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State/Provincial Psychological Association Social Issues

Stances: Social Interventions

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ABSTRACT

Minority voices in Western psychology have been encouraging clinical and counseling psychologists for years to make their psychological interventions more relevant to minority group issues by attending to clients' social contexts. The National Council of Schools and Programs of Professional Psychology recently has responded by means such as incorporating social interventions into its guidelines for psychology practitioners. At the same time, clinical and counseling psychologists often have limited training and experience in doing these interventions. A literature review of social interventions reveals that state and provincial psychological associations provide excellent opportunities for practitioners to gain experience and competence in social intervention. Specific social intervention opportunities are discussed which are available through participation in state/provincial psychological associations, and pertinent issues are identified.

STATE/PROVINCIAL PSYCHOLOGICAL ASSOCIATION SOCIAL ISSUES

STANCES: SOCIAL INTERVENTIONS

Community psychologists (e.g., J.G. Kelly, 1987) and social constructionists (e.g., Gergen, 1985) have been among the few exceptions to Western psychology's modernistic emphasis of individual over community (Sampson, 1989). Feminists (e.g., Scheman, 1983), people of color (e.g., Myers, Wohlford, Guzman, and Echemendia, 1991), and people from third world societies (e.g., Moghaddam, 1987),

also have said that in order for psychology to be relevant to them it must better balance its individual and societal emphases.

In fact, the American Psychological Association (APA) is beginning to attend to this need for balance, as reflected, for example, in the importance given to social perspective in the Guidelines for Providers of Psychological Services to Ethnic, Linguistic and Culturally Diverse Populations (APA, 1991) and in the Social Responsibility principle of the APA Ethics Code (APA, 1992). Also, the National Council of Schools and Programs of Professional Psychology (NCSPP) has put forth resolutions encouraging professional schools to train their students to make interventions at the social systems and sociopolitical levels, in addition to the more familiar individual, couple, family, group, and organizational levels of intervention (McHolland, 1992).

These very NCSPP resolutions and the realization by NCSPP leaders that clinical and counseling psychologists often have limited training and experience in making interventions at the social systems and sociopolitical levels were among the inspirations for a paper (McKitrick, 1994) intending to lay groundwork for developing professional psychology curricular materials in this area. McKitrick defined social intervention as intervention designed to improve social systems and sociopolical structures in the society

at large. A literature search considered a profusion of materials from a large number of applied

psychology areas and disciplines outside of psychology, and yielded a broad range of social interventions.

The present paper discusses the social interventions reviewed by McKitrick (1994) that are being

done, or easily could be done, within state and provincial psychological associations (sppa's). Issues from

the literature are discussed which affect the opportunities for learning about and participating in social

interventions through sppa's.

Social Interventions

The APA generates much of the literature on social interventions. For instance, many APA

divisions are actively involved in social intervention, as reflected in their newsletters and journals. These

include the Societies for Community Research and Action, Psychological Study of Social Issues,

Psychological Study of Ethnic Minority Issues, Psychological Study of Lesbian and Gay Issues, and

Divisions of Peace Psychology, Psychology of Women, and Population and Environmental Psychology.

All of the APA Directorates advocate social intervention in one form or another, and with their respective

emphases on collaborating with sppa's, the Public Interest Directorate and the Practice Directorate offer

the most opportunities for psychologists in sppa's. Therefore, their contributions to the literature are

highlighted in this section. Sppa social issues committees also offer social intervention opportunities, and

examples generated from a survey are shared. Finally, other examples of social interventions that readily

could be applied in sppa settings to many of the existing sppa social intervention efforts are mentioned.

These interventions come from psychology and a variety of other disciplines.

Fox (1994) recognizes that "our future as a science and as a profession is tied to our perceived

relevance to important social issues. The Public Interest Directorate helps make that relevance explicit"

(p.14). Public Interest Directorate (PID) Executive Director, Henry Tomes, whose vision is to establish the

public interest as "central to psychological research, instruction, and practice" ("Public Interest

Directorate," 1992), regards sppa's as critical collaborators in implementing that vision.

Accordingly, many of the PID's activities are intended to easily include sppa members in their respective states and provinces. These include activities of the Office on AIDS, the HIV Office for Psychology Education, and the Committees on Ethnic Minority Affairs, Women in Psychology, Disability Issues in Psychology, Lesbian and Gay Issues, and Children, Youth, and Families (P. J. Donnelly, personal communication, June 21, 1995).

