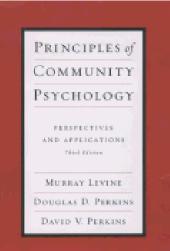
Principles of Community Psychology: Perspectives and Applications

Third Edition

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In this file: Table of Contents Foreword by Seymour B. Sarason Preface Introduction: An Overview of Community Psychology Bibliographical References (p. 479-519) Name Index Subject Index

Contents

Foreword by Seymour B. Sarason xiii

Preface xv

Acknowledgements

Introduction: An Overview of Community Psychology 3

What Is Community Psychology? What Isn't Community Psychology? Principles of Community Psychology Organization of Chapters

PART 1. ORIGINS OF COMMUNITY PSYCHOLOGY

1. Life Is a Soap Opera 13

The Incidence and Prevalence of Problems in Living Institutionalized Population **Outpatient Mental Health Care** Alcohol and Substance Abuse Crime and Victims of Crime Problems of Children and Adolescents Medical Problems and Chronic Illnesses Box 1-1: Psychosocial Adaptation to Health Problems: The Case of Genital Herpes Disasters Marriage and Parenting Divorce Economics and Employment Leisure-Time and Value Changes Aloneness in American Society The Availability of Professional Care Problems of the Medical Model Summary

54

2. The Origins of Community Psychology

Origins of Mental Health Care in the Welfare System Community Mental Health Community Psychology Grows from Community Mental Health The Influence of Applied Social Psychology and the War on Poverty Current Issues in Community Mental Health Deinstitutionalization Box 2-1: Homelessness Community Alternatives to Hospitalization Box 2-2: Assertive Community Supports Minorities and Other Undeserved Groups Children and Adolescents Summary

PART 2. PERSPECTIVES IN COMMUNITY PSYCHOLOGY

89 3. A Conceptual Road Map of Community Psychology The Dohrenwend Model Stressful Life Events Person and Environment Outcomes Box 3-1: Poverty, Unemployment, and Social Problems Opportunities for Intervention Based on Dohrenwend's Model **Crisis Intervention** Intervention to Enhance Psychological Mediators Intervention to Enhance Situational Mediators Psychological Characteristics of the Person That Increase the Likelihood of a Stressful Life Event Situations That Increase the Risk of Stressful Events Preventing Stressful Life Events Summary

4. The Ecological Analogy

116

Ecology as a Paradigm A Paradigm Shift Box 4-1: Community Research from an Ecological Perspective Implications for the Research Enterprise Principles of Ecology Interdependence Cycling of Resources Adaptation; Niche Box 4-2: Behavior-Environment Congruence in Geel, Belgium Succession Box 4-3: The Boom in Hong Kong's Elderly Home Industry Mental Health and the Law Law as a Factor in the Ecological Analogy Adapting to Legal Change Box 4-4: Unforeseen Consequences of a Change in Child Protection Laws Ecology and Values Ecology and Practice Summary

5. Five Psychological Conceptions of the Environment 155

Social Environmental Influences on Behavior and Well-Being Perceived Social Climates Social Roles Social Capital: Community Cognitions, Behaviors, and Networks Physical Environmental Influences on Behavior and Well-Being The Socio-Physical Environment: Behavior Settings Box 5-1: The Fairweather Lodge Postscript: What Role Remains for Individual Differences? Summary

6. Labeling Theory: An Alternative to the Illness Model

197

221

The Social Context for the Development of Labeling Theory Principles of Labeling Theory Primary and Secondary Deviance Cultural Stereotypes and Labeling When is Residual Rule-Breaking Labeled? Diagnosis and Labeling Theory Behavior is Assimilated to the Label Stigma The Use of Law to Reduce Stigma Some Cautions Summary

7. Adaptation, Crisis, Coping, and Support

Adaptation Box 7-1: Research on Stressful Life Events Vulnerability: An Integrative Perspective Coping General Characteristics of Coping Box 7-2: Pollyanna and the Glad Game Stages in Crisis Situations Individual and Situational Differences in Coping Social Support Theory and Research Concerning Social Support Box 7-3: Coping and Support in the Context of Culture New Directions in Research on Social Support Box 7-4: Support Interventions for People with Disabilities Summary

PART 3. APPLICATIONS OF COMMUNITY PSYCHOLOGY

8. Prevention 271

Basic Concepts in Prevention Indicated (Secondary) Prevention The Primary Mental Health Project Box 8-1: Preventing Child Maltreatment: The Problem of False Positives Limitations of Indicated Prevention in Mental Health Universal and Selective (Primary) Prevention Competence Building Box 8-2: A Successful School Change Effort Prevention through Stepwise Risk Reduction Box 8-3: Head Start and Early Head Start: An Experiment in Selective Prevention Prevention of HIV/AIDS Schools as a Locus of Prevention Community-Based Health Promotion Summary

9. Self-Help Groups 326

4

Growth of Self-Help Groups Contemporary Reasons for Growth Types of Self-Help Groups The Nature of Self-Help Groups Dynamics of Self-Help Groups Self-Help and the Model of a Family How Self-Help Groups Work Self-Help and Ecological Concepts Are Self-Help Groups Effective? AA and Recovery from Alcoholism A Controlled Experiment Starting Self-Help Groups Advocacy Groups Summary

10. The Problem of Change 366

The Creation of New Settings Box 10-1: The Residential Youth Center (RYC) Change in Existing Settings Systems Theory First- and Second-Order Change Organizational Change, Development, and Learning Production and Satisfaction Goals The Social Context of Change Case Studies of Change in Existing Settings Changing a State Mental Hospital Court-Ordered Change in Caring for Persons with Mental Retardation Planned Change on a Statewide Level: The Texas Educational Miracle Summary

11. School Desegregation: A Societal-Level Intervention 403

Slavery, Segregation, and the Constitution The NAACP and Its Litigation Strategy Social Science Theory and Integration Successful Desegregation of the Schools--A Case Study After Desegregation Future Problems Summary

12. Community Development and Social Action in Community Psychology 427

The Politics of Problem Definition Blaming the Victim Paradox and Empowerment Competent Communities Community Development Social Action An Example of Social Action: The Love Canal Homeowners' Association Box 12-1: Center for Health, Environment, and Justice and the Environmental Justice Movement Summary

13. Science, Ethics, and the Future of Community Psychology 457
Ecology and Science
The Ethics of Community Intervention
Interdisciplinary Community Psychology
Box 13-1: Applying the Ecological-Psychopolitical Model to One Domain: The Physical
Environment
Community Psychology Around the Globe
Summary

References	479

Names Index 521

Subject Index 532

Foreword

Prior to this edition, this book was unrivaled for its scope and depth of the obvious and not-so-obvious psychological implications of what American communities are: what problems they face, how they do and do not change. What this new edition makes abundantly clear is that what we call a community is glaringly porous: in the modern, highly technical, mobile world, a community is affected by events near and far from its borders, events that are psychological, sociological, economic, political, and legal. Yes, this is a book written by and for psychologists, but it draws upon the social sciences as no other book in the field. I would go so far as to say that this edition makes clearer than previous editions that this is more than a book about the American community. It is about America. Although this is truly a scholarly book, it is the opposite of a dull one. That is no small achievement. Beginning with the first chapter ("Life Is a Soap Opera") the writing is clear and stimulating. The details are many, but they are never divorced from the contents from which they emerge and which they illuminate. This is not a dry text but a lively, stimulating one. It is more than an introduction to community psychology. Social, developmental, and clinical psychologists will be well rewarded by reading this book because (without saying so) it makes a mockery of conventional specialties whose labels mask a degree of overlap too long ignored.

> Seymour B. Sarason Stratford, CT

Preface to the Third Edition

This new edition represents not only an update of the past eight years in the field of community psychology, but also a substantial expansion in focus from the first two editions. Each chapter reviews the recent literature, updates the references, and presents the latest empirical work, the current issues and events, and some of the relevant policy debates surrounding them.

The Introduction has been substantially expanded by adding some definitional grounding in what community psychology is and is not, and some of the fundamental principles and values in the field, along with the overview of the organization of chapters. The population parameters in the first full chapter, "Life *Is* a Soap Opera," were updated based on the 2000 Census and other currently available social indicators and national surveys. Many new illustrative "sidebar" boxes replace more dated ones. An example in Chapter One is a review of "Psychosocial Adaptation to Health Problems: The Case of Genital Herpes." Chapter Two on the history of community psychology has been expanded to include not only the field's origins in the Community Mental Health movement but also the "Influence of Applied Social Psychology and the War on Poverty" and a new box on issues and research on homelessness. Chapter Three presents the guiding conceptual orientation of the book based on Dohrenwend's contextualized model of stress and includes updated references. Chapter Four includes a new box on behaviorenvironment congruence in Geel, Belgium, based on material that was scattered and not highlighted in the last edition as well as some new material. It is used to illustrate the ecological principles of adaptation and niche.

Chapter Five has been substantially expanded and reorganized from three psychological conceptions of the environment—perceived social climates, behavior settings, and social roles— toward a delineation of both social and physical environmental influences on behavior and wellbeing, as well as behavior settings representing a melding of social and physical contexts. The social environment includes not only social climates and roles but also key community "social capital" con-

XV

cepts such as citizen participation and empowerment, sense of community, and neighboring, which have been studied extensively in community psychology but received less attention in previous editions. All of these concepts are illustrated in a revised box on the classic Fairweather lodge social experiment.

Chapter Six on labeling theory and the sociology of deviance has been updated and a new section on the use of law to reduce stigma added. In Chapter Seven, we have included new research findings on adaptation, crisis, coping, and social support, and added a box on "Pollyanna and the Glad Game" as an apt but largely forgotten historical antecedent to the literature on coping.

In Chapter Eight, we have updated the section on HIV/AIDS prevention and the boxes on Project Head Start (and now early Head Start) and on preventing child maltreatment as an illustration of the problem of false positives. We have also added a box on a successful school change effort as well as new sections on schools as a locus of prevention and on communitybased health promotion. Chapter Nine on self-help/mutual assistance groups has been revised and updated.

Chapter 10 includes two new sections. One is on organizational change, development, and learning and the other is on problems in planned change on a statewide level, which focuses on the so-called "Texas miracle" of educational reform. Chapter 11 on school desegregation as a societal-level intervention has been updated and includes two new sections on political and legal events since desegregation and on future problems in this arena. In Chapter 12, on communitylevel change, we have greatly revised and expanded the section on community development and created an up-to-date box discussing the Center for Health, Environment, and Justice and the Environmental Justice Movement.

Finally, Chapter 13 still focuses on science, ethics, and the future of community psychology, but it has been greatly expanded. In addition to updating the sections on ecology and science and the ethics of community intervention, we have added two new sections on making community psychology more interdisciplinary and recognizing developments in community psychology outside the United States and the need to increase international communication and collaboration in the field. We also added a box that presents a new ecological-psychopolitical model as one direction for future work in the field.

In sum, while no single text can provide all things to all readers, we think that, compared to previous editions, this book is more reflective of the entire breadth of community psychology, from its origins to the latest trends to a future that is bright with new ideas and an expanding vista of issues to address.

xvi

What Is Community Psychology?

Community psychology represents a new way of thinking about people's behavior and well-being in the context of all the community environments and social systems in which they live their lives. Our intention in this book is to develop that way of thinking and to show how the perspective is applicable to a very wide range of contemporary problems.

One of the most exciting aspects of community psychology is that the field is still developing and defining itself. It is not easily reduced to the traditional subdisciplines in psychology for several reasons. First, community psychologists simultaneously emphasize both applied service delivery to the community and theory-based research. Second, they focus, not just on individual psychological makeup, but on *multiple levels* of analysis, from individuals and groups to specific programs to organizations and, finally, to whole communities. Third, community psychology covers a broad range of settings and substantive areas. A community psychologist might find herself or himself conducting research in a mental health center on Monday, appearing as an expert witness in a courtroom on Tuesday, evaluating a hospital program on Wednesday, implementing a school-based program on Thursday, and organizing a neighborhood association meeting on Friday. For all the above reasons, there is a sense of vibrant urgency and uniqueness among community psychologists—as if they are as much a part of a social movement as of a professional or scientific discipline.

The new and disparate areas of community psychology are thus bound together by a singular vision: that of helping the relatively powerless, in and out of institutions, take control over their environment and their lives. Community psychologists must, however, "wear many hats" in working toward the creation of social systems which: (1) promote individual growth and prevent social and mental health prob-

3

lems before they start; (2) provide immediate and appropriate forms of intervention when and where they are most needed; and (3) enable those who have been labeled as "deviant" to live as dignified, supported, and empowered lives as possible, preferably as contributing members of the community.

For example, a community psychologist might (1) create and evaluate an array of programs and policies which help people control the stressful aspects of community and organizational environments; (2) assess the needs of a community and teach its members how to recognize an incipient problem and deal with it before it becomes intractable; or (3) study and implement more humane and effective ways for formerly institutionalized populations to live productively in society's mainstream.

What Isn't Community Psychology?*

It may be useful to describe community psychology by distinguishing it from other disciplines with which it is closely allied. As we will explain more fully below, community psychology is like public health in promoting healthy environments and lifestyles, in considering problems at the population (not just individual) level, and, especially, in adopting a preventive orientation. That is, community psychologists try to prevent problems before they start, rather than waiting for them to become serious and debilitating. But community psychology differs from public health in its concern with social and mental, as well as physical health, and the quality of life in general.

In many ways, community psychology is like social work, except that it has a strong research orientation. Community psychologists are committed to the notion that nothing is more practical than rigorous, well-conceived research directed at social problems.

Community psychology is like social psychology and sociology in taking a group or systems approach to human behavior, but it is more unabashedly applied than those disciplines and more concerned with using psychological knowledge to resolve social problems.

It borrows techniques from industrial and organizational psychology, but tends to deal with community organizations, human service delivery systems, and support networks. Plus, it focuses simultaneously on the problems of clients and workers as opposed to solely the goals and values of management. It is concerned with issues of social regulation and control, and with enhancing the positive characteristics and coping abilities of relatively powerless social groups such as the poor, minorities, children, and the elderly.

* We thank Marybeth Shinn for many of the ideas in this section.

As discussed in chapter 2, although some community psychologists came from, or were trained in, social psychology, the most important field of comparison for understanding community psychology is *clinical psychology*. Community psychology shares clinical psychology's action orientation and its goal of helping people in distress. An important difference between the community and the clinical orientation is the helping person's point of intervention, in terms of both location and timing. Community psychology arose largely out of dissatisfaction with the clinician's tendency to locate mental health problems within the individual. Community psychologists are more likely to see threats to mental health in the social environment, or in lack of fit between individuals and their environment. They focus on health rather than on illness, and on enhancing

the competencies of individuals, small groups, organizations, communities, or higher policy levels. This focus on the person-inenvironment is also emphasized by community psychologists outside the United States (e.g., Orford, 1992; Thomas & Veno, 1992).

The timing of intervention also helps to distinguish community psychology, which is more proactive, from clinical psychology, which is more reactive. One of the cofounders of community psychology, Emory Cowen, liked to illustrate this with an anecdote that by the time a child sees a therapist, there has already been a long process of difficulty, informal help-seeking, and frustration on everyone's part—the child, the family, teachers, friends. In most cases, the clinical psychologist cannot deal directly with the early stages of this process, but enters the picture at the end, after the problem has worsened, become more complicated and difficult to solve. The community approach and this book deal with all that came before.

