past and creative ideas for the future, CP is going beyond traditional applied sciences: CP is not only applying scientific results for praxis, but can add crucial questions and ideas on individual, social and societal issues. By using systematically a transdisciplinary approach as a new challenge in science, strengthening its

political power beyond academic and professional institutionalization, and integrating the "tacit" knowledge of the community and thereby consolidating its identity as a "real" participative science and practice, CP can go steps beyond professionalization.

In order to unfold its potentials, CP as a linking science and practice (Stark 2011) needs to unleash itself from the limits of traditional academic disciplines and professional taxonomies: the social network and social support research in the 70s already brought close collaboration between psychology, sociology and anthropology, and developed temptative links to virtual networks in computer science which are on stake today. The discourse on empowerment processes has been influential for many practical areas in community mental health and social work, psychiatry, community development and organizational science. In social policy the concept of empowerment has been adopted in various legislations and developed as a synonym for innovative approaches to social challenges and the growth of a consumer--‐ and prosumer--‐oriented civil society.

CPs traditional values (like social change and transformation) and current challenges today require more than working in a local community and/or improving the social situation of specific groups. While this work will remain an important core part of Community Psychology, the field should empower itself use its competencies to develop social innovations and look at emerging futures by developing shared goals (and take shared risks) by collaborating with other disciplines, companies or other actors in society.

References:

Cohen, L, Dean, J, Gridley, H, Hogea, R, Robinson, K, Sampson, E, Sibbel, A, & Turner, C. (2012). Lobbying for Endorsement of Community Psychology in Australia. *Australian Psychological Society College of Community Psychologists. Global Journal of Community Psychology Practice, 4, 2012*

Stark, W. (2011). Community Psychology as a Linking Science. Potentials and Challenges for Transdisciplinary Competencies. In: Almeida, E. et al: International Community Psychology: Community Approaches to Contemporary Social Problems. University of Puebla Press, Puebla, MX

Developing Alliances: Commentary on Lobbying for Endorsement of Community Psychology in Australia

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This article provides a good example of community psychology in action, mobilizing resources, organizing constituents, utilizing allies and partners, and working political systems to effect change (or, more specifically, to prevent an adverse change). Knowing your enemy, using social networks, tailoring your message to the values of your audience, and working to "convince the organ grinder, rather than the monkey" are all important aspects of good community change efforts.

Yet, the fact that there is a need to continually fight battles to convince policy makers and educational administrators of the "difference, specialness and contributions of community psychology" suggests that we are not collectively doing the work needed to advance the discipline and maximize our impact on the communities where we work. Because most of us identify as psychologists, we tend to rely, perhaps too heavily, on "psychology" to "endorse" us or otherwise recognize our value. Because mainstream psychology, at least in the United States, but I suspect elsewhere, tends to act as if clinical psychology IS psychology, we have to (1) continuously remind mainstream psychology (in the US, that means the American Psychological Association; APA) that there are other areas of study, research and practice in psychology; and (2) develop stronger alliances with other professions and organizations that have similar goals, values and methods. While much of mainstream psychology seems to be dominated by a focus on narrow "guild" issues (e.g., licensure, reimbursement), I believe that the popularity of psychology as a discipline/field of study and the resources of mainstream psychology are assets we should capitalize on, despite the disconnect in values and practice.

Dealing with mainstream psychology is always going to feel like an uphill battle, given the relative numbers of clinical versus community psychologists and the degree to which clinicians are willing to bankroll mainstream psychology to further their financial interests. However, major psychological organizations (e.g., APA, APS) provide important information about psychology and specializations within psychology, but we need to ensure that the information provided is accurate. For example, the web page where APA describes the Society for Community Research and Action, (SCRA) the community psychology division, is out of date and minimally informative; on the APS web page for the College of Community Psychologists, there is a broken link to "Learn more about what community psychologists do" (as of 5/28/2012). We need to better use the resources that mainstream psychology provides to help people (other psychologists and others who are using the web sites to learn about psychology) understand what community psychologists do. SCRA has recently begun efforts to place more community psychologists on committees, task forces, and other groups within APA. We hope that this will increase our visibility and our influence, but we have yet to make significant inroads. In sum, we need to become a greater presence within mainstream psychology, despite our relatively small numbers.