A more detailed example of these PID activities comes from their involvement in opposing state constitutional amendments and statutes that prohibit anti-discrimination legislation for lesbian, gay and bisexual persons. As these amendments and statutes began to come onto the national scene, the PID waded through APA politics and made itself available to sppa's, through money and consultation (e.g., McKitrick, 1993). As APA governance recognized the problem and the APA Council of Representatives passed a resolution to address the problem, the PID, especially the Committee on Lesbian and Gay Concerns, joined with other APA groups, e.g. the Public Information Office, Divisions 31 and 44, and the Public Affairs Office, to support sppa advocacy efforts, consult with them, and help them disseminate relevant scientific information ("Implementation," 1994). One of the results of those efforts was an extensive information packet developed jointly by the Public Affairs Office and the PID for distribution to sppa's (APA, 1994). It contains scientific information, materials on specific states' experiences, pertinent articles, an APA policy statement, and the like. Sppa's can use the packet and the PID consultation and support for such social intervention efforts as educating sppa members, educating legislators and community leaders, educating the public, advocating for policy and legislative change, and organizing community watchdog and support groups.

A related but more general resource for social intervention, developed jointly by the PID and the APA Public Policy Office, is the "Guide to Advocacy" (APA, 1993). The Guide encourages advocacy "for psychology and the advancement of human welfare" (p.5) by means of developing and maintaining contact with members of Congress so as "to contribute to the development of public interest policy, and to

increase awareness among policy makers of the importance and relevance of psychological research" (p.5). The Guide instructs psychologists on how the legislative process works and how to communicate effectively with legislators.

These guidelines, in turn, can be applied to social intervention efforts addressing any number of social issues. A survey of sppa executive directors lists examples of social issues on which associations have taken public stances (McKitrick and Cardinali, 1994). Some of these issues are abortion, corporal punishment in schools, seat belt laws, involuntary commitment, animal experimentation, anti-stalking legislation, placement of a hazardous waste dump, television violence, child abuse, violence against women and children, sexual harassment, and equal rights for women. Social issues often are delegated to sppa social issues committees, which may recommend and coordinate relevant sppa social interventions.

The APA Practice Directorate (PD) social intervention efforts are directed almost exclusively to advancing the practice of psychology, both nationally and within states and provinces. Interestingly, the very interventions they train sppa members to use in support of psychology practice can readily be applied to social issues, such as listed above, which are related to psychology practice.

The PD's newsletter, Practitioner Update, describes on-going PD consultation with individual sppa's on such issues as state health care reform and problematic state bills based on the so-called mental health consumer protection act. The PD also makes yearly large scale efforts to consult with and train groups of sppa psychologists through the State Leadership Conference. PD staff educate sppa leaders on how to organize their association members to advocate for psychology practice- related issues, both locally and nationally (Robinson, 1993). Much of the focus of these activities is on psychological information that needs to be communicated to state and national legislators. However, the content and process of the activities typically involves not psychology, but the political system and how to operate effectively within it. For instance, participants are taught basic lobbying and grassroots organizing skills

which they take back to their respective states or provinces in order to educate colleagues in the skills and to manage and supervise their colleagues' application of the skills. PD Senior Policy Advisor, Bryant Welch (personal communication, March 7, 1993), defines the advocacy done through the Directorate as "the means by which one finds several ways to effectively deliver one's message," and the advocacy includes testifying to Congress, lobbying, requesting legislation, publishing newspaper ads, and participating in cross-disciplinary health care coalitions. Faith Tanney (1995), Chair of the Board of Trustees for the Association for the Advancement of Psychology, recently has summarized and amplified the PD's recommendations for communicating with legislators.

Finally, other social interventions described in the literature are not necessarily done through sppa's but offer options that could be done within sppa's. Some traditional psychological practices are involved. For instance, psychotherapy can be modified so that it addresses clients' social contexts. Therapists can be trained, e.g. through sppa continuing education programs, to practice in ways that sensitize clients to considerations of how their social environments impact their welfare and steps they might take on their own behalf to intervene. Recent contributors to the social intervention literature have ranged from regularly diiscussing political-societal issues with clients (Gerber, 1990) to advocating a "balanced individual welfare/social commitment perspective...ensuring that clients' self- exploration of values includes a potentially positive assessment of their own sense of social responsibilities and obligations" (E.W. Kelly, 1989, p. 344) to taking a generic multicultural approach to therapy, which helps the therapist to address the often overwhelmingly complex nature of society (Pedersen, 1991).

Other traditional psychological practices that could be used to accomplish social intervention within sppa's are consultation to mental health organizations so as to help them provide better community service (e.g., Heller et al., 1984; Zax & Specter, 1974) and community research and program development and evaluation, especially in areas such as prevention and self help programs (e.g., Orford, 1992). These could be done, for instance, in response to social issues such as listed in the McKitrick & Cardinali

(1994) article, above.