Clinical psychology did produce the community mental health movement, which served as a kind of launching pad for community psychology. The community mental health movement has been characterized by efforts to deliver services in the local community instead of in a hospital or clinic, to emphasize services other than long-term hospitalization, and to use outpatient services as much as possible. The community movement is also dedicated to the development of innovative services and working relationships with other agencies in the community, for the client's benefit. We no longer follow the policy of isolating the repulsive deviant in pursuit of some chimerical goal of cure. Those adopting the community mental health perspective work to support people in the local community. When hospitalization does occur, the goal of treatment is not to cure illness, but to restore the individual's equilibrium so that he or she may be returned to the community as rapidly as possible.

This preference for community-based, in contrast to institutionbased, treatment constitutes not only a perspective but also an ideology or a set of beliefs that characterize community psychologists. In contrast to the clinical perspective, the community perspective directs

more attention to the conditions of life for the person who is the client. The clinical perspective leads us to be primarily concerned with the person's inner life and perhaps his or her relationships to family or close friends. The community perspective may incorporate such concerns and interests, but it also leads the helping person to be concerned about living conditions—the availability of housing, employment, recreation, medical care, and transportation. Once the concerns extend far enough to examine the client's network of support, the community psychologist is focusing on the community, a larger unit than the individual or the family.

Examining successes and failures of mental health practices of the past and present, we become even more aware of the extent to which our service system is embedded in the political structure. An understanding of funding streams is critical in understanding what happens to clients. Especially for the heaviest users of services, those who are seriously and persistently mentally ill, we find that many problems of living are related to welfare policies and laws. In adopting a community psychology perspective, we must use theoretical conceptions that extend beyond those useful in understanding an individual (e.g., diagnostic categories, psychodynamics, traits, and so on) and incorporate larger units of analysis.

Principles of Community Psychology

Community psychology is not only a professional and scientific discipline. It is also a philosophical or value orientation that is applicable to virtually any field or profession. The community perspective challenges traditional modes of thought. It avoids "blaming the victim" for problems or labeling people as "deviant" (chapter 6) and looks at whole ecological systems, including political, cultural, and environmental influences, as well as focusing on institutional and organizational factors (see chapters 4, 5 and 10). Acknowledging that many groups and individuals are suspicious of, or intimidated by, professionals, the community approach encourages client/citizen participation and recognizes the demand for local empowerment, bureaucratic decentralization, and self-help/mutual aid (chapters 9 and 12). It simultaneously stresses the utility of research, not only for theory development, but for program evaluation and policy analysis—and the omnipresence of values (implicitly or explicitly) throughout society and even science (see chapters 11 and 13). An important aspect of the community orientation is its appreciation of the authority of historical and structural contexts (chapter 2). Community psychology values and celebrates cultural diversity (chapter 11). Throughout the book, we show how community psychology emphasizes community and personal strengths and competency, as opposed to weaknesses and pathology.

Some of the viewpoints or theories in the community perspective have been more thoroughly elaborated than others. One important area of theory and research is the human stress process, its environmental causes (and how they can be prevented), how individuals and groups vary in how they cope with it (including the use of family, friends, and others for social support), and what kinds of negative, and even positive, outcomes can occur (Dohrenwend, 1978; see chapters 3 and 7).

Community psychology also emphasizes ecological thinking, which leads us beyond trying to change individuals to consider ways to improve the fit, or interaction, between persons and environments, which can have as important an effect on behavior and well-being as each factor has separately (see chapter 4). The ecological viewpoint requires "a concern with the relationships of individuals to each other as a community; as a differentiated social grouping with elaborate systems of formal and informal relationships" (Mann, 1978, p. x). The community perspective includes a "focus on broader ecological levels than the level of the exclusive treatment of the individual" (Heller & Monahan, 1977, p. 16).

A paradigm shift has occurred in that both the questions we must ask and the methods used to obtain answers have changed (Rappaport, 1977). It is necessary to develop research bases for informed intervention, but it is not sufficient. If psychology and social science are to be relevant and useful for the solution of social problems, then conceptual and research approaches will have to broaden to take into account the historical, social, economic, and political contexts within which policies are developed and implemented (Sarason, 1974, 1981a, 1981b, 1982a).

Although community psychologists tend to advocate social more than individual change, one can have less than radical aims and remain within the community orientation. Most psychologists following the community perspective see it as their mission, not to just tear down outmoded ideas and practices, but to help create or improve service organizations and other institutions. They work to achieve the goals of providing humane, effective care and less stigmatizing services to those in need while enhancing human psychological growth and development.

To make human service organizations more effective and more humane, community-oriented psychologists are interested in creating new settings and services consistent with the ecological perspective. That perspective, and the actions that flow from it, differ from the medical model in which the person in need defines his or her own problem and then seeks out help from a professional helper, most often on a fee-for-service basis. The medical model is useful for many people and for many problems. However, the medical model with its emphasis on highly trained professionals is unable to provide for all in need. Moreover certain forms of care may contribute to the perpetuation of

problems because of the way problems are defined in the medical model as residing exclusively within the boundaries of an individual.

In the ecological perspective, human behavior is viewed in terms of the person's adaptation to resources and circumstances (see chapter 4). From this perspective, one may correct unsuccessful adaptations by altering the availability of resources. Thus new services may be created, or existing strengths in social networks may be discovered and conditions changed to enhance the use of resources. A good example is the way legal and cultural barriers to resources were eliminated as a result of antidiscrimination and voting rights legislation starting in the 1950s. The increased number of African Americans in professional, managerial, and technical occupations, the increase in income among middle- and upper-class African Americans, and the increased number of African American students in colleges and professional schools can be attributed to the civil rights movement. The increasing number of young, unemployed African American males, the correlated increase in single-mother families, and the concentration of social problems such as crime in certain urban areas can be attributed at least in part to a changing job market and the loss of access to jobs, a critical resource for favorable adaptation (Wilson, 1987). From this perspective, solutions to problems in living do not require more professional therapists; instead community psychologists try to work through a variety of institutions and with people who may not have advanced training in the mental health professions to improve and develop resources. The ecological perspective encourages a search for resources instead of a search for psychopathology. It encourages us to view others as having strengths that may be put to good use in the service of their own development if resources are available. It may not be necessary to undo psychopathology first.

Community psychologists have also rallied around the theme of prevention (chapter 8). The concept of prevention comes from the field of public health. Public health professionals argue that the greatest advances result from preventing diseases instead of treating them after they occur. Deadly scourges have been all but wiped out by inoculations and modern sanitary methods. Our increased average length of life, and our better health throughout a longer fraction of that life span, are both more attributable to preventive than to therapeutic measures. The public health model leads us to seek out the causes of pathology and to act to prevent them by either modifying environmental conditions or strengthening the person. It is not clear that the public health model can be adopted wholly when we deal with social and mental health problems. However, it does provide a set of goals and a way of thinking that direct our attention to issues other than individual psychopathology and its treatment.

The concept of prevention offers different times and places for intervention. It asks us to think about whether it might be possible to

take action before the undesirable behavior actually appears, or in the alternative, learn to position assistance—resources—so that problem resolution can occur very early in the history of a problem. As clinicians we are generally called in after an intolerable situation has developed for an individual or a family. In the preventive perspective, we are encouraged to think systematically about the beginnings of the process that results in a person defining him or herself, or being defined by others, as a "case."

Preventive approaches also require us to function in new organizational settings. Historically, the setting for mental health professionals was the clinic, the hospital, or the private practice office. In preventive work using the community perspective, it becomes necessary to leave familiar settings and learn to live, work, and adapt in environments that are at best unfamiliar or uncongenial, and at worst may be actively hostile to strangers and to change efforts, no matter how benignly intended. It is necessary to work with and through schools, welfare departments, recreation facilities, the mass media, the legislative and the political process, and people representing many varied interests and values.

Community psychology directs attention to the larger context within which plans are developed and implemented. The possibilities for gaining resources must be carefully evaluated. The political climate supporting one type of programming at one time and another at another time must be understood. What is feasible at one time and under one set of political and economic conditions may often be approached only with great difficulty at another time or under other circumstances (Levine & Levine, 1992). Competition among agencies and groups for the same pool of limited resources becomes a crucial factor influencing what kinds and amounts of resources will be available and to whom. When we adopt the community perspective, our professional concerns necessarily broaden.

In this book we will examine some of the theories and programs in community psychology, and some of the research related to them. We are interested in showing the interrelationships among problems and theories and in trying to develop as systematic a framework as we can for thinking about problems and their solutions. At this point in the development of the field, we can try to convey an orientation and a way of thinking. Hard knowledge is in short supply, and may never be sufficient to satisfy the most "hard-nosed" critics. The problems of interest to this field will persist, however, and we will continue to develop better—if imperfect—ways of addressing them. When those of us working in this field in the early 1960s began, we were innocent of the questions as well as of the answers. Now at least we are developing an intellectual framework within which diverse experiences make some sense. We can at least ask questions that are more meaningful than ones we were able to ask 40 years ago.

Organization of Chapters

The content of the book is organized as follows. The first two chapters establish a philosophical and temporal context for community psychology. Chapter 1 examines the nature and scope of issues and problems facing the field and discusses the implications of a view that asserts that the definition of a problem involves its situational context. Chapter 2 reviews the historical background of this perspective. Chapter 3 presents Barbara Dohrenwend's unified model of the community psychology field and the various activities it endorses, on which the rest of the book elaborates. Chapters 4 through 7 describe and assess the major conceptual foundations of community psychology, including principles of ecology, conceptions of behavior in a social and physical context, labeling theory, and the increasingly useful concepts of stress and support. These concepts are also used to design programs for those who need long-term assistance with chronic problems.

The remainder of the book gives more attention to applications of community psychology principles while maintaining the focus on concepts. Chapter 8 outlines and discusses community psychology's perspective on prevention. This chapter pays particular attention to interventions involving individual competence building and interventions to reduce risks in important settings such as schools. Some of the ideas derived from prevention are applied in chapter 9 to the condition of people who need help on a more chronic, long-term basis. Selfhelp groups offer an important alternative to traditional clinical services in the way they conceptualize problems and the nature of their approach to overcoming a problem.

The remaining chapters elaborate on these issues. Chapter 10 considers the problem of change at the level of individual settings and organizations. Creating new settings and changing existing settings are both discussed, along with two illustrative case studies. Perspectives in community psychology also offer insights into the process of change at larger levels. School desegregation, for example, the focus in chapter 11, was a change of nationwide proportions in which psychologists and other social scientists played a relatively important role. Chapter 12 examines the nature of problem definition in a community context and some of the alternative interventions (e.g., within community development there are both professional planning and grassroots organizing models) that follow from different definitions. Chapter 13 completes the book with a community perspective on scientific research and the ethics and politics of intervention. We hope that everyone who reads this book will learn from it, but if we only stimulate the reader to think about these issues our most essential objective will have been accomplished.

5050 efm1 pi-xviii, 1-10 5/13/04 3:14 PM Page 10 -> I ORIGINS OF COMMUNITY PSYCHOLOGY

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Name Index

Abram, K. M., 142-43, 145 Acierno, R., 24 Acosta, O. M., 239 Acs. G., 37 Adan, A. M., 296 Adams, G., 41, Adams, G. R., 274 Adams, P., 442 Adams-Leavitt, W., 379 Addams, J., 51 Addis, M. E., 111 Adler, N. E., 36, 223 Afrank, J., 304 Akiyama, H., 250 Alba, R. D., 133 Albee, B. W., 301 Albee, G. W., 46, 61, 274, 284, 291 Alexander, D. B., 250 Alinsky, S., 438, 444 Allen, S. J., 250 Altman, B. E., 374 Altman, D., 322 Altman, I., 177-79 Amaro, H., 320 Amici, M., 170 Ancess, J., 297-99 Anderson, R. J., 215 Anderson, W., 318, 375 Angel, B., 241 Anthony, K. H., 110 Anthony, W. A., 263 Antonucci, T. C., 250 Antze, P., 343-44 Appleby, S., 351 Appleyard, D., 109 Aral, S. O., 29 Argyris, C., 379 Arnold, R. P., 202 Aseltine, R. H., Jr., 249 Asher, S. J., 35, 227 Atalah, E., 112 Auerbach, J. S., 154n.2 Ault, A., 47 Austin, G., 278 Babcock, G., 416 Bachovchin, J., 121 Bachrach, L. L., 199 Bachu, A., 41 Baker, F., 182, 184-85 Baker, T., 249 Balch, P., 284, 289 Barbarin, O. A., 229, 232-33, 239 Bardo, J. W., 174 Barker, R. G., 183-87, 190-91, 195, 198, 301, 352, 357

Barnett, W. S., 273, 310 Barrera, M., Jr., 249, 256, 258 Barsimantov, J., 41 Barton, H. A., 103, 297 Barton, S. E, 29 Barton, S. N., 102 Bateman, H. V., 171 Baud, R. K., 419 Baum, A., 109 Baum, S., 40 Bauman, L. J., 291 Bauserman, R., 26 Bechtel, R. B., 184 Beck, A. J., 19 Beck, J. C., 208 Becker, C., 125 Becker, H., 198 Becker, M., 50 Beers, C. W., 59 Beiser, M., 135 Belcher, J. R., 387 Belsky, J., 154n.1 Bennett, C. C., 64 Bennett, E. M., 66, 371 Bennett, N. S., 202 Bennis, W. G., 366 Berg, I., 80 Berkeley, G., 203 Bermant, G., 466 Bernstein, C., 205 Berrueta-Clement, J. R., 310 Bess, K., 379 Best, C. L., 24 Bickel, A. M., 410 Bickman, L., 63, 77, 80 Bitterman, J., 379 Blank, M., 73 Blazer, D. G., 246 Bloch, A., 135 Bloom, B. L., 35, 111, 227-28, 283, 300, 478n.1 Bogat, G. A., 279 Bokossa, M. C., 17 Bonaiuto, M., 178 Bond, G. R., 75, 264 Bond, M. A., 66 Bonnes, M., 178 Booth, C., 75 Borduin, C. M., 75 Boscoe, A. N., 16 Bouchard, T. J., 193 Boulerice, B., 108 Bourdieu, P., 169, 176 Borduin, C. M., 75 Bower, J. E., 244 Bowler, A., 193 Boyce, W. T., 36

Brady, K., 24 Braginsky, B. M., 210 Braginsky, D. D., 210 Brand, R. S., Jr., 215 Brandt, L. W., 63 Braver, S. L., 250 Breakey, W. R., 71 Brennan, W., 415 Brenner, M., 410 Breslau, N., 16, 27 Briggs, X. S., 172 Brickman, E., 249 Brissette, I., 246 Brodsky, A. E., 170, 230 Broman, C. L., 104, 127 Bronfenbrenner, U., 119, 471 Broquet, A., 127 Bronzaft, A. L., 109 Brown, B. B., 32, 109, 132, 172-74, 178-79, 223 Brown, K. S., 264 Browne, A., 304 Browne, K., 279-80 Bruene-Butler, L., 103 Brunson, L., 171 Bryant, P., 450 Bullard R. D., 450 Bunker, B. B., 206, 346, 373 Burgess, A. W., 241-42 Burke, W. W., 377-78 Burnes, A. J., 359 Burnette, D., 249 Burns, A. J., 359 Burns, R., 367 Burns, T. F., 187 Burt, R. S., 176 Burton, J. R., 178 Busch, J. A., 205 Bush, G. H. W., 428 Bush, G. W., 33, 76, 78, 113, 322, 393-94, 396, 462 Buss, T. F., 127 Butterfoss, F. D., 322, 329 Byrne, D., 303 Cadell, S., 242 Cahn, E., 415 Caldwell, R. A., 279 Campbell, D. T., 399, 402n.2, 463, 467-68 Campbell, R., 66 Capizzano, J., 41 Caplan, G., 63, 65, 67, 252, 254-56, 275, 339-40, 342 Caplan, M., 441-42 Caplan, R. D., 105 Carey, H., 446-47 Carling, P. J., 194, 263 Carroll, C. F., 182 Carson, E. D., 440 Carter, J. E., 272, 448