The authors point out that community psychology is formalized in Australia "to a greater degree than anywhere else in the world", existing as a college within APS and endorsed within the country's licensing system. Yet, "the people with whom we like to think we have most in common – community development workers, social planners, indigenous mental health workers, political activists…" have limited interactions with and understanding of community psychology. Unfortunately, this seems to be all too common in other places as well. For example, when attending meetings of the Community Campus Partnerships for Health (CCPH), where there is a strong emphasis on community based participatory research and social justice, I've seen only a handful of community psychologists. Similarly, at the international Living Knowledge Conferences, supporting community-based research that empowers people in local communities, I've encountered only one other community psychologist; furthermore, community psychologists seem to have no knowledge of this organization. The authors point to the need for "a more transformative, outward engagement" for the discipline; connecting with organizational partners who share our interests and goals, and who, ultimately, will work with us to effect community change and value what we bring to the table. We need to do have better visibility among these types of groups.

Critical to our partnering with other organizations is to engage them *as community psychologists*. I suspect that, when community psychologists attend meetings of program evaluators, they often become program evaluators while there, rather than community psychologists who conduct program evaluation. We need to help our partners better understand how "what we do" is a function of our disciplinary training, and to clearly label what we do as part of the practice of community psychology (for example, a group of community psychologists have created a "community psychology interest group" within the American Evaluation Association, to highlight how training in community psychology contributes to the practice of program evaluation and evaluative research). This will then help advance the discipline and potentially reduce the cyclical need for self-justification. If our partners value us *as community psychologists* (not just as good, competent individuals), this will help them to value the discipline and therefore support community psychology as a discipline. The effort needs to be made at multiple levels, targeting individuals from other disciplines (or subdisciplines of psychology); programs that train community psychologists; and organizations such as SCRA or the APS College of Community Psychologists. We need to make clear and concerted efforts to help others understand "what we do", which is part of who we are as community psychologists. To the extent that our partners value community psychology and community psychologists, we could then expect that they would help promote the discipline when under threat.

Commentary on *Lobbying for endorsement of Community Psychology in Australia*

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In their interesting and highly reflective article, my Aussie colleagues have nicely encapsulated some of the dilemmas and challenges which also face community psychologists on this side of the ditch. (For readers unfamiliar with downunder colloquialisms and/or geography, the "ditch" is the 2,000 kilometre-wide Tasman Sea which separates the east coast of Australia from the west coast of Aotearoa/New Zealand[16].) Like our cousins, we have often suffered from low visibility, we have had to fight for recognition, and we have had to resist hegemonic models of what constitutes psychology. Like them, it has often been our political nous, our networking and our advocacy skills which have carried the day.

Commentators were asked, could the struggle described by Lynne Cohen and her colleagues happen here? The short answer is yes. In some ways, it already has, although because of some contextual differences, we chose to pursue a different direction as I will explain below.

The statutory arrangements which regulate psychology in Aotearoa/New Zealand underwent a radical change in 2003 with the enactment of the Health Practitioners Competence Assurance Act. This established a common framework for the regulation of a wide range of health professions from psychologists, to doctors, nurses, dentists, mid-wives and physiotherapists, each with its own board to oversee it. The purpose of the legislation is "to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions" (s.3). One important mechanism is control over the use professional titles. Under the Act, it is an offence to hold oneself out to be a "health professional" unless one is registered with the relevant board (s.7.1). This means that however we might self-identify, we cannot call ourselves psychologists unless we are registered.

As Cohen and her colleagues note, there are some differences between Australia and Aotearoa/New Zealand in the way sub-disciplines are regulated. Here we have what is effectively a two-tier system comprising of a general scope (termed "Psychologist") and "vocational" scopes. Originally, two vocational scopes were established: "Clinical Psychologist" and "Educational Psychologist." Recently, a third scope, "Counselling Psychologist," was approved. Thus community psychologists are registered in the "psychologist" scope, along with organisational psychologists, health psychologists, sports psychologists, correctional psychologists and others.