Heller et al. (1984) note that social interventions frequently demand collaboration with other disciplines outside of psychology. To the extent that sppa members are willing to collaborate, they have guidelines in the literature. For instance, within the social sciences Cooperrider & Pasmore (1991) describe a "global social change" (p. 1037) agenda for social scientists, aimed at closing the gap between the increasing complexity of our world and our ability to cope with it. In the area of information system development Hirschheim, Klein, & Newman, (1991) lament that most approaches to developing information systems focus on technical aspects of management, to the exclusion of all-important political, interpersonal aspects. As a result, many information systems projects run aground on political shoals and do not work well. Psychologists can use their relationship and people management competencies in order to help information systems technicians make their projects more sensitive to interpersonal politics, and therefore more effective.

In the arts Larsen (1990) makes an argument for the use of video, and by implication other art, as a powerful medium for social intervention via documentaries. Though a psychologist may not have the artistic talent needed for the artistic documentary, when teamed with artists, the psychologist can offer both education and relationship competencies designed to persuasively convince the viewing audience to embrace the documentary's social messages. Furthermore, the psychologist's research skills may prove useful for gathering and organizing documentary information.

In politics social worker Figueira-McDonough (1993) describes a number of interventions that are reminiscent of the array listed by Bryant Welch, above. Figueira-McDonough's interventions are social policy analysis and policy and program reform through litigation, social action, and legislative advocacy.

Conclusions

As clinical and counseling psychologists consider their opportunities for becoming involved with social interventions through their sppa's, they would do well to consider a number of relevant issues. Are

they ready, for example, to leave their offices and their agencies, step out into the community and collaborate with other psychologists and other professionals, many of whom have been doing social intervention for years? Orford (1992) says that as applied psychologists start working within the community, the distinctions among the different applied areas start to break down. Moreover, the need becomes greater to collaborate with professionals from other disciplines (Heller et al., 1984), and with the people who live in the community, i.e. the consumers of the psychological services (e.g., Serrano-Garcia, Lopez, & Rivera-Medina, 1987; Suedfeld & Tetlock, 1992). This is new territory for many of us and can generate anxiety in us, but consider the opportunities for learning, for innovation, for psychology to become more relevant and useful to people outside of psychology.

With increased collaboration comes increased opportunities for disagreement. Decreasing revenue sources produce increasing competition. We will have to find our niches among professionals already established in the community. In collaborating we will have to be aware of potential value conflicts with other professionals, for instance with community psychologists who might have been trained to share their services with the community and who, therefore, might be unsupportive of the entrepreneurial motives of clinical and counseling psychologists (Rappaport, 1977).

Perhaps the largest source of disagreement is the issue within psychology of whether to listen to the minority voices which are calling for mainstream psychology to be responsive through such means as social interventions. Psychologists are divided over whether psychology should be involved with social interventions (e.g., Ford, 1993; Kendler, 1993; Wolleat, 1993).

If we do choose to intervene in the larger social process, on what basis do we choose when and how to intervene? Some offer a variety of value-driven criteria, along the theme of "do the right thing," such as social justice (Figueira-McKonough, 1993), social commitment (E.W. Kelly, 1989), civic duty (Lambert, 1992), and social responsibility (Morowski & Goldstein, 1985).

Others, taking a hard-line modernist, logical empirical stance, argue that the empirical science of

psychology should determine if and how to become involved (e.g., Kendler, 1993; Suedfeld & Tetlock, 1991). Historically, the APA Science Directorate has been reluctant to become involved with social issues stances. More recently, the Directorate not only has agreed to become involved, but also has shown the openness and flexibility of considering all scientific information, not just empirical. The Directorate, for instance, has taken on the responsibility of advising APA as to recommended stances regarding the controversial issues of facilitated communication in the treatment of autism, the "repressed-recovered"/"false-implanted" memory issue, and the controversy over The Bell Curve (Howell, 1995). This is a good example, by the way, of the increasing collaboration among psychologists, scientific and applied, due to involvement in social intervention.

Tyler (1969) and Czopek, Pelc, & Pearse, 1993) have offered processes that sppa's can use in order to decide if and how to respond to social issues. These frames are based on the relevance of the issues to psychology.

To decide not to address people's social contexts through such means as social interventions is to not listen to the minority voices. Before making such a decision, it is wise to consider the potential costs of being inaccurate and ineffective in our work (Pedersen, 1988). Beyond that, we could find that "Soon, perhaps sooner than we think, psychology could become irrelevant as a means of making reliable and valid judgments about persons whose cultural orientations are different" (Tomes, 1994).

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