Cashin, S. D., 412, 422 Casriel, C., 317 Cassidy, L., 29 Casper, L. M., 32, 42 Castro, F. G., 62 Castro, M. A., 315 Catalan, J., 29 Catalano, R., 109, 227 Catania, J. A., 317 Cattarello, A. M., 321 Cauce, A. M., 71 Cauffman, E., 279 Ceballo, R., 262 Chamberlin, J., 76, 129, 334 Chan, A. C. M., 138 Chavis, D. M., 132, 170 Chayes, A., 390 Checkoway, B., 171, 322 Chein, I., 64, 409 Chen, E., 36 Cheng, S.-T., 137-38 Chenitz, W. C., 28-29 Cherlin, D. L., 66, 371 Cherniss, C., 361, 371, 376 Cherniss, D. S., 361 Chesler, M. A., 336 Chesney, B. K., 336 Chestnut, D. E., 376 Choi, K. H., 315, 318 Chow, S. L., 120 Christens, B. D., 478n.3 Christenson, J. A., 435 Chuang, D. K., 413, 422 Churchman, A., 180 Cicirelli, V. G., 307 Clabby, J. F., 103 Claiborn, W. L., 215 Clark, D. B., 28 Clark, K., 64, 408-09 Clark, L., 391-92 Clark, M., 409 Clay, R. A., 364 Clayton, R. R., 321 Clegg, R., 411, 419 Clements, M., 111, 304 Clingempeel, W. G., 35 Clinton, W. J., 113, 205 Cloward, R., 66 Clyman, R. B., 80 Coates, T. J., 316-17 Cohen, C., 248 Cohen, C. I., 432 Cohen, S., 110, 182, 246, 251, 256-59, 263 Coie, J. D., 287-88 Coit, S., 49, 255 Colarelli, N. J., 383 Cole, V., 259, 262 Coleman, J. S., 62, 410 Coll, B. D., 50

Coley, R. L., 171 Comer, J. P., 276, 297 Collins, N. L., 257 Compaan, C., 280-81 Compas, B. A., 286 Concannon, K., 391 Connor, J., 286 Cook, R. L., 28 Cook, S. W., 64, 409, 413-14 Coombs, D. W., 102 Cowen, E. L., 5, 51, 67, 69, 103, 275, 277, 284, 291-92, 367, 381 Cox, G. B., 48 Coyne, J. C., 16 Crandall, C. S., 336 Crawford, I., 314 Cressler, D. L., 187 Crim, B., 435 Crittenden, P. M., 374, 382-83, 385 Cronkite, R. C., 248 Cronon, W., 137 Cropper, V. L., 179 Crouter, A. C., 42 Cuerdon, T., 236 Cummings, R., 413 Cunningham, P. B., 75 Curran, J., 105 Curtin, J. T., 416-18 Curtin, S., 76 Cutrona, C. E., 259, 262 Dadds, M. R., 257 Daigle, M., 76 Daniels, N., 77 Darling-Hammond, L., 297-99, Darlington, R. B., 308-10 Daro, D., 147 Darrach, J. E., 325n.3 D'Augelli, A. R., 67, 250, 363 Davidson, W. S. II, 279 Davies, M., 316 Davis, J. T., 229 Davis, L. G., 439-40 Davis, M., 322 Davis, R. C., 249 Dawes, R. M., 49, 209, 383 Deegan, G., 371 DeFilippis, J., 175-76 DeGrazia, S., 44 D'Ercole, A., 71-72 Des Jarlais, D. C., 317 de la Rosa, G., 315 De Tocqueville, A., 330 Devlin, A. S., 179 DeVries, M., 156 DeWet, T., 229, 239 DeYoung, A., 160 Dickens, W. R., 194-95 Dincin, J., 75

Dix, D., 57-59 Dohrenwend, B. P., 51 Dohrenwend, B. S., 7, 10, 28, 51, 90-95, 97, 101-07, 112-15, 151, 179, 193, 219-20, 220n.2, 221-22, 229, 231-33, 244-45, 469 Dokecki, P.R., 65, 171, 466 Donahue, P., 448 Donovan, C. L., 286 Dooley, D., 109, 227 Doris, J., 135 Downs, M. W., 161 Dressler, W. W., 252-53 Drury, J., 444 Duberman, M., 334, 430 DuBois, D. L., 247 Dubrow, N., 112 Duchnowski, A. J., 80 Dumas, L. J., 291-92 Duncan, N., 475 Dunkel-Schetter, C., 257 Dunlap, R. E., 445, 449 Dunn, B., 232, 239, 255, 288 Dunteman, G. H., 321 Durlak, J. A., 277, 294, 300, 320 Dykens, E. M., 80 Dziuba-Leatherman, J., 26 Eagleton, T., 213 Earle, P., 59-60 Eckenrode, J. H., 259, 261 Eckholdt, H. M., 314, 316 Edelstein, M. R., 32, 109-10 Edwards, T. M., 337 Egolf, B., 231, 246, 289 Eisenhower, D. D., 410 Ekstrand, M. L., 317 Elias, M. J., 103, 291, 295, 299-300, 322-23 Elizabeth I. 56 Ellerston, C., 325n.3 Elrod, L. D., 35 Elze, D., 70 Embree, M. G., 329 Embry, L. E., 71 Emery, R. E., 35 Emrick, C. D., 332 Ennett, S. T., 71 Ennis, B. J., 208, 212 Epstein, A. S., 310 Erikson, E. H., 164 Evans, C., 17 Evans, G. W., 109-10 Evans, S., 379 Faenza, M. M., 284 Falk, I., 435 Fairweather, G. W., 65, 157, 187-92, 195, 203, 206, 367, 370, 374, 385 Farkas, M. D., 263 Felner, R. D., 296-97

Felton, B. J., 70, 73 Fendley, K., 435 Fields, J., 32, 42 Finch, J. F., 249 Finkel, N. J., 243, 300 Finkelhor, D., 26 Finn-Stevenson, 297 Finney, J. W., 232 Firth Cozens, J., 30 Fisch, R., 375 Fischer, P. J., 71 Fisher, A. T., 170, 478n.4 Fisher, G. M., 37, 440 Fisher, J. D., 315 Fisher, W. A., 303, 315 Fisher, W. H., 194 Fitzgerald, L. F., 104 Fleishman, J. A., 234 Fleming, I., 109 Flippen, C. A., 96 Flora, C., 175 Flora, J. L., 175 Florin, P., 120, 134, 171 Floyd, F. J., 111, 304 Flynn, J. R., 194-95 Flynn, L. M., 49 Folkman, S., 233-34, 244, 267 Foster, E. F., 99 Fountain, D., 355 Fox, J. C., 161, Fox, K. A., 181, 184, 186 Frame, C. L., 327 Francescato, D., 476 Frankl, V. E., 239 Freddolino, P. P., 185 Freeman, J., 280-81 French, S. L., 228 Freud, S., 59, 222 Fridlund, B., 104 Fried, C. S., 30, 281 Friedman, P. R., 212 Friedman, R. M., 80 Friedman, S. R., 317 Friedmann, J., 436 Fuchs, V. R., 42 Fullerton, C. S., 102 Furlong, M., 278 Furstenberg, F. F., Jr., 303 Gabriel, T., 342, 346, 363 Gaier, E. L., 305 Galanter, M., 338, 345, 354, 358, 361 Galbraith, J. K., 62 Gammeltoft, M., 232, 286 Garbarino, J., 112, 132 Garcia, I., 170-71 Gardner, W., 458 Garfinkel, I., 35 Garland, A. F., 282

Gartner, A., 347, 360 Garvey, M., 440 Gebhard, C., 215 Gekoski, W. L., 228 Geller, E. S., 177, 475 Geller, J. L., 73, 194 Gensheimer, L.K., 379 George III, 57 George, C., 321 George, W., 62 Gerard, H. B., 414, 425 Gergen, K. J., 64, 67 Gesten, E. L., 294 Giannarelli, L., 41 Gibbs, H., 403 Gibbs, L. M., 107, 213, 329, 335, 347, 362, 402n.1, 445-53, 456, 456n.1 Gifford, R., 177 Gignoux, E. T., 391 Gillick, J., 359-60 Ginter, M., 297 Giordano, G. P., 49 Giordano, J., 49 Gist, R., 102 Giuliani, F., 170 Glantz, S. A., 459 Glass, G. V., 236 Glazer, N., 416 Gleason, D. F., 329 Glidewell, J., 65 Glidewell, J. C., 371 Godemont, M., 206 Goffman, E., 62, 149, 198, 212-13, 216 Goldberg, L. R., 193 Goldenberg, I. I., 66, 371, 371-72, 383, 387 Goodman, G., 106, 329 Goodman, R. M., 322, 329 Gordon, J. S., 76 Gordon, M., 202 Gorman, D. M., 321 Gottesman, I. I., 193, 286, 288 Gottlieb, B. H., 246, 251, 256, 259-60, 263 Gove, W. R., 198, 202-03, 205, 211-12, 217 Gramlich, E. M., 105, 273 Grant, J. D., 377-78 Gray, M., 24 Graziano, A. M., 369, 381-82 Graziano, S., 220n.1 Green, J., 28-29 Green, Y., 321 Greene, G. J., 55 Greene, J. M., 71 Greenfield, A., 185 Gregory, D., 391 Grob, G. N., 272 Grosser, R. C., 248, 336, 362 Gruenewald, T. L., 244 Grunebaum, L., 232, 286 Grunwald, M., 449, 452-53, 455

Gullotta, T. P., 274, 284 Gump, P. V., 182 Gupta, S., 35 Gutierrez, G. S., 405 Haapala, D., 75 Hacker, A., 32 Hacsi, T. A., 84, 308 Hadley, T., 73 Hadley-Ives, E., 70 Haggerty, R. J., 272-73, 275-76, 282, 287, 290, 323 Hallman, W. K., 32, 110 Hamilton, L. S., 378, 395-96 Hamilton, M., 346 Hamilton, S., 259, 261 Hamilton, V. L., 104, 127 Hammen, C., 232 Hammond, W. R., 325n.4 Hampson, J., 103 Hampton, R. L., 274 Handler, J. F., 200 Haney, W., 394-96 Hanusa, B. H., 285, 291 Harding, J. S., 62 Haignere, C., 316 Hargrove, E. C., 371 Harrell, S. P., 229 Harrington, M., 113 Harris, L. C., 75, 84 Harrison, P. M., 18 Harwood, H., 355 Hashima, P. Y., 26 Haskins, R., 37-38 Hatfield, A., 74 Haveliwala, Y., 388-89, 402n.3 Hayes, E., 55 Hayes, L. M., 144 Heaney, J., 421 Hecker, D. E., 43 Heflinger, C. A., 77, 80 Heller, K., 7, 74, 250, 260, 265, 287, 433, 466 Henderson, M. J., 17 Henggeler, S. W., 75, 151-52 Henwood, D., 96 Henshaw, S. K., 325n.3 Herlihy, E., 346 Hernandez, A. C., 31 Herrenkohl, E. C., 231, 239, 289 Herrenkohl, R. C., 231, 289 Hershberger, S. L., 250, 363 Herskovitz, H., 265 Hightower, A. D., 67 Hildingh, C., 106 Hill, D. D., 412, 415 Hilts, P. J., 18 Hinckley, J., 208 Hinrichsen, G. A., 336 Hjern, A., 241

Hobbs, N., 59, 65 Hobfoll, S. E., 315 Hobson, C. J., Hodges, W. F., 111 Hoffman, W. S., 104, 127 Hoge, S. K., 202 Hogg, J. R., 260 Holahan, C. J., 179 Hollingshead, A. B., 63 Holmes, T. H., 15, 24, 26, 32, 35-36, 45, 111, 227, 229, 306 Holmes-Eber, P., 248 Holmstrom, L. L., 241-42 Holt, L. P., 409 Holtgraves, T., 214 Holtzworth-Munroe, A., 304 Horan, S., 35 Hotaling, G. T., 304 House, J. S., 246 Howe, B., 425n.8 Howe, I., 336 Howell, J. C., 212 Huaco, G., 458 Hudnall, C. E., 33 Hughes, L., 407 Hughey, J., 171, 176, 196n.1, 379, 436 Hughey, J. B., 174 Huh-Kim, J., 278 Humphreys, K., 78, 322, 348, 428-29 Hunsley, J., 35 Hunt, J. McV., 293 Hurvitz, N., 330, 333 Hyman, I. A., 26 Ingleby, D., 241 Ireys, H. T., 291 Irvine, M., 2002 Iscoe, I., 55, 65, 75, 84, 301, 375, 383-84, 387, 392-93, 478n.1 Israel, B. A., 171 Itzhaky, H., 170 Jackson, A. P., 315 Jackson, C. B., 171 Jackson, J., 439-40 Jacob, H., 35 Jacobs, J. B., 383 Jacobs, M. K., 106, 329 Jacobs, S. J., 109 Jacobsen, C. A., 243, 300 Jacobson, N. S., 111 James, W., 59, 235 Janis, I. L., 251 Jansen, K., 242 Javits, J., 438 Jenkins, R. A., 74 Jensen, A. R., 463 Johnson, E., 247 Johnson, J., 356

Johnson, L. B., 55, 65, 113, 149, 199, 440 Johnson, R. J., 315 Johnson, S. D., 70 Johnstone, B. M., 321 Jones, R. K., 325n.3 Julian, D. A., 179 Julnes, G., 99 Kadushin, A., 34 Kagan, D. M., 415-16 Kahn, E. B., 306, 322 Kahn, R. L., 165 Kalichman, S. C., 314, 319-20 Kaniasty, K., 32, 109 Kanter, R. M., 385 Karberg, J. C., 18 Kasl, S. V., 38 Katz, A. H., 329 Katz, D., 165 Katz, S., 135 Kazdin, A. E., 295 Keefe, F. J., 236 Keil, T. J., 205 Keller, A. M., 82 Kelley, K., 303 Kelly, J. A., 314, 319-21 Kelly, J. G., 55, 65, 106, 120, 126, 128-31, 136-39, 154-55, 188, 374 Kelman, H. C., 466 Kemeny, M. E., 244 Kennedy, J. F., 55, 59, 61, 63, 65, 69, 113, 149, 199,440 Kennedy, R. F., 438 Kenning, M. K., 304 Kerman, B., 171 Kessler, R. C., 249 Kessler, R. S., 233 Kiernan, M., 111, 131, 227 Kiesler, C. A., 73-74, 78 Killian, L. T., 218 Killian, T. M., 218 Kilpatrick, D. G., 24, 242 Kilpatrick, S., 435 Kimmel, H., 467-68 King, J. E., 40, King, M. C., 112 King, M. L., Jr., 439 Kinney, J., 75 Kinsey, A., 163 Kirk, M. O., 104 Kirk, S. A., 115, 208-09, 334 Kirkby, R. J., 237 Kirkeby, J. 48 Kirp, D. L., 416 Kirsch, B. L., 202 Klaber, M., 156 Klaus, P. A., 24 Klein, S. P., 378, 395-96 Kleist, D. M., 273