It is important to appreciate that scopes of practice do not prescribe what one can and cannot do within a particular scope, at least not in any meaningful way. The definitive differences between scopes are the qualifications needed to enter them. That is, scopes limit the use of certain titles by linking them to prescribed qualifications rather than limit areas of practice per se.[17] This is hardly surprising: how could one write a definition of, say, clinical psychology, without calling on concepts common in other sub-disciplines (e.g. assessment, intervention).

The fragmentation of psychology

During the latter part of the last decade, community psychologists discussed but rejected the idea of seeking approval for a vocational scope for community psychology. Given the objective of the legislation, we would need to show that a community psychology scope was required to protect the health and safety of the public. While our work rarely poses imminent risks to identifiable individuals, we reasoned that it often carried significant risks for communities and societies. However, we quickly concluded that the effort and cost of administering a vocational scope for such a small number of community psychologists was probably unsustainable. Moreover, it did not seem

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[16] The name "New Zealand" (after the Dutch province of Zeeland) was adopted by early colonists. "Aotearoa" reflects the earlier tradition of indigenous Māori. Increasingly, both terms are being used to signal the bi-cultural foundation of the modern nation state.

[17] The definitions have very similar wording appearing in all three vocational scopes and, to a lesser degree, in the general scope. See http://www.psychologistsboard.org.nz/scopes-of-practice2

to make much sense to divide psychologists into a series of guilds. Interdisciplinarity is a strong feature of community psychology. It would seem counter-productive to create a guild which excluded critical psychologists, kaupapa Maori psychologists[18], cross-cultural psychologists and applied social psychologists – or forced them to accept our nomenclature. Neither would it help build links with, for example, progressive clinical and organisational psychologists who are often important allies.[19] In fact, the further fragmentation of professional psychology into numerous guilds is probably in nobody's interest. Cohen et al's reference to Victoria abandoning specialist registration during the 1990s is instructive here.

In my view, the availability of a generic Psychologist has been an advantage to community psychology in Aotearoa/New Zealand. The battle for statutory recognition described by Lynne Cohen and her colleagues has not been necessary. Instead, there have been different sorts of battles. Principal among these is challenging the clinic-centric thinking which dominates Board decision making. This is almost inevitable given the numerical dominance of clinical psychologists within the profession and among psychologist members of the Board. It is also closely related to the construction of psychology as a health profession.

Community psychologists as health professionals

There is some ambivalence among community psychologists about being positioned as health

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[18] Kaupapa Maori Psychology is a term often used to describe a psychology based on Maori world views. See Levy, M., Nikora, L.W., Master-Awatere, B., Rua, M.R., & Waitoki, W. (2008). Claiming Spaces: Proceedings of the 2007 National Maori and Pacific Psychologies Symposium, 2-24 November, Hamilton. Hamilton: Maori and Psychology Research Unit.

[19] Good examples within a New Zealand context are (a) John Read, clinical psychologist who has exposed the role of poverty and abuse in the development of psychosis and (b) Stuart Carr, an organisational psychologist whose work addresses poverty on a global scale. See for example

(a) Read, J. (2010). Can poverty drive you mad? 'Schizophrenia', socio-economic status and the case for primary prevention. *New Zealand Journal of Psychology39*: 7-19

(b) Carr, S.C. & Bandawe, C.R. (2011). Psychology applied to poverty. In Martin, P.R. et al. (Eds). *International Association of Applied Psychology Handbook of Applied Psychology*, 639-662. Wiley-Blackwell.

professionals. While many of us consider ourselves to be in the business of health, broadly defined, we do not feel comfortable with the dominant construction of "health professional": the assumed rational, dispassionate and objective expert who classifies and treats individuals experiencing ill-health. We feel uncomfortable with the medicalization of poverty, stigma and oppression. We do not see ourselves as treating individual clients. If there is a client, it is more likely to be a community, an organisation or a society than an individual. And the desired solutions to the challenges they face are unlikely to be therapy but conscientization, liberation and progressive economic, social and cultural policies.

A recent debate concerning the standards for the accreditation of training programmes exemplifies the need to be vigilant regarding the clinic-centric thinking of the Board. Originally it was proposed that training programmes would be required to ensure that interns had an on-site supervisor who was a registered psychologist. This may well make sense for clinical psychology interns who are working in clinics providing services to individual clients who may be at imminent risk to themselves or others. It does not make sense for community psychology interns whose work rarely poses an imminent risk to identifiable individuals. Moreover, community psychology interns often work in settings in which they are the only psychologist. Indeed, for some interns there is no site as such. While it is obviously important that interns are supported and supervised, for community psychology interns, this generally needs to be a responsibility shared between university and other supervisors or mentors external to the setting. After some debate, a guideline was developed that better reflected the diverse realities of internships outside the clinical psychology norm.

We are not the only sub-discipline to chafe against the positioning of psychology within this hegemonic version of health practitioner. Like community psychologists, organisational psychologists tend to find the clinical-centric policies and practices of the Board onerous and not particularly relevant to their work. The same is true for many academic and research psychologists but in addition, many of them cannot legally use the term psychologist because they do not hold one of the professional qualifications accredited by the Board.

Community psychologists as psychologists

As Lynne Cohen and her colleagues note, Australian community psychologists have much in

common with other people outside the psychology tent: among them, community development workers, social planners, indigenous health workers and political activists. The same can be said of community psychologists in Aotearoa/New Zealand, although here the list might be extended to include policy analysts, health promotion workers and evaluation researchers. In fact, many people who have been trained in community psychology identify with psychology to only a limited extent. This is reflected in at least two ways. Firstly, very few of them carry community psychologist as a job title. Secondly, it is reflected in membership of professional organisations. For example, while exact numbers are not available, it is almost as easy to find a community psychologist at a meeting of the Aotearoa/New Zealand Evaluation Association as it is at a meeting of the New Zealand Psychological Society. Because the Psychologists Board maintains a public register, it is possible to calculate the number of registered psychologists who have a professional qualification in community psychology. In New Zealand, that means a post-graduate diploma in community psychology from the University of Waikato, the only accredited professional training programme in community psychology in the country. When I checked the register a couple of years ago, I found only 18 of our graduates listed as having a current practising certificate. At that time, there were approximately 90 graduates of our programme. That is, 4 out of every 5 graduates (approximately) do not hold a current practising certificate. And, as previously mentioned, they cannot legally call themselves a psychologist.[20]

Does this matter? Possibly not. There are many settings and roles in which the values, skills and knowledge of community psychology can be put to good effect. If our graduates had been restricted to those roles which accord with the dominant conceptualisation of "psychologist" they would have had made a much reduced contribution to community wellbeing and social justice. On the other hand, because so many of them fly under the official psychology radar, so to speak, it can be argued that they have had a smaller impact on the wider discipline of psychology than might otherwise have been the case.

The future

It would be nice to conclude this commentary with some sound advice about how to avoid the sort of marginalisation that community psychologists in Australia had to resist. If the experience thus far in Aotearoa/New Zealand has anything to offer it is the value of promoting a broad conception of professional psychology. Imperfect though it is, the availability of the general Psychologist scope has been beneficial to community psychology. However, as our history shows, this is not necessarily to liking of some of our siblings. Whether one attributes it to professional snobbery or a concern to protect vulnerable members of the public, it is quite likely that we will see a continued growth in the number of sub-disciplines seeking their own vocational scope.

I suspect that we will continue to fight battles for recognition and voice. It could hardly be otherwise. A field which prides itself on having a social conscience and a commitment to social justice will never be warmly welcomed into the ranks of professional elites. Nevertheless, there probably is value in fighting for our right to be at the table. At the table, we can engage our colleagues in conversation, even if sometimes we will need to pound the table to be heard. The trick is to never forget why we are there. It is merely a means to an end. To forget that, to become comfortable diners, will make us just another elitist guild, more problem than solution.

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[20] More correctly, they cannot hold themselves out to be *practising* psychology. One can be on the register without holding a practising certificate. Such a person can call her- or himself a psychologist but cannot "practise".

Further Comments

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The striking experience of the Australian psychologists tell us about the importance of the advocacy and lobbying power in the pursuit of political and scientific goals; the role of agency as a behavioural attitude in social settings. This article tell also how important is the accurate description of events, relations, and interactions in the dissemination of a certain experience. The authors are, in fact, very detailed in the description of all the contacts, the connections and the networking they went through. It goes without saying that all their actions and reports are giving trust to every sort of collective and participatory political involvement. Bravo! Bravo! Bravo!