Kliewer, W., 127 Klotz, D., 314, 316 Kluger, R., 425n.1. Knight, B., 237 Knitzer, J., 82-84 Knobloch, H., 62 Knox, V. J., 228 Kobasa, S. C., 244 Koenig, J., 325n.3 Koo, H. P., 321 Koopman, C., 316 Koss, M. P., 304 Kostelny, K., 112 Kozol, J., 383 Kraemer, D. T., 120 Krauss, D. H., 345 Kretzmann, J. P., 437 Krizan, L., 207 Kroeker, C. J., 171 Kropotkin, P., 330-31 Kubler-Ross, E., 241 Kuhn, T. S., 124 Kumekawa, E., 315 Kutchins, H. 115, 208-09, 334 Kuo, F. E., 171, 179 Kurtz, L. F., 345, 353 Kutchins, H., 115, 208-09, 334 Labrecque, M. S., 245, 248 Ladner, J., 433, 438-44 LaFalce, J., 445 Lamb, H. R., 63, 73 Landis, K. R., 246 Landsverk, J., 80 Langner, T. S., 62 Lannon, P. B., 210 Lansford, J. E., 250 Larson, J., 274 Lasker, J., 246 Latkin, C., 186, 317 Lavell, M., 63, 210 Lavin, J., 315 Lawless, R. A., 39 Lawlor, E. F., 375 Lazar, I., 308, 310 Lazarus, R. S., 233-34, 238, 244 Leadbeater, B. J., 225 Leclerc, C., 237 Lee, C. M., 35 Lee, J. A. B., 35 Leeper, J. D., 102 Lehmann, S., 64 Leichter, H. M., 284 Leighton, A. H., 62 Leighton, D. C., 62 Lemann, N., 136 Lemert, E. M., 198 Lemke, S., 159, 162 Lesage, A. D., 237

Leventhal, G. S., 361 Levine, A., 9, 31, 49, 59, 64, 67, 103, 108, 113, 149, 255, 262, 272, 274, 335, 402n.1, 426n.10, 428, 453, 456n.1, 460-62 Levine, A. G., 40, 110, 335, 455 Levine, D., 391, 411, 421, 423-24 Levine, M., 9, 49, 59, 64, 66-67, 69, 83, 85n.1, 103, 106, 108-09, 113, 121, 123, 125, 134, 139, 145, 149-50, 155, 184, 188, 195, 203, 206, 209-10, 215, 229, 243, 255, 261-62, 272, 274, 280-81, 283, 295, 299, 301, 304, 306, 317, 338-39, 344, 346, 353-54, 361-62, 371, 373, 381-82, 386, 388, 391, 402n.4, 425n.8, 426n.10, 428, 431, 453, 458, 460-62, 476 Levy, C. J., 70 Levy, L. H., 327, 335 Levy, R. M., 212 Lewin, K., 64-65, 69, 120, 377 Lewis, S. E., 171 Li, C., 170-71 Li, D., 347 Lichtenstein, B., 318 Lidz, C., 202 Lieberman, M., 336, 354 Light, D. W., 209-10 Lincoln, A., 406 Lindemann, E., 224, 241, 272 Lindsay, W. R., 209 Linehan, P., 412 Litwack, T. R., 208 Livermore, G., 355 Lobel. M., 257 Logan, J. R., 133 Long, D. A., 169-74, 196n.1 Long, N. E., 478n.4 Loots, G. M. P., 16 Loprest, P., 37 Lorentz, E., 182 Lorion, R. P., 78 Low, A. A., 328, 344 Lubeck, S., 156 Luce, A., 30 Luepnitz, D. A., 249 Luke, D. A., 185, 187 Luthar, S. S., 229 Lynn, L. E. Jr., 375, 381 MacLean, M. G., 71 Macklin, D. B., 62 Macmillan, A. M., 62 Madara, E. J., 329, 361 Male, A. A., 17 Malloy, M., 50 Manderscheid, R. W., 17 Mann, P. A., 7, 469 Manne, S., 29 Manning, W. D., 35 Markman, H. J., 111, 304

Marrow, A. J., 64 Marshall, T., 407-09 Marsick, V. J., 379 Maslow, A. H., 384 Masterpasqua, F., 292 Matthews, K. A., 36 Maton, K. I., 171, 182, 225, 245, 347, 351, 361, 378, 469-70 Maynard, H., 187 McAdams, D. R., 394-95, 400 McAllister, J., 456 McCarroll, J. E., 102, 106 McCaffrey, D. F., 378, 395-96 McClelland, G. M., 143, 145 McCurdy, K., 147 McDonnell, D. D., 16 McDuff. P., 108 McGaughey, W. H., 128 McHale, S. M., 42 McIntosh, J. L., McLanahan, S. S., 35 McMillan, B., 171, 322 McMillan, D. W., 170 McNeil, L. M., 394-95, 397-400 McKnight, J. L., 437 Meadows, J., 29 Medvene, L. J., 345 Meehl, P. E., 63 Meeks, J. W., 132 Meissen, G. J., 329 Melvin, D., 351 Merry, S. E., 179 Mertig, A. G., 445, 449 Metcalf, G. R., 411 Meyer, A., 59 Meyer, D. R., 35 Mezey, S. G., 147 Midglev, S., 30 Milazzo-Sayre, L. J., 17, 20, 49 Milburn, N., 71-72 Michael, S. T., 62 Miles, W., 459 Mileti, D. S., 109 Miley, A. D., 210 Miller, G. E., 375, 383-84, 387, 392-93 Miller, H. L., 102 Miller, R. L., 314, 316 Milner, N., 334 Mirowsky, J., 46, 230 Mischel, W., 193, 292, 300 Mishara, B. L., 76 Mitchell, R. E., 171 Mohamed, S., 304 Monahan, J., 7, 142, 425n.8, 433 Monroe, S. M., 228, 257 Moore, K. A., 303 Moore, T., 62, 79, 423 Moore, T. D., 390

Moos, R. H., 117-18, 156-62, 169, 177, 180, 191, 195, 198, 232, 248, 296, 350-51 Mørch, H., 376 Morell, M. A., 188 Moreno, J., 364 Mori, L., 286 Morrison, G. M., 278 Morrison, D. E., 445, 449 Morrow, K. B., 242 Morse, S. J., 199 Morton, D. C., 18 Motley, C. B., 410 Mowbray, C. T., 185, 264 Moxley, D. P., 264 Moyers, B., 455 Moynihan, D. P., 62, 65-66, 95, 98, 382, 433 Mrazek, P. J., 272-73, 275-76, 282, 287, 290, 323 Muenchow, S., 84, 113, 307, 310 Mulvey, A., 66 Mulvey, E. P., 73, 202, 278 Mumford, E., 236 Murphy, D. A., 319 Murphy, J. M., 201, 206 Murray, B., 363 Murray, H. A., 157 Murray, H. W., 308 Murray, J., 417, 426n.10 Murray, J. P., 200 Murrell, S. A., 32, 109 Myrdal, G., 425n.6 Nader, R., 450 Namir, S., 79, 82-84 Naroll, R., 262, 327, 331 Narrow, W. E., 20, 50 Nasar, J. L., 179 Nathan, V. M., 391 Nelson, B. J., 130 Nelson, G., 475 Nelson, W. E., 439-40 Newbrough, J. R., 64-65, 171, 176, 476 Newcomb, M. D., 31 Newlon, B., 175 Newman, B., 112 Nicholson, J., 156 Nielsen, K. P., 187 Nietupski, J., 215 Nixon, R. M., 205 Noke, J. M., 348 Norris, F. H. 32, 109-10 Norris-Baker, C., 185 Northrup, D., 77, 80 Novaco, R. W., 127 Noves, J. H., 206 Nursten, J., 80 O'Donnell, C. R., 274 Odum, E. P., 118

Ogburn, W. F., 216 O'Gorman, R. T., 171 Okun, M. A., 249 Olasky, M. N., 113 O'Leary, K. D., 110 Olfson, M., 75 O'Neill, P. O., 465-66 Ong, E. K., 459 Openshaw, K.G., 178 Opler, M. K., 62 Orfield, G., 405, 411-12, 414, 416, 424 Orford, J., 5, 475 Ort, S. W., 297, 299 Ortiz-Torres, B., 376 Osipow, S. H., 104 O'Sullivan, M. J., 48, 79 Padgett, V. P., 327 Pagani, L., 108 Page, R., 127 Page, S., 216 Paige, R., 393, 395, 398 Paigen, B., 446, 462 Pakenham, K. I., 257 Palmer, S. C., 16, Parad, H. J., 226 Parad, L. G., 226 Pargament, K. I., 245 Parrish, R., 82 Parks, R., 406, 444 Pasamanick, B., 62 Pattillo McCoy, M., 439 Patrick, C., 236 Paulus, P. B., 109 Pauly, P. J., 459 Peak, T., 245, 248 Pearlin, L. I., 244 Pedro Carroll, J. L., 67, 111 Peek, L. A., 109 Peirce, N. R., 438, 442 Pellow, D. N., 454 Pepper, C., 324n.1 Perkins, C. A., 19 Perkins, D. D., 32, 109, 124, 132, 169-74, 179-80, 196n.1, 223, 403-04, 434-37, 472, 478n.3 Perkins, D. N. T., 376 Perkins, D. V., 83, 182, 184-88, 195, 203, 229, 243, 283, 301, 338-39, 344, 353-54, 361 Perot, R., 393 Perrotta, P., 249 Perrow, C., 31 Perry, J. C., 184, 186-87 Peterson, J. L., 303 Peterson, L., 286 Peterson, N. A., 171 Peterson, P. D., 48 Peterson, R. L., 274 Petrakis, P. L., 329

Phelps, R. P., 396-97 Phifer, J. F., 32 Piaget, J., 431 Pilisuk, M., 248, 456 Pillow, D. R., 111 Pincus, H. A., 50 Pinel, P., 57-58 Pitegoff, P., 444 Pit-Ten Cate, I. M., 16, Piven, F. F., 66 Planin, E., 453 Plas, J. M., 171 Plessy, H. A., 406 Pollock, N. K., 28 Porter, E. H., 235 Post, J., 156 Potvin, L., 246 Poythress, N. G., 385 Prabucki, K., 16 Pressman, J. L., 373, 387 Pretty, G. M. H., 170-71 Prezza, M., 170-72 Price, R. H., 65, 105, 162, 233, 273 Prilleltensky, I., 471, 474-75, 477, 478n.4 Primavera, J., 297 Puddifoot, J. E., 173 Putnam, R. D., 44, 51, 169, 175-76, 327-31, 351, 435 Ouick. J. C., 60 Quinn, S. C., 215, 319 Rabasca, L., 363 Rabkin, J. G., 52, 228 Rabow, J., 31 Rao, A. K., 28, 436 Rahe, R. H., 15, 24, 26, 32, 35-36, 45, 111, 227, 229,306 Rainwater, L., 62 Ramirez-Valles, J., 315 Rao, P. K., 28, 436 Rapp, C. A., 390 Rappaport, J., 7, 66, 69, 78, 111, 118, 131, 149-50, 158, 171, 185, 187, 195, 227, 274, 301, 348, 350, 354, 428-31, 433 Ravitch, D., 405, 410-11, 416 Rawls, P., 390 Reagan, R. W., 272, 428 Rebolledo, A., 112 Redding, R. E., 149, 278, 463-64 Redlich, F. C., 63 Reed, G. M., 244 Regehr, C., 242 Regier, D. A., 50 Reich, J. W., 249 Reinecke, M. A., 247 Reinhardt, J. P., 250 Reiss, B. F., 63 Reissman, F., 347, 350, 360

Renick, M. J., 111, 304 Rennie, T. A. C., 62 Rennison, C., 23 Reppucci, N. D., 30, 35, 125, 281, 288-89, 304, 319 Resick, P. A., 221 Resnick, H., 242 Revenson, T. A., 336 Reville, E., 417, 419, 426n.10 Revkin, A. C., 462 Rhodes, J. E., 65, 105 Ribisl, K. M., 322 Ricard, N., 237 Rich, R. C., 110, 132, 171, 352 Richardson, L. A., 82 Richter, L., 229, 232 Riger, S., 248 Riggio, R. E., 372-73, 389 Rind, B., 26 Ring, K., 210 Ringwalt, C. L., 71 Roberti, T., 170 Roberts, A. R., 275 Roberts, J. T., 445, 449-50, 454-55 Roberts, L. J., 347 Robins, L. N., 218 Robinson, J. W., Jr., 435 Roen, S. R., 359 Roessler, W., 214 Rogers, A., 202 Rogers, M., 237 Rogler, L., 127 Rogoff, B., 177 Rook, K. S., 250-51 Roosens, E., 133, 206 Rosario, M., 376 Roosevelt, F. D., 113 Rosenberg, M. S., 289 Rosenhan, D. L., 209-11, 213, 383 Ross, C. E., 23-24, 46, 230 Ross, J. G., 78 Rossi, A. M., 59 Rossman, M., 52 Roth, L. H., 73, 199 Rothbard, A., 73 Rotheram-Borus, M. J., 316 Rothman, D. J., 137 Rothman, J., 456 Rowland, M. D., 75 Royce, J. M., 308 Rubenstein, L. S., 212 Ruehlman, L. S., 250 Rutter, M., 218 Ryan, A. M., 374 Rvan, B. A., 274 Ryan, W., 49, 66, 150, 177, 301, 429, 473 Sabin, J. E., 77

Saegert, S., 170, 172-74, 178, 436

Sagan, L. A., 306 Sagarin, E., 333, 335, 342 St. Lawrence, J. S., 321 Sakaguchi, Y., 45 Salem, D. A., 171, 348, 351, 378 Salize, H. J., 214 Salzer, M. S., 73-74 Sampson, R. J., 170 Sanchez, E., 110 Sanders, D. H., 187 Sandler, I. N., 29, 111, 250 Sarason, B. R., 300 Sarason, I. G., 300 Sarason, S. B., 7, 55, 66, 68, 125, 135, 152, 156, 170, 182, 324n.1, 268-72, 381, 386, 401n.1, 402n.3, 415, 425, 428, 430-31, 438 Sarbin, T. R., 157, 162-64, 166-69, 191, 195, 198, 219, 223, 253, 336, 351 Sareyan, A., 62 Satz, J., 200 Saunders, D., 40 Sawhill, I., 37 Scales-Trent, J., 213 Schacter, J., 45 Scheff, T. J., 198-208, 212, 215, 217-18, 220n.2 Schellenbach, C. J., 225 Scherschel, P. M., 39 Schlesinger, H. J., 236 Schmuckler, M. A., 120 Schoenwald, S. K., 75 Schoggen, P., 65, 181-84, 186 Schonfeld, L., 50 Schooler, C., 244 Schroder, K. E. E., 315 Schulz, A., 171 Schulz, R., 285, 291 Schuster, T. I., 249 Schuyler, T., 103 Schwartz, C. E., 237 Schwebel, B., 31 Schwebel, M., 31 Schweinhart, L. J., 108, 308, 310 Scrimshaw, S. C. M., 257 Scull, A. T., 70 Seedat, M., 475 Seelye, K. Q., 462 Seeman, T. E., 246 Segal, S. P., 355, 361 Segesten, K., 106 Seidman, E., 111, 131, 158, 169, 185, 187, 227, 348, 350, 354 Selby-Harrington, M. L., 82 Seligman, M. E. P., 292 Seller, M. S., 426n.11 Seltzer, J. A., 35 Selye, H., 60 Semmelweiss, I., 383 Serrano-García, I., 466, 476 Shalf, S. M. 278