Instead, there are hereby two loose ends which I would like to clarify:

First and foremost, the difficulty for community psychologists to perform political purposes and foster social interventions being anchored in the clinical area. In effect, there is a real difficulty to be considered part of the psychological community when their own reference models embrace social, cultural and political perspectives. This is, in fact, a state of affaires which concerns the community psychology of many and different countries across the world. Maton, Perkins *et al*., emphasize the importance of a training faculty and student body from multiple disciplines. In their word:

> "Moreover, over time we must move from occasional communications or collaborations with other disciplines to sustained, robust interdisciplinary or trans-disciplinary interactions in which new perspectives and knowledge about social problems and means to address them are developed over the longer term" (Kenneth I. Maton · Douglas D. Perkins · Susan Saegert Community Psychology at the Crossroads, Am J Community Psychol (2006) 38:9–21, p. 10).

Building contacts and involvement with professionals coming from diverse fields of research whom work in a multiplicity of community settings is, therefore, a key goal to pursue. Prevention, promotion programs, program evaluation, action research, organizational and community consultation, community development, advocacy, policy analysis, and community coalition building are only a few of our activities which need the active involvement of many professionals and social actors.

It is clear that we are promoting the interdisciplinary aspect of our discipline, but, in order to do it, we need first to define our specific psychological background.

Therefore, the main questions are: what is the "core business" of community psychologists? How to encourage the interdisciplinary development of this field of study and how to renew our definition of psychologists? Or to put it better, provided that community psychology is an "interdisciplinary domain", how can we define community psychologists itself? We should try to define both, our goals and our mission, without overlooking our peculiar competencies and tools. All these issues ought to be deepened in order to better understand and define the curricular training courses for community psychologists.

It almost appears that the hallmark of social and community psychology is incidental for the official psychology. The social features ought to be, instead, part of the clinical background as well as pertinent to the psychologist training. This represents a great challenge at the "verge" between different methodologies and various approaches. Now it is time not only to emphasize the collaboration needs but also to specify the specific competencies we put in the knowledge- basket of Community Psychologists.

However, some of our colleagues share a different perspective, clearly stated by Maton, Perkins, and Saegert:

> "The motivation to broaden our identity should be enhanced as we remember that many of the people doing community psychology related theory, research and action are not community psychologists, and that we cannot, by ourselves, make a difference in the complex, multi-leveled social problems, and the related social structural changes, that we so deeply care about. Viewing ourselves as part of a

larger community of like-minded scholars and activists that encompasses multiple fields and sectors will help facilitate the interdisciplinary cross-fertilization, linkages and project teams that are so essential to our mutual visions and goals" (ibidem p. 20).

The Australian experience of our colleagues gives us an opportunity to re-open the debate on the future of our discipline.

The second element which I would like to point out concerns the risk to not pay enough attention to the institutional contexts and as a consequence the possible actions for community psychologists result narrowed. By way of example, Donata Francescato in Italy pushed through the teaching of community psychology as core curriculum for psychological degree courses. Today, however, in order to create an European label with the promotion of the same formative courses for everybody, universities are providing social psychology European credit transfer system credits (ECTSC), but without clearly specifying whether or not they correspond to community psychology. The main purposes of EuroPsy should be to guarantee a level of education, professional competence, and ethical conduct to clients and employers; to facilitate the mobility and cross-border services of psychologists, to give psychologists an opportunity to gain continuing and specialized education throughout Europe. Instead, even though EuroPsy represents the European qualification standard for psychologists the latter are giving no indications concerning the teaching of community psychology. All of which is bringing universities to reduce and sometimes even cancel the teaching of community psychology in order to be recognized from the EuroPsy.

The EFPA (European Federation of Psychologist's Associations, see http://www.**efpa**.eu/) the organization ruling EuroPsy procedure has also proposed a Community psychology task force. European Association of Community Psychology and various representatives of national associations are part of this taskforce. This represents an opportunity to collaborate with the EuroPsy project and work on the inclusion of community psychology in university curricular. In this light, the actions of the Australian colleagues are an encouragement to all of us as European community psychologists.