Sheffield, J. K., 286 Shinar, O., 249, 259 Shinn, M., 4, 38, 70-73, 110, 113, 132, 176, 187, 319, 336, 376, 432 Shriver, T. P., 103, 297 Shure, M. B., 103, 184, 241, 266, 293-94, 300 Siegel, S. M., 383 Sikkema, K. J., 317, 319 Silberman, P., 435 Silverman, C., 355 Silverman, D. C., 242 Simko, R. A., 376 Simon, J., 30 Simon, P., 412 Simons, M., 178 Sinatra, L. J., 419, 426n.10 Sinclair, U., 377 Singer, S. I., 121, 123, 200 Skaff, M. M., 232 Skager, R., 278 Skiba, R., 274 Skinner, L. J., 67-68, 214 Slack, P., 56 Slaikeu, K. A., 226 Smith, K. E., 41 Smith, R. R., 411 Smock, P. J., 35 Snipper, A. S., 308 Snell, T. L., 18 Snipper, A. S., 308 Snowden, L. R., 48-49, 78 Snyder, H., 24 Sobeck, L., 75 Socall, D. W., 214 Solarz, A. L., 225 Sommer, R., 186 Sonn, C. C., 170 Sorell, G. T., 242 Sorotzkin, B., 26 Speer, P. W., 171, 176, 196n.1, 379, 436 Spence, S. H., 286 Spielberger, C. D., 478n.1 Spitzer, R. L., 208 Spivack, G., 103, 184, 241, 266, 293-94, 300 Spreitzer, G. M., 171 Srebnik, D. S., 295 Srole, L., 62 Stack, L. C., 210 Stahl, A. L., 24 Stangor, C., 336 Stanley, S. M., 111, 304 Stashenko, J., 412 Stecher, B. M., 378, 395-96 Steele, C. M., 415-16, 463 Stefan, S., 212 Stein, L. I., 74-75 Stein, R. E. K., 291 Steinbach, C. F., 438, 442 Steinberg, J., 311

Steiner, S. C., 228, 257 Steinman, M., 304 Stelzner, S. P., 374 Stephan, J. J., 19 Stephan, W. G., 413-14 Stevenson, J., 171 Stewart, F., 325n.3 Stiffman, A., 70 Stiles, P. G., 50 Stokols, D., 109-10, 178, 322 Stolz, S., 102 Stone, R., 452 Stone, R. A., 110, 335, 455 Stott, M. W. R., 305-06 Stover, J., 273, 313-14, 318, 320 Streuning, E. L., 52, 228 Stroul, B. A., 75 Stults, B. J., 133 Styfco, S. J., 307, 310, 367 Suarez, E., 315 Sue, S., 71, 62 Sugarman, D. B., 304 Suler, J., 363 Sullivan, W. C., 171 Suttles, G. D., 179 Swanson, J. M., 28-29 Sweaney, A., 178 Swenson, C. R., 330 Swenson, K., 405, 423 Swindle, R. W., Jr., 74, 248, 250 Szasz, T. S., 62, 141, 149, 199 Taussig, H. N., 80 Taylor, E., 193 Taylor, H. L., Jr., 96-97, 100, 438 Taylor, R. B., 109, 124, 132, 172, 178-79 Taylor, S. E., 244 Tebes, J. A., 214, 216, 243, 247 Tebes, J. K., 120 Tedeschi, G., 170 Telch, C. F., 236 Telch, M. J., 236 Temkin, T., 355 tenBroek, J., 406 Teplin, L. A., 18, 139, 142-43, 145 Terry, J., 257 Test, M. A., 74-75 Thoits, P. A., 106, 233, 246, 253, 255, 346 Thomas, D., 5, 475 Thomas, K. B., 305 Thomas, S. B., 315, 319 Thompson, C. M., 63 Thompson, M. G., 260 Thompson, M. P., 109-10 Thompson, R., 16, Timko, C., 159-60 Toch, H., 377-78 Toffolon-Weiss, M. M., 445, 449-50, 454-55 Tomai, M., 476 Tomkins, A. J., 304 Tönnies, T., 176 Toohey, S. M., 110, 113, 176, 187, 319 Toro, P. A., 71, 75, 83, 111, 131, 158, 227, 344, 346, 350, 353-54, 361 Torrey, E. F., 49, 70, 73-78, 193 Toseland, R. W., 245, 248 Toulmin, S., 463 Toumbourou, J., 346 Tout, K., 41 Travers, J., 16 Tremblay, R. E., 108, Trickett, E. J., 120, 128, 158, 162, 300 Tromovitch, P., 26 Trueba, P. E., 260 Truman, H. S., 61 Trussel, J., 325n.3 Tsemberis, S., 71-72, 132, 432 Tuckman, J., 63, 210 Tuke, W., 57-58 Turner, J. C., 163 Twigger-Ross, C. L., 173 Twohey, J., 248 Uhl, G., 215 Umberson, D., 246 Underwood, L. G., 246, 251, 256, 263 Unger, D. G., 172-73, 262 Ursano, R. J., 102 Usui, W. M., 205 Uzzell, D. L., 173 Vaillant, G. E., 229, 355, 359-60 Valenzuela, A., 397 van der Veen, R., 379 Van Dort, B., 158 van Ryn, M., 105, 273 van Uchelen, C., 175 Varady, D., 174 Varmus, H. E., 47 Vaughn, R. D., 321 Veneman, A. M., 42 Veno, A., 5, 475 Veronen, L. J., 242 Videka-Sherman, L., 354 Vincent, M., 321 Vincent, T. A., 120, 128 Vine, P., 248, 336, 362 Vinokur, A. D., 105, 273 Vitaro, F., 108 Vivian, D., 110 Vlachos-Weber, I., 260 Voce, R., 178 Vogel, W., 55 Voges, B., 214 Vriens, L., 31 Vyner, H. M., 110

Wadsworth, M., 286

Wald, A., 28 Wales, S., 346 Walker, K. N., 240 Walker, L., 425n.8 Wall, D. D., 71 Wallace, J., 146-47, 279 Wallach, L., 304 Walter, H. J., 321 Walton, R. E., 378 Wandersman, A., 32, 110, 120, 132, 172-73, 179, 262, 322, 329 Warren, E., 409 Wasco, S. M., 66 Wasmer, D., 75 Warwick, D. P., 466 Watkins, N. J., 110 Watzlawick, P., 375 Weakland, J. H., 375 Weaver, K., 37 Weick, K. E., 471 Weikart, D. P., 108, 308, 310 Weinstein, R. S., 79, 82-84, 125 Weisman, J., 397 Weiss, R. S., 343, 455 Weissberg, R. P., 103, 274, 299, 323 Weithorn, L. A., 82 Wells, A. M., 277, 294, 320 Wenocur, S., 387 Werner, C. M., 178-79, 475 Wettstein, R. M., 199 Whalon, M. E., 128 White, B. J., 329 White, M., 38 White, R. E., 16 White, S. W., 35, 227 Whitehead, B. D., 104, 129 Whyte, W. H., 159 Whyte, W. W., 182-83 Wicker, A. W., 134, 182-84, 186-87 Wiener, D., 215 Wiesenfeld, E., 110, 170, 476 Wilcox, B. L., 458 Wildavsky, A. B., 373, 387 Will, J. C., 38 Williams, C. L., 354 Williams, J. B. W., 208 Willie, C. V., 411 Wills, T. A., 249, 257-59 Wilson, B. D. M., 55 Wilson, G., 227

Wilson, W. J., 8, 62, 72, 95, 97-100, 113, 127, 136, 252, 422, 437 Winerip, M., 419, 426n.10 Wingenfeld, S., 476 Winkel, G., 170, 172-74, 178, 436 Witheridge, T. F., 75 Woff, I., 346 Wolchik, S. A., 111, 250 Wolf, S., 246 Wolfe, S. M., 49 Wollert, R. W., 327 Wong, A., 246 Wong, N. W., 376 Woodruff, N., 391 Woodward, B., 205 Woodworth, T., 23, 25 Woolard, J. L. 30, 281 Work, W. C., 67 Wortman, C. B., 233 Wright, B., 450 Wright, H. F., 181 Wright, K. M., 102 Wuori, M., 391 Wyman, M. F., 250 Yancey, W. L., 62 Yep, G. A., 315 York, A. S., 170 York, D., 336 York, P., 336 Young, J., 354 Yung, B., 325n.4 Zahner, G. E. P., 38 Zaff, J., 179 Zahner, G. E. P., 38 Zane, N., 62 Zapata, B. C., 112, 228 Zautra, A., 29, 249 Zigler, E., 84, 113, 229, 274, 282, 297, 307, 310, 367 Zimmerman, M. A., 171-72, 184, 315-16, 322, 353, 379 Zippay, A., 387 Zitnay, G., 391 Zremski, J., 394 Zusman, J., 30 Zusman, R., 192, 264

Subject Index

Abortion, 33, 34, 76, 247, 302, 303, 317, 325, 334, 337, 401, 444 Acquired Immune Deficiency Syndrome (AIDS)/HIV Disease, 26-28, 30, 81, 129, 186, 234, 235, 257, 288, 322, 351 Prevention of, 28, 186, 262, 273, 284, 313-22, 324, 375 Adaptation between persons and the environment or situations, 8, 34, 39, 41, 43-45, 52, 59, 83, 96, 98-100, 103, 107, 108, 111, 117, 119, 126-28, 131-35, 138-40, 145-51, 153, 156, 161, 162, 175, 186-88, 192-97, 212, 219, 222-225, 232, 239-40, 246, 257-58, 265-66, 277, 300-01, 309, 324, 327, 331, 333-34, 338, 348-50, 352, 428-29, 437, 442, 456 To health problems, 28-30, 34, 48-49, 235-36, 244 To legal change, 142-49, 338, 375 To stressful life events or crises, 92, 103, 107, 108, 220, 224-25, 227-231, 240-43, 249, 259, 263, 266, 302-03, 359 Adolescents. See Children and adolescents Advocacy groups, 73, 76, 129, 144, 168-69, 171, 273, 297, 329, 361-64, 369, 374, 390, 392, 434, 475 Affirmative action, 100, 127-29, 410, 413, 421, 423, 464 Africa, 322 African-American. See also School desegregation children in foster care and single-headed households, 35, 62, 95, 98-100, 230 community in Buffalo, New York, 97, 100, 438 community organizations, 97, 319, 336-37, 378, 407, 438-42, 450 coping and support, 62, 96-97, 99-100, 108, 230, 250, 252, 334, 336, 439 leaders, 412, 439, 440-42 HIV/AIDS rates, prevention, and health promotion, 30, 314-316, 319, 322 labeling and discrimination, 62, 96, 98, 128, 133, 213, 229, 252, 314, 336, 404-10, 413, 415, 424, 463 mental health and prevention services, 79, 308, 310, 312 migration, segregation, and mobility, 45, 97, 99, 133, 136, 183, 337, 404, 410-11, 422, 441 schools and students, 8, 96, 394, 408-10, 412-22, 424, 441-42, 463

socio-economic or poverty status, 8, 37, 79, 95-100, 128, 136, 183, 230, 252, 310, 404, 406, 408, 422, 463 victimization, 97-98, 314, 325, 406, 408, 450, 454 Al-Anon, 327-28, 336, 345, 348, 350, 357-60 Alateen, 328 Albany, New York, 446-47 Albuquerque, New Mexico, 412 Alcohol abuse, 15-16, 20-22, 29, 33, 38, 44-45, 71, 80, 94, 103, 107, 111, 121, 123, 168, 202, 207, 215-16, 231, 261, 282-83, 285, 288, 304, 327-28, 332-333, 336, 344-45, 349-50, 352, 355-60. See also Substance abuse Alcoholics Anonymous (AA), 137, 168, 215-16, 327-28, 332-333, 343-45, 348-50, 352, 354, 359-61, 430 ideology in, 342-44 and recovery from alcohol abuse, 355-58 Alliance for the Mentally Ill. See National Alliance for the Mentally Ill Aloneness, loneliness, and social isolation, 14, 28, 44-46, 51-52, 168, 170-71, 201, 207, 234, 246-47, 257, 260, 278, 281, 284-85, 304, 331, 335-36, 338-39, 342, 350-51, 356-57, 359, 364, 422, 437 American Evaluation Association, 470 American Journal of Community Psychology, 124, 171, 179, 403 American Orthopsychiatric Association, 470 American Psychiatric Association, 213, 334 American Psychological Association, 64, 90, 409, 464, 466, 469-70 American Public Health Association, 470 Annals of the American Academy of Political and Social Science, 99 Anthropology, 68, 179, 201, 470-71, 473 Antisocial Personality Disorder or antisocial behavior, 20 (table), 218, 273, 282, 285 Arthur v. Nyquist, 426n.11 Asia, 476. See also Hong Kong Asian-Americans and Pacific Islanders, 30, 45, 79, 127, 315, 412-13, 421 Assertive Community Treatment (ACT)/Assertive community supports, 74-75, 106, 151, 192, 263, 390 Asset-based community development (ABCD), 130, 434 (figure), 437 Atomic weapons testing in Nevada, 110 Attention Deficit Disorders, Children and Adults with (CHADD), 329 Austin, Texas, conference, 468-69, 478n.1

Australia, 170, 196, 354, 475-477 Bankruptcy, 39 Baxtrom v. Herold, 141 Bedford-Stuyvesant Restoration Corporation, 442-43 Behavior-environment congruence, 133-34, 191, 352. See also person-environment fit Behaviorism (operant psychology), 67-68 Behavior setting theory, 157, 168, 180-87, 190, 192, 316-17, 352-53, 364 Belton v. Gebhart, 425n.7 Bereavement, 45, 106, 226, 263, 329 Bhopal, India, 109 Births out of wedlock, 33, 38, 95, 98, 295 Blacks. See African Americans Blaming the victim, 6, 301, 415, 429-30 Block organizations, 97, 132, 172, 186, 262, 438 Bonding relationships, 169-70, 172, 175-76. See also Sense of community; and Social capital Boston, Massachusettes, 49, 224, 411, 439 Bridging relationships, 169-70, 172-73, 176-77. See also Social networks; and Social capital Briggs v. Elliott, 425n.7 Brown v. Board of Education of Topeka, 55, 64, 404, 407, 409-11, 413, 419, 425n.8 Buffalo Area Metropolitan Ministries, 417, 419 Buffalo, New York, 97, 100, 121, 134, 332, 349, 416-19, 421, 426n.11, 438, 447 Burnout of workers, 162, 370, 376-77 Cambridge and Somerville Program for Alcohol Rehabilitation, 359-360 Cambridge-Somerville Youth Study, 284-85 Capacity building, 434 (figure), 436, 456 Caribbean Basin, 476 Case management, 73-74, 263 Caucasians. See Whites Center for Health, Environment, and Justice, 449-53, 456 Centers for Disease Control, 317 Change. See Community development and Organizational change and development Chernobyl, Russia, 31, 110 Chicago, Illinois, 23, 136, 143, 146, 314, 442, 454 Child and Adolescent Service System Program (CASSP). 80 Child protection laws, 146-48

Child Protective Services (CPS), 26, 51, 248, 280.369 Children and adolescents abused or neglected, 18, 25-26, 34, 51, 71, 80-81, 83, 130, 132, 167, 209, 281, 289, 302 (table), 306, 369, 437 adoption of, 34, 76, 81 (table), 148, 217, 303 care of, 41, 43, 81 (table), 83, 98, 108, 297, 307, 312, 339, 352, 443-44 and crime or delinquency, 23-24, 41, 44, 55, 81 (table), 82, 97-98, 107-08, 121, 123, 136, 151, 200, 202, 212, 261, 275, 277, 284-85, 288, 291, 295, 305, 309, 387, 439 custody problems involving, 35-36, 146, 217, 248, 279, 286, 305, 334, 337 problems of, 24-26 resilient, 26, 35, 229-31, 239-40, 287, 289 residential care of, 16-18, 82-83, 159, 387 services for, 25, 69, 78, 80-82, 121, 294, 316 Chile/Chileans, 112, 228 China/Chinese, 137-38, 208, 347, 421, 423, 425n.4 Christians in Recovery, 328 Citizen participation. See participation, of citizens and residents Citizens' Clearinghouse for Hazardous Wastes. 453. See also Center for Health, Environment, and Justice Citizens Commission on Desegregation and Citizens for Quality Education (C4QE), 419 City of Cleburne, Texas, v. Cleburne Living Center, 215, 387 City University of New York, Program in Environmental Psychology, 196n.2 Civil rights, 141 laws, 136, 407 litigation, 141, 391, 408, 425n.3 movement, 8, 55, 66, 69, 85, 252, 334, 424-25 groups and organizations, 97, 333-34, 342, 438-41, 444 Clark Atlanta University Environmental Justice Research Center, 450 Classroom Environment Scale, 160 Cleveland, Ohio, 410 Clinical psychology, 5, 64-65, 72, 85, 90, 469 Clubhouses, 76 Cognitive and behavioral construction competencies, 193, 292, 300 Cognitive antidotes, 342-44, 365. See also Self-help groups

Collective efficacy, 169-71, 173-74, 177, 434 (figure). See also Empowerment Columbia University Law School, 410 Communitarianism, 172-73, 298 Community, 118, 126 Community action, 51, 65, 76, 171, 250, 451, 454, 470 Community Adaptation Scale, 359 Community-based health promotion, 171, 292, 315.321-22 Community competence, 433 Community confidence, 173-74 Community development, 174-76, 292, 432-44. See also Economics and Employment **Community Development Corporations** (CDCs), 435, 438, 441-44 Community Development Society, 470 Community-environmental psychology, 179-80, 196n.2 Community mental health, 5, 54, 69-70, 74, 428 History of, 55-56, 59, 61-67, 69, 77, 85, 132, 224.389 Community mental health centers, 17, 65-67, 69, 77, 372, 401n.1 Community Mental Health Centers Act, 62, 69, 272, 382 Community opposition to perceived threats. 110, 134, 215, 321, 335, 337, 386-87, 445-55 Community organizations, 4, 110, 127, 136, 169-77, 328-30, 336-38, 351-52, 368-73, 378-80, 401-02n.1, 405, 433-56, 471-72, 475 Community organizing, 10, 173, 171-73, 176-77, 238, 329, 419, 435-38, 441, 444-50, 472 (table), 475 Community-Oriented Programs Environment Scale (COPES), 161-62 Community Progress, Inc., 371-73 Community psychology, 3-10, 15, 458, 477-78 international examples of, 170, 475-77 model of, 90-91. See also Dohrenwend model of psychosocial stress opportunities for intervention in, 101-14, 455-56 origins of, 54-55, 64-65, 67-69, 85 principles of practice in, 150-53 relationship of other scientific disciplines to, 4-6, 458-64, 468-75 values and ethics, 6-9, 464-68 Community satisfaction, 171-74 Competence building, 195, 274, 292-301, 319, 324, 430, 433. See also Prevention Competence to stand trial, 144

Consciousness raising groups for women, 339-41, 346, 348, 354, 365n.1 Consultation, mental health, 67, 74, 83, 151, 160 Consumers of mental health/retardation services, 36, 50, 58, 69-70, 73-78, 103, 126, 129, 132-36, 139-40, 144, 153, 185-94, 263-65, 301, 361-62, 388-92, 432. See also Mentally ill, Mentally retarded. National Alliance for the Mentally Ill as providers of services, 76, 134, 327-33, 339-49, 353-60 Consumer Advisory Board v. Glover, 392 Contamination. See Disasters and Environmental threats **COPES**, See Community-Oriented Programs Environment Scale Coping, 4, 29, 91 (figure), 103-05, 193-94, 233-45, 266-67, 296, 316, 321, 324n.2 and culture, 252-54 individual and situational differences in, 243-45 religion in, 245 in self help, 331-33, 339-42, 348 Cost-effectiveness, 84, 130, 236, 273, 275-76, 281, 283, 292, 297, 309, 314, 323, 360, 364, 452 Crime, 8, 23-24, 32, 40, 44, 49, 55, 95, 97, 99, 100, 109, 126, 132, 142-43, 146-47, 178, 199, 205, 355, 422, 429, 439, 459 prevention, 171, 173, 178, 285, 309, 434 (figure), 437 Criminal justice system, 18, 20, 49, 84, 140, 142-47, 200, 202, 242, 355, 369 Criminalization of persons with mental illness, 18, 71, 139, 142-44, 165 Crisis intervention, 72, 91 (figure), 101-02, 151, 263, 275, 283, 361, 388, 469 Crisis theory, 224-27, 234, 272, 437 and stages of crisis resolution, 241-43 Cuba, 476 Cult of curability, 57 Cultural diversity. See African-American, Asian-Americans and Pacific Islanders, Hispanics or Latinos, Homosexuality, Labeling - and cultural stereotypes, Niche breadth, School desegregation, Whites Davis v. County School Board of Prince Edward County, 425n.7 Debt, 39-40 Declaration of Independence, 57, 405

Deinstitutionalization, 61, 70, 73, 140, 192, 199, 263

and homelessness, 70-71 of the mentally ill, 16, 58, 70, 73, 128-30, 133, 136, 144-45, 153, 194, 211, 384. 388-89 of the mentally retarded, 137, 145, 384 Delinquency. See Children and adolescents and crime or delinquency Desegregation. See School desegregation Detroit, Michigan, 412 Deviance. 198-201, 204 (figure), 205, 215-16, 218, 430; See also Labeling amplification, 208 control, 63, 203, 205, 346 primary, 199-200, 203, 205-07, 219, 429 secondary (career), 199-201, 218 and self-help groups, 333-34, 346 Diagnosis benefits of, 218 inadequacies of, 20, 24, 46, 50, 90, 114-15, 132, 142, 145, 432 and labeling, 198, 207-11, 213, 217, 282 Diagnostic and Statistical Manual of Mental Disorders (DSM), 44, 52, 145, 208, 210.334 and homosexuality, 334 Dioxin, 107, 451-54, 459. See also Environmental threats Disasters, 30-32, 44, 102, 109-10, 178, 223, 226, 445, 448. See also Environmental threats Discrimination. See African-American, labeling and discrimination; and Segregation Divorce, 33, 35-36, 44-46, 48, 52, 110-111, 217, 227, 240, 247, 255, 260-61 children of, 35-36, 111 249-50, 262, 305 self-help groups for those coping with, 106, 336-37, 340, 364 Dohrenwend's model of psychosocial stress, 10, 28, 90-95, 97, 101-115, 151, 179, 193, 219-220n.2, 221-222, 229, 231-33, 245, 469 Drug abuse. See Substance abuse; and Alcohol abuse Drug Abuse Resistance Education (D.A.R.E.), 321 Early Head Start. See Head Start Ecological disasters. See Disasters and **Environmental threats** Ecological psychology. 64, 179-80, 357; See also Behavior setting theory Ecological-Psychopolitical Model for community action-research, 471-75, 477 Ecologies, 163-65, 223-25, 351, 473

Ecology or ecological systems and theory in community psychology, 6-8, 10, 15, 44, 46, 72, 95, 97, 100-01, 117-56, 162-63, 166, 174-75, 187, 191, 195, 197, 219, 232, 281, 289, 301, 305-06, 322-23, 333, 367, 427, 430, 434 (figure), 435, 437, 442, 455-56, 477 and law, 139-48 and practice, 150-53, 350, 358 principles of, 83, 126-37, 155, 187, 300, 318, 349, 442. See also Adaptation; Interdependence; Resources; Succession and research, 121-25, 161, 187, 458-64, 470-75 and self-help, 349-53 and values, 149-50 Economics, 7-9, 14, 24, 31-33, 45, 68, 92-93, 106, 119, 187, 223, 227, 230, 233, 240, 252-53, 261, 263, 265, 370, 379, 382, 469, 471, 473. See also Community development, Employment, and Poverty and community action/development, 174-76, 428-30, 433-38, 440, 444, 449 and ecological principles, 126-27, 130-31, 135-36, 138, 455 and environmental justice, 451, 454, 472-74 and homelessness, 38-39, 71-72, 375 and inadequate income due to unemployment, debt, or divorce, 35-43, 95-101, 111-12, 376 of the mental health system, 17, 48, 55-56, 58, 61-62, 64, 191-92, 214, 389, 428 and prevention, 272, 283-85, 291, 297, 309, 320 and school reform and desegregation, 399-400, 404, 408, 410, 422, 425 and self-help, 327, 331-32, 335, 357-58, 361 Ecosystem, 118, 126-28, 132, 140, 142, 145, 436, 438 Educational reform, 274, 393-400 Elderly, 4, 16-18, 30, 48, 56, 61, 70, 137-38, 158-59, 179, 184, 228, 245, 248-50, 260, 285, 291, 336, 387 Elizabethan Poor Laws, 56-57. See also Economics and Poverty **Emancipation Proclamation**, 406 Employee Assistance Programs (EAPs), 265, 275, 283, 376 Employment, 6, 8, 33, 41-44, 48, 55-56, 65, 68, 126-28, 131, 135-36, 167-69, 184-85, 191-92, 210, 215-16, 273, 275, 290,

300, 374, 377, 455. See also Economics and Poverty and community action/development, 434. 438, 442-44, 454 and homelessness, 71-72, 432 and Residential Youth Center, 371-73, 383 and stress and coping, 37-39, 92, 95-100, 104-06, 111-13, 240, 248, 252-53, 263, 376-77.385-86 and support interventions for people with disabilities, 263-65 Empowerment, 4, 6, 52, 66, 102, 113, 120, 188, 191, 195-96, 292, 315-16, 320, 456, in community development, 434 (figure), 436, 456 in the Ecological-Psychopolitical Model of community action-research, 472 (figure), 473, 477 in environmental causes, 110, 352, 474-75 in organizations and settings, 162, 171, 377-79, 401, 419, 436 paradoxical aspects of, 430-33 in self-help groups, 327, 351-52, 361 in social action, 444, 449 and social capital, 169-77 Encoding strategies and personal constructs, 193-94, 254 Environmental Design Research Association, 470 Environmental racism and justice, 450-54, 472 (figure), 474-75 Environmental psychology/environment and behavior, 177-80, 192, 196n.2, 472 (figure), 474-75 Environmental threats, 30-32, 109-110, 178, 238, 352, 434 (figure), 436, 445-55, 471, 472 (figure), 475. See also Dioxin; Disasters; and Stressful life events Epidemiology, 15, 19, 51-53, 320, 459-60. See also Prevention, basic concepts in; Prevention, public health model of; and Public health. Equal Rights for Fathers, 337 Ethics of community intervention, 282, 464-68 European-Americans. See Whites Evaluation research, 3-4, 6, 15, 65, 74, 111, 156, 162, 180, 385, 403, 458, 469-70, 474, 476 of consultation services, 160 of crisis intervention, 101 of educational reforms, 297-99, 393-400, 461 of mental health care settings, 59, 185, 192, 301, 360-63, 387-90

of mentoring and other youth programs, 261, 373 politics of, 377, 402n.2, 458-64 of prevention programs, 282, 284, 287, 306-08, 311-12, 313, 316, 323-24 of self-help groups, 353-55, 359, 364 Fairweather lodge, 157, 187-192, 195, 203, 206.367 Families blended, 36, 62 female-headed or single parent, 32-33, 37-38, 62, 84, 98, 100, 111, 308, 330, 336, 418, 432 impact of problems on, 16-17, 19, 25-27, 34, 37-39, 48-49 involvement in Head Start by, 307-13 and mental illness, 25, 248, 340, 344, 355, 361. See also National Alliance for the Mentally Ill self-help and the ideal model of, 339-42 social support and the ideal model of, 254-56, and work and finances, 41-42. See also Economics and Employment Family Environment Scale, 158 Fathers Rights Metro, 337-38 Fear of crime, 23, 109, 171, 218, 241-42 Federal Emergency Management Agency (FEMA), 30 Feminization of poverty, 98-99. See also Poverty, gender and Gays. See Homosexuality Geel, Belgium, 133-34, 206 Gemeinschaft, 176. See also Bonding; Neighboring; and Sense of community Gender and alcohol and substance use, 22 and criminal victimization and offending, 18-19, 23-24 and divorce and, widowhood, 35, 45-46 and HIV and herpes infection and other medical problems, 27-30, and psychological distress, 46, 101-02 and self-help, 327, 332, 334, 337, 343, 348, 354. See also Consciousness-raising and social roles and rules, 42, 163, 166 and work and income, 8, 37, 41-42, 133 Genital herpes. See Herpes Germany, 476 Gesselschaft, 176. See also Bridging; Social networks; and Participation Glad game. See Pollyanna Gong Lum v. Rice, 425n.4 Green v. County, 415

Group Environment Scale, 158 Group homes for the mentally ill and mentally retarded, 16-17, 19, 134-35, 137, 161, 214-15, 387 GROW (self-help groups), 158, 187, 348, 353-54 Habitat, 128, 131, 352 Harlem Valley Psychiatric Center, 387-90, 402n.3 Harvard Laboratory for Community Psychiatry, 65 Head Start, 84, 108, 113, 153, 156, 273, 293, 306-13, 324, 367, 394, 401n.1, 432, 455 and IQ scores, 307-10 Health care costs due to alcoholism and job stress, 355, 376 managed, 47, 50, 74-75, 77-78, 80, 82. 209, 273, 363 reform of, 273, 320, 322, 324n.1, 332 Health promotion, 171, 292, 315, 321-22, 472 (figure) Healthy People 2010, 21, 272, 304 Helper-therapy principle, 347, 360 Herpes, 27-29 Hispanics or Latinos, 30, 37, 108, 412, 421-22 History of community psychology, 61-69 of mental health care, 54-64, 69-70, 73-74, 76-78 of school desegregation and civil rights litigation, 404-22 Homebuilders (assertive support program), 75 Homelessness, 16, 38, 70-72, 75-76, 80, 126, 132-33, 136, 138, 205, 432 Homosexuality (gavs, lesbians), 133, 199, 207. 250, 314, 316, 320, 328, 334-36, 342, 346, 363, 430 Hong Kong, 137-38 Hooker Chemical Company, 447, 456n.2 Housing, 6, 30, 38, 56, 65, 71-72, 74-75, 77, 96, 100, 112, 123, 126, 132, 136, 138, 170, 172, 178-79, 184-85, 262-63, 375, 411, 432-35, 437-38, 441-44. See also Homelessness Houston, Texas, 394-95 Howard University, 407-08 Human Immunodeficiency Virus (HIV). See Acquired Immune Deficiency Syndrome

Identity. <u>See</u> Social identity Ideology, 66, 69, 150, 154, 172, 319, 474

and the family model of social support, 254-55 in self help groups, 165, 168, 324n.2, 339-46, 349-51, 359, 362 and setting creation and change, 5, 58, 368-71, 389 Illinois, 146-47, 354 Improving Social Awareness-Social Problem Solving (ISA-SPS) Program, 294-96, Incidence, 50, 63, 102, 105, 112, 113, 147, 227, 355, 359-60 definition of, 15, 274-75, as related to prevention, 274-75, 278-79, 284, 287, 289, 291-92, 301, 304, 314-15, 318, 323 Income. See Economics, Employment, and Poverty Industrial/organizational behavior/psychology, 4, 379, 469 Institute of Medicine (IOM) of the National Academy of Sciences, 272 Interdependence, principle of, 120, 128-29, 136, 138-40, 142, 145, 151, 153, 187, 367.467 Interdisciplinary, 31, 177, 179-80, 195, 196n.2, 458, 468-71, 473, 476-77 Internet, 329, 342, 346, 363-64 International community psychology, 170, 476 Interpersonal cognitive problem-solving skills, 184, 293-95 Involuntary hospitalization, 70, 73, 139, 141, 202, 361-62 IQ scores, 229-30, 294 and Head Start, 307-10 Isolation. See Aloneness Italy, 170, 476 Israel, 170, 476 Jackson v. Indiana, 144 Jails and prisons, 16, 18-19, 23-24, 48, 55, 57-58, 82, 98, 140, 143-45, 166, 198, 211-12, 355, 383, 386, 390 Japan, 109, 128, 373 Job Corps, 371-72 Job enrichment, 377-78 Jobs. See Economics and Employment and Poverty Job stress, 376-77 Joint Commission on the Accreditation of Hospitals, 388 Joint Commission on Mental Illness and Health, 46, 61, 80, 272 Joint Commission on the Mental Health of Children. 80

Journal of Social Issues, 64

Juvenile delinquency. See Children and adolescents and crime or delinquency Juvenile justice system, 18, 24, 48, 80, 81 (table), 82, 212, 262, 309 Keyes v. Denver, 410, 416 Korea, 128 Ku Klux Klan, 152 Labeling of deviance, 108,334, 384, 429, 431 and cultural stereotypes, 202 and diagnosis, 207-11 and prevention, 276, 278, 285, 467 sociological theory of, , 198-220, Critique of, 217-18 Laboratory for Community Psychiatry at Harvard, 65 Lackawanna, New York, 127-28 Latin America, 476 Latinos. *See* Hispanics Law enforcement. See Police; and Criminal justice system Law, use of social research in, 410, 413-15 Legler community in Jackson, New Jersey, 110 Leisure in American society, 43-44 Liberation, 343, 471-75, 477 Liberator, 343 Loneliness. See Aloneness Los Angeles, California, 18, 144 Love Canal, 31, 92, 106, 109, 213, 352, 402, 445-50, 453-54, 456n.1-2, 459-62 Love Canal Homeowners Association, 335, 337, 348, 362, 445-448, 454, 475 Male Marriageable Pool Index (MMPI), 33, 99-100 Managed care, 47, 50, 74-75, 77-78, 80, 82. 209, 273, 363 Markov chains, 302-04, 306 Marriage, remarriage, and parenthood, 32-33, 35-36, 99-100, 111, 147-48, 217, 226, 313 Mass media, 9, 60, 102, 146, 314, 318, 338, 348, 353, 446-47, 453, 456 Matrix organization, 372 "Maximum feasible participation," 66 McLaurin v. Oklahoma State Regents for Higher Education, 425n.5 Medical illness, 26-30, 313-20 Medical model, 7, 21, 48-53, 58, 74, 83-84, 114, 198-99, 225, 283, 331-33, 358, 361, 464-65 Medications. See Psychotherapeutic drugs Mental health care. See also Psychosocial Rehabilitation

barriers to, 46-50, 77-78, 332 for children, 24-25, 79-85 history of, 54-64, 69-70, 73-74, 76-78 inpatient, 16-17, 20, 73-74, 139. See also Mental hospitals intervention spectrum of, 276 (figure) least restrictive setting for, 185 for ethnic minorities and non-native speakers, 78-79 outpatient, 19-21, 76-77, 196n.3 private, 17, 47, 49, 57-58, 74, 77-78 professional personnel available, 46-48 as social support, 219, 248, 251 Mental Health Law Project, 391 Mental hospitals, 16-17, 47-48, 55, 57-59, 60, 70, 73, 139, 141-42, 198, 202, 210-11, 383, 386. See also Mental health care, history of and inpatient alternatives to, 74-78, 388 chronic patients in, 58-59, 200, 218 as an example of organizational change, 387-90 employment provided by, 58, 389 lengths of stay in, 17, 73, 236, 353 and politics, 57-58 private, for-profit, 74 as "total institutions", 139, 149, 211 Mental illness, 59, 193 labeling theory of. See Labeling people with. See also Consumers criminalization of, 18, 139-40 dangerousness of, 139, 141-43 families of, 144, 214, 247-48, 340, 344-45, 361-62. See also National Alliance for the Mentally Ill rights of, 70, 140-41, 185, 188, 189 (table), 196n.3, 212, 361, 375, 383, 431 social status of, 189 (table) public stereotypes of, 202 and social class, 63, 149 Mental retardation court-ordered change in care for, 390-93 people with, 70, 135, 215 special settings for, 17, 25, 62, 70, 215, 384, 387, 391-92 prevention of, 309. See also Head Start Mentoring programs, 261 Mexico/Mexicans, 316, 476 Michigan Jobs Project, 99, 105, 112, 273, 290 Michigan State University, 65 Michigan welfare reform, 375 "Midwest", community of, 181-82 Military psychiatry, 59-60 Milliken v. Bradley, 411 Mobility, residential, 45, 331

Moralnets, 262, 327, 341. See also Self help Mothers Against Drunk Driving (MADD), 343 Multiple levels of analysis or intervention, 3-5, 7, 10, 72, 95, 110, 117-19, 123-24, 129, 169, 171-75, 177-78, 183, 187, 299, 301, 351, 376, 379, 404, 430, 434 (figure), 436, 471, 472 (figure), 473-75, 477 Mutual aid organizations, 172, 331, 439-40. See also Self-help groups Mutual criticism, 346, 373 Mutual help groups. See Self-help groups Mutual obligation, 56, 78 Narcotics Anonymous, 261, 328, 350 Nation of Islam, 440 National Advisory Mental Health Council, 79 National Alliance for the Mentally Ill, 144-45, 214, 339-40, 344-45, 361-62 National Assessment of Education Progress (NAEP) tests, 396 National Association for the Advancement of Colored People (NAACP), 407-10, 440 National Association for Mental Health, 349 National Association of School Psychologists, 470 National Center for Education Statistics, 25 National Institute of Mental Health (NIMH). 61, 65, 361 National Negro Business League, 440 National Self-Help Clearinghouse, 329 Native Americans, 30 Neighboring, 132, 169-74, 176, 191, 281, 328, 351, 434 (figure) Neurosis, psychoanalytic conception of, 51, 225 New Haven, Connecticut, 371-72 New Mexico, 47, 412 New Orleans, Louisiana, 406, 450 New York City, New York, 30, 291, 297, 298, 316, 318, 321, 382, 448 New York City More Effective Schools Program, 382 New York State Health Department, 446-47, 460-62 New York University (Program in Community Psychology), 64 New Zealand, 261, 476 Niche, ecological, 133-35, 139, 142, 145, 150, 175, 207 Niche breadth, 133, 135, 142, 150, 182, 222, 350, 442 No Child Left Behind Act (2001), 311, 393 Normative ecology, 164, 223, 253

Moral therapy/treatment, 57-58, 431

"Not In My BackYard" (NIMBY). See Community opposition to perceived threats Nursing homes, 16, 18, 48, 70, 159-60 O'Connor v. Donaldson, 383 Office of Economic Opportunity, 65, 307 Oneida community, 206 **Operation PUSH**, 440 **Operation Rescue**, 329 **Operation Return**, 264 **Opportunities Industrialization Center**, 440 Oppression, 52, 152, 222, 334, 383, 471-477 of mental health system, 50, 149, 198-99, 361 of segregation, 404, 424 Organizational change and development, "before the beginning" stage, 55, 369, 372, 388.438 conflict as essential to, 152, 158-60, 164, 174, 176, 369, 374, 444 and empowerment, 162, 171, 377-79, 401, 419, 436. See also Empowerment in existing organizations, 367-68, 373-401 first- and second-order, 375 ideologies in, 4, 369, 372, 383, 389 leadership in, 361, 371, 379-80, 388, 391-92, 401, 437, 441-42, 450 media publicity effects on, 338, 348, 353, 446-47, 453, 456 and organizational learning, 379-80, 472 (table) and organizational structure, 372-73, 375-78, 386, 389, 401 production and satisfaction goals of, 380-81 social and political context of, 381-87, 390-400 types of, 375, 377 under court supervision, 383, 390-93. See also School desegregation Oskaloosa ("Midwest"), Kansas, 109, 181 Paradox, 173, 259, 430-33, 455-56, 468 Paraprofessionals, 66, 261, 383, 388 Parents Anonymous, 328, 360 Parents and Friends of Gays and Lesbians (PFLAG), 328, 334 Parents Without Partners, 111, 327-28, 336 Parham v. J. and J. R., 207 Participation of citizens and residents, 6, 79, 132, 169-76, 183, 307, 319, 322, 328, 416, 433-39, 442, 449, 456 of clients or patients, 6, 66, 85, 185, 190-91, 199, 350-51, 373, 384 of workers, 377, 379

Partners and Friends of Incest Survivors, 328 PCB dairy farms in Michigan, 110 Peace Mission Movement, 440 People of Color Leadership Summit, 450 Perceived social climate, 157-162, 195 personal development dimensions (independence, achievement), 158, 161, 191, 299, 350 relationship-oriented dimensions (cohesiveness, conflict), 158, 191, 299, 350 in self help groups, 350-51 system maintenance and change dimensions (organization, control), 158-59 Perry Preschool study, 308-310 Personal Responsibility and Work Opportunity Reconciliation Act, 37, 312. See also Welfare, reform Person-environment fit and interaction in behavior-settings, 185-88 in conceptualizing problems, 5, 7, 135, 150, 156-57, 161, 166, 168, 177, 184, 195, 222, 300-01, 385 in self help groups, 330, 333, 349-50, 352 Pineland (Maine) Center, 391-92 Place attachment, 32, 173-74, 176, 179, 432 (figure) Plessy v. Ferguson, 406-09, 425n.4 Poland, 476 Police, 23, 30, 63, 84, 112, 140, 142-45, 166, 202, 205, 242, 248, 369, 372-73, 439 Political action. See Social and political action Political environment/context, 7, 129, 187, 320, 434 (figure), 456, 459, 472 (figure), 473 Political science, 68, 173, 175, 400, 470-71 Pollyanna (and the Glad Game), 235, 238, 244 Positive mental health, 55, 63, 193, 291-97 Poverty, 36-40, 72, 80, 95-100, 113, 126, 149, 222, 239, 399, 428-29, 471. See also Economics and Employment gender and, 32, 35, 98 and Head Start, 307, 432 index of. 37 War on, 55, 64-66, 76, 149, 307, 371-72, 401n.1, 432, 438, 440 Power relationships, 67, 140, 142, 149, 167, 169, 229, 401, 410, 418, 458, 463, 471, 473-74, 477. See also Empowerment; Social and political action; and Political environment/context in communities, 66, 153, 428-29, 440, 449, 461, 478n.4 defined. 382 and labeling, 204 (figure), 205, 213

in organizations, 371, 377-79, 381-83, 387, 389 and prevention, 280, 320 and self-help (individual vs. "higher" power), 194, 343-44 and social capital, 176-77 and social support (referent power), 251 Pregnancy, 41, 33, 104, 257, 319, 325n.3, 453 complications or miscarriages of, 28, 33-34, 109, 112, 228, 447, 460 out of wedlock, 294, 302-03. See also Births out of wedlock President's Commission on Mental Health, 78, 80.272 Prevalence, 18-21, 24-26, 50, 60, 79-80, 90, 112, 114, 271, 283, 291, 317, 323, 359-60 definition of, 15, 274-75 Prevention, 3-4, 8-9, 15, 22, 28-30, 59, 63, 69, 78, 84, 103-05, 109-15, 233, 236, 240-41, 243-45, 259 (figure), 266, 271-325, 367-68, 376, 437, 469 basic concepts in, 274-77 of child maltreatment, 279-81 cost-effectiveness of, 273, 276, 281, 283, 286, 314, 320 through education, 52, 103-05, 320-21 of HIV/AIDS, 28, 186, 262, 273, 284, 313-22. 324. 375 indicated. See Secondary prevention media-based, 9, 314, 318 politics and values in, 272, 274, 280, 284, 291-92, 301, 303, 307-08, 314, 318, 320-21, 430-32, 467 Primary (Universal and Selective), 63, 104, 244, 275-76, 283-324. See also Competence building accident prevention model of, 286, 301-06, 316-17, 324 partner violence and, 303-05 teen pregnancy and, 302-03 competence-building model of, 292-97, 299-301 protective factors and, 243, 286-88, 319 public health model of, 4, 8, 274-75, 283-84. See also Epidemiology research and development of programs in, 290-91 risk factors and, 278-81, 287-89, 296, 304 Secondary (Indicated), 275-83 prediction errors in, 278-82 Selective, 276, 278, 286, 307-314. See also Head Start; and Prevention, primary Tertiary, 275

Universal, 276, 278, 286 See also Prevention, primary Prevention in Human Services, 171 Primary Mental Health Project, 103, 274, 277-78, 367 Prisons. See Jails and prisons Problem definition, 15, 118, 153, 428-33, 455 Problems in living, 8, 15-46, 48, 50, 52, 67, 202, 208, 257, 327, 331, 333, 335, 345 Program evaluation. See Evaluation research Prohibition, 459 Project Head Start. See Head Start Psychiatric hospitals, 16-17, 74, 82, 202, 387-90. See also Mental hospitals Psychiatry/psychiatrists, 20, 46-50, 57-60, 63, 65, 141, 150, 199, 202, 208, 227, 272, 328, 357, 383, 471 Psychoanalysis, 59, 119, 225 Psycho-educational Clinic, Yale University, 371 Psychological mediators, 91 (figure), 93-96, 99, 103-05, 108, 110, 233, 241, 244, 266 Psychological sense of community. See sense of community Psychosocial rehabilitation (supported education, employment, and living), 74, 263-65, 275, 388 Psychosocial stress. See Dohrenwend model of psychosocial stress Psychotherapeutic (psychoactive) drugs, 43, 55, 333 Psychotherapy, 49, 59, 63, 74, 76-77, 238, 277, 283, 285 compared with self-help, 327, 332-333, 354, 356 and health insurance, 50 Public health, 4, 8, 274-75, 283-84, 469. See also Epidemiology; and Health promotion Puerto Rico, 476 Rand study on Texas education, 396 Rape, 23-24, 242, 249, 303-04 Reach. 349 Recovery from Mormonism, 328 Recovery, Inc., 194, 328, 343-46, 348, 350, 354 Religion, 36, 76, 133, 137, 171, 201, 206-08, 224.373 and coping, 245 and self-help, 331, 336, 338, 343, 345, 356, 358 Rescue workers, 30-31, 102, 106 Residential Youth Center (RYC), 371-73, 383, 401

Resilience, 26, 225, 229-31, 239-40, 243-44, 287, 289. See also Children and adolescents, resilient Resource exchange, 120, 153, 172, 374 Resources access to, 8, 52, 96, 106, 125, 127, 129, 140, 150-51, 234, 349 and community development and empowerment, 428-30, 433-34, 436-40, 456 competition for, 9, 65, 125, 129, 369-70 cycling of,130-31, 138-39 Rochester, New York, 277, 367 Roe v. Wade, 76, 401n.1 Roles/role theory, See Social roles San Antonio Independent School District v. Rodriguez, 423 San Francisco, California, 191, 206, 421, 423 Schedule of Recent Experiences, 227 School desegregation, 10, 404-26. See also Segregation busing to achieve, 405, 410-11, 415-18 magnet schools and, 397, 417-18, 420-21 Social Science Statement and, 64, 409, 413-15 social science theory in, 413-16, 425n.8 School Transitional Environment Program (STEP), 296-97 Schools in Buffalo, New York, 416-19, 421, 426n.11 in Gary, Indiana, 461-62, prevention in, 273-75, 277-78, 289, 294-99, 320-21 as settings, 180-82, 415-16 Scientific research, values, and epistemology, 3, 6, 57, 60, 68-69, 117-20, 124-26, 150, 154n.2, 424-25, 452-53, 457-64, 474 Secondary gain, 93 Secondary prevention. See Prevention, secondary (indicated) Segregation, 97, 133, 136, 252-53, 422, 424, 441. See also School desegregation and belief in the inferiority of African Americans, 404-07, 463 and prejudice, 404, 413-14 and the "separate but equal" doctrine, 406, 408 stigmatizing effects of, 108, 407-08, 413 Select Committee on Children, Youth and Families, 80 Select Committee on Public Education (SCOPE), 393

Self-help groups, 51, 106, 184-85, 194, 326-65, 401n.1 advocacy organizations as, 144, 329, 361-64 dynamics of, 338-49 ecological concepts in, 131, 137, 349-53 effectiveness of, 353-60 growth of, 327-333 and the ideal family, 254, 339-41 nondeviant roles provided by, 168, 207 and recovery from alcoholism, 355-60. See also Alcohol abuse and Alcoholics Anonymous starting, 360--61 types of, 333-38 Self-maintenance ecology, 163, 223, 351 Sense of community, 179, 182-83, 191, 412, 468 in organizations, 370, 372, 454 as a psychological dimension of social capital, 169-74, 176 and self-help groups, 342, 350-51, 364 Settings. See also Behavior setting theory change in, 373-93 creation of, 7, 150, 161-62, 168, 368-73 homeostatic forces in, 181 provisions for members of, 181, 370 taxonomies for, 159-162, 194 underpopulated, 60, 181-84, 187, 353 values expressed in. 368-71 Settlement houses, 49, 67, 113, 255, 262, 274, 439 Sex education, 104, 129, 152, 266, 288, 303, 321 Sexual abuse. See Children and adolescents, abused and neglected; and Child protection laws Sexual orientation, 199, 207, 250, 334. See also Homosexuality (gays, lesbians) Sexually transmitted diseases (STDs), 27-30, 33, 273, 288, 313-20. See also Acquired Immune Deficiency Syndrome (AIDS)/HIV Disease; and Herpes Shaman, role of, 206 Shelters, 16, 72, 76, 106, 132-33, 304, 316, 401n.1, 465. See also Homelessness; and Psychosocial rehabilitation Sheltered Care Environment Scale, 159 (figure) Sipuel v. Oklahoma State Board of Regents, 425n.5 Situational mediators, 91 (figure), 93-94, 105-06, 233, 267 Slavery, 405-06, 425n.2, 439 Soap operas, 14

Social and political action, 50, 63, 66, 68, 230, 238, 423, 425, 428, 433, 444-56, 472 (figure) and prevention, 91 (figure), 98, 110-13, 233, 274, 469 as self help, 242, 334-35, 340, 361 Social capital, 44, 179, 190-91, 262 in community development, 434 (figure), 435-36 psychological definition of (community cognitions, behaviors, and networks), 169-77 self-help as, 327-28, 330, 351 Social class and mental health care, 63. See also Mental health care, barriers to Social climate. See Perceived Social Climate Social ecology (role system), 150, 163, 187, 223, 322, 351. See also Ecology Social identity, 163, 166, 191, 198, 252-53 degraded, 166-68, 207, 212-13, 336, 364 Social isolation. See Aloneness Social labeling. See Labeling Social networks, 8, 44, 246-50, 259-60, 266-67, 327, 331, 348, 435. See also Neighboring; Social capital; and Social support Social problem-solving training. See Interpersonal cognitive problem-solving skills: and Improving Social Awareness-Social Problem Solving (ISA-SPS) Program Social psychology, 4-5, 64, 69, 85 Social Readjustment Rating Scale, 227 Social roles, 162-69, 191, 219, 223, 258 and self-help, 347, 351 Social Science Statement (to U.S. Supreme Court), 64, 409, 413-14. See also School desegregation Social Security, 37-38, 77, 130, 138, 240, 361 Social support, 7, 29, 32, 60, 91 (figure), 92-100, 219, 229, 245-65, 379 buffering hypothesis in, 253-54, 256, 259 (figure) and coping, 226, 231, 233, 245 and culture, 252-54 and the model of a family, 254-56 interventions for people with disabilities, 263-65 negative, 228-229, 377 and prevention, 105-06, 112, 275, 284, 296, 322 research on, 110, 246-63 in self help, 327, 339, 349, 356-57 and social capital, 172-73, 444, 454 Social work/workers, 4, 20, 46-47, 59-60, 67,

113, 168, 199, 210, 261, 470

Society for Applied Anthropology, 470 Society for Community Research and Action (Division 27 of the American Psychological Association), 90, 469-70, 476, 478n.2 Society for Prevention Research, 470 Society for the Psychological Study of Social Issues (Division 9 of the American Psychological Association), 64, 470 Society of Public Health Education, 470 Society for Research in Child Development, 470 Sociology, 4, 63, 65, 68, 95, 121, 157, 169, 173-75, 179, 198, 400, 409, 450, 470-71,473 South Africa, 232, 239, 475-76 Special education, 25, 108, 200, 395, 405, 412, 422 State University of New York at Buffalo Research Center for Children and Youth, 121 Stigma, 7, 21, 100, 108, 202, 212-219, 222, 232, 235, 320, 381, 478 consequences of, 164, 199, 201, 431 and secondary prevention, 278, 280, 282, 303, 467 and segregation, 95, 407-08, 413 and self-help, 333, 335-37, 345, 351, 361 and social support, 248, 263-65 Strengths orientation, 6, 8, 62, 90, 93, 103, 206, 225, 234, 238, 243, 256, 286-87, 318, 378, 430-31, 434 (figure), 435-38, 449,470 Stressful life events, 15, 32-33, 44, 46, 51, 90, 91 (figure), 92, 114-15, 224, 226, 240, 245. See also Dohrenwend model of psychosocial stress and hassles, 92, 228-30 and individual vulnerabilities, 107-08, 231 and prevention, 112-115, 243, 289-90, 296, 300, 437, 454-55 research on, 35-36, 45, 51-52, 101, 222, 227-30, 244, 258, 283, 306 and social-situational vulnerabilities, 95, 97, 99-100, 109-12, 300 Stringfellow Acid Pits, California, 109 Substance abuse, 21-23, 38, 50, 70-71, 75-76, 78, 80, 143, 248, 261, 376, 428-29, 432. See also Alcohol abuse prevention of, 171, 273-74, 295, 303, 314, 316, 321-22, 324 self-help for, 346, 349, 360 Succession, 136-39, 153, 410, 437 Suicide, 19, 24, 45, 80, 111, 131, 143-44, 147, 247, 249, 335

prevention of, 76, 101-02, 238, 278, 282, 286, 294, 363 Supplemental Security Income, 38, 61, 77, 93, 135 Support groups, 102, 162, 237, 254, 275. See also Self-help groups; and Mutual aid organizations, Support interventions. See Psychosocial Rehabilitation Sustainability (in community development), 434 (figure), 436, 454 Swampscott, Massachusettes, conference, 64, 468 Swann v. Charlotte-Mecklenburg Board of Education, 426n.9 Sweatt v. Painter, 425n.5 Systems theory, 374-75, 380 Ten Points Coalition, 439 Territoriality, 177-79, 192 Testing, 6, 68, 119-20, 299, 311, 394-400, 415. See also IQ scores Texas Assessment of Academic Skills (TAAS), 394-98 Texas "educational miracle," 393-400. See also Rand study on education and the Select Committee on Public Education (SCOPE), 393 "teaching to the test", 397-400 Texas Education Agency (TEA), 394, 396 Three Mile Island, Pennsylvania, 31, 109-110 Times Beach, Missouri, 109 Tough Love, 328 Toxic waste. See Dioxin; Environmental threats Transactional Ecological Psychology, Peabody College graduate program in, 65 Transcendental ecology, 164-65, 223 Transsexuals, 167, 216-17 Trauma-stren conversion, 243-44, 300 Turbulence, of ecosystem, 147, 374-5 Tuscaloosa, Alabama, 109 Tuskegee syphilis study, 314, 318 Unemployment. See Employment Unwed Parents and Grandparents, 328 U.S.v. Cruickshank, 425n.3 United States Administration for Children, Youth and Families, 310, 325n.5-6 Advisory Board on Child Abuse and Neglect, 26, 51, 83, 130-31, 281 Child and Adolescent Service System Program, 80 Constitution, 140-41, 405-07, 423, 426n.2 Thirteenth Amendment, 406

Fourteenth Amendment, 140-42, 406-11.415-22 Fifteenth Amendment, 406 Eighteenth Amendment, 459 Constitutional Convention of 1787, 368 Department of Education, 108, 393, 398-99 Department of Justice, 82 Environmental Protection Agency (EPA), 31, 445, 447-48, 451-53, 455, 461 Federal programs assisting needy children, 80-82 Joint Commission on Mental Illness and Health, 46, 61, 80, 272 Joint Commission on the Mental Health of Children, 80 No Child Left Behind Act of 2001, 311, 393 Office of Human Development, 113 Personal Responsibility and Work Opportunity Reconciliation Act, 37, 312. See also Welfare, reform Public Health Service, 81 President's Commission on Mental Health, 78, 80, 272 Select Committee on Children, Youth and Families, 80 Select Committee on Public Education (SCOPE), 393 Social Security Administration, 37 Substance Abuse and Mental Health Services Administration (SAMHSA), 22 Supreme Court desegregation and, 64, 405-11, 416, 419-20, 422-424, 425n.4, 426n.9 group homes for the retarded and, 215, 387 involuntary hospitalization and, 142, 207Surgeon General, 20, 25, 46, 80-84, 115, 329 Veterans Administration, 61 Universe of alternatives, 51, 68, 148, 368-69, 428 University of Kansas, 64-65 University of Michigan, 65 University of Rochester, 277 University of Texas, 65 Urban Family Institutes, 441 Urban Affairs Association, 470 Urban League, 440 Values

affecting research, 458, 463-67, 477 and community psychology, 4, 6, 9 and leisure, 43-44

and setting creation and change, 368-71, 384, 416 as psychological mediators, 94, 103-04, 223-24 cultural, 242, 383-84 ecological, 117, 124-25, 149-50, 152-53, 162, 164, 168, 170, 173, 223-24 family, and social support, 254-55 implications for prevention, 282, 284, 299, 315.324 of segregated vs. integrated education, 412-13 shared, and self-help groups, 343 value-free perspective of behaviorism, 67-68 work-related, 42-43 Vanderbilt University (Program in Community Research and Action), 65, 196n.2, 470 Venezuela, 170, 476 Victimization, 23-26, 31, 40, 76, 97-98, 132, 224, 242, 249, 280, 304, 338, 355, 430, 439, 467. See also Children, abused and neglected; and Crime Violence, 22-24, 38, 99, 111-12, 132, 228, 232-33, 239, 262, 274, 278-79, 303-05, 325n.4, 406, 408, 411, 439, 444 Volunteer help, 21 (table), 76, 168-69, 250, 310, 318, 322, 379, 435, 471. See also Participation; and Social capital Vulnerability adolescence and, 295 alienation from family and community, 108 biological, 95, 107 competence building and, 300-03 homelessness and, 70, 85, 432-33 in populations, 85, 97, 100 insufficient school preparation, 107-08 job loss and, 104-05 model of abnormal behavior, 231-33, 287-90 prevention and, 103, 105, 323 remedial education, as consequence of, 415 self-help and, 339, 349-51, 364-65 social support and , 245-67 unwed teenage pregnancy and, 302-03 War on Poverty, 55, 64-66, 76, 149, 307, 432, 438, 440 Washington, DC, 23, 30, 113, 291, 391, 412, 441, 443, 447, 449, 450 Welfare, 6, 33, 37, 55-59, 61, 65, 71, 77, 80-82, 84, 95, 98-100, 106, 136, 139, 149, 152, 248, 263, 302, 311 Aid to Families with Dependent Children (AFDC), 37, 81 disabilities and, 38 reform, 38, 98, 312, 375

Westinghouse study of Head Start programs, 307-08 Whites, Caucasians, or European-Americans, 30, 35, 37, 99, 101-02, 127, 129, 183-84, 229, 312, 314, 315-16, 332, 337, 355, 362, 394, 396, 404, 406-19, 421-22, 424, 441-42, 454, 463 Widowhood, 13, 33, 45-46, 56, 106, 240, 275, 336, 364 Woburn, Massachusetts, 109 Work, 36-38, 41-43, 99, 371-72; see also Burnout by persons with mental illness, 188-92, 215-16, 263-65, 275 and relationships, 381, 385-86 gender and parenthood and, 41-42 welfare to work, 37-38, 98 World War I, 61 World War II, 55, 59-61, 64, 85, 99, 272, 408, 410 Wuori v. Zitnay cont'd sub nom Wuori v. <u>Concannon</u>, 386, 391-92 Wyatt v. Stickney, 390 Xavier University (New Orleans) Deep South Center for Environmental Justice, 450 Yale University, 113, 371 YAVIS client in psychotherapy, 49, 327 "Yoredale", England, community of, 181-82 Youth Board of Amherst, New York, 121-23.

125, 128 Ypsilanti, Michigan, 308