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1985–86

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1.

EDITORIAL

Welcome to the final edition of Network for 1986. The article in this edition focuses upon contexts for the growth of Community Psychology in Australia. Brian Bishop's article is particularly relevant considering that Dr John Carroll is attempting to put together the Western Australian section of the Board of Community Psychology.

While on the subject of Western Australia...the Board is very sad to report on the death of one of the key people in Community Psychology in Australia. Professor Robin Winkler died after an extended illness. His passing leaves us with a real sense of loss. The Board salutes one of the greatest in the field.

The articles for the next edition of Network are organised. In the next edition, we will hear about teaching Community Psychology in Australia from John Farhall and Tony Love and hear about the role of the Community Psychologist at the practitioner level in Community Health settings from one of our new members of the Board...Heather Gridley...and her colleagues.

And finally, a warm welcome to three new Board members:

HEATHER GRIDLEY (03) 743 2022
HEATHER BANCROFT (03) 484 0671
JULIE CONTOLE (03) 616 8098

MERRY CHRISTMAS AND HAPPY NEW YEAR

ARTHUR VENO
Dear Member,

The 21st A.P.S. conference at Townsville provided an important opportunity for the Board to give some information about community psychology on progress made to date and to receive feedback from delegates throughout Australia on future directions.

Evident was the need for the Board to continue to develop opinion and policy statements on matters that affect members of the community and community psychologists working in these environments.

It is clear that many psychologists working in innovative areas in the community are change agents. It is highly desirable that the processes of influence which are utilized by practitioners be grounded in theoretical bases and not ad hoc strategies. It is our responsibility to clarify the processes of practice since this constitutes an integral component of community psychology.

Some dilemmas of practice were highlighted at the Townsville A.P.S. Conference.

* how to empower members of the community without inappropriately empowering oneself in the process.

* how to contribute to evaluation of programmes; encouraging recognition of the different value stances held by affected parties, without letting own values intrude.

* how to influence change with the aim of positive outcome but knowing that change may not be positive for all parties.

These are some of the areas of concern in need of careful deliberation and consideration.
3.

With this final Network for 1986, I, on behalf of the Committee, would like to give a very warm and grateful thank you to Art for his timeless energy and excellent production of this journal. It has been very special feature of the Board’s activities.

CLINICAL PSYCHOLOGIST

Due to excessive demand, we require a clinical psychologist (APS member) to join our three member practice. Own room, flexible hours, typing service. Clinical, consultative and supervisory work available. Apply in writing to M.H. Garnett, Ballarat Psychological Service, 705 Mair St, Ballarat 3350.
NETWORK REVIEW

CREATING CHANGE IN SOCIAL SETTINGS: Planned Programme Development
David Twain, Rutgers University

An integrated study of the practical and theoretical aspects of programme planning, organizational development, and programme evaluation in community human services organizations. Presents planners, programme developers, and programme evaluators with a concise discussion of the advantages and disadvantages of both long range (comprehensive) planning and short term ("satisficing") approaches. Provides a blend of sophisticated scholarship and practical applications that can help local "change agents" address their community programme problems more effectively.

THIRD WORLD CHALLENGE TO PSYCHIATRY
Culture Accommodation and Mental Health Care
Howard N. Higginbotham
ISBN 0-8248-0894-0
Culture Learning Institute East-West Center

Howard N. Higginbotham is concerned about the foothold that modern, or Western psychiatry has gained in the developing countries of Southeast Asia, and he believes that now is the time to ask some basic questions about the role that modern psychiatry has played in those countries around the world. Two questions in particular require answers. Are there socioeconomic barriers that limit the feasibility of psychiatry's full development? Are Western therapeutics sufficiently sensitive to Asian cultures? Higginbotham's search for answers to these questions took him to three Asian Countries, where he conducted scores of interviews with mental health practitioners and
planners and observed the psychiatric facilities they operate. **Third World Challenge** is a distillation of his findings.

The results of comprehensive case studies of the mental health systems of Taiwan, and the Philippines comprise three central chapters. Higginbotham describes how modern psychiatry has been transmitted within each of the three countries. He also examines the formidable barriers that prevent "modern standards of care" from being achieved and the failure of the institutional psychiatry to gain community acceptability.

The author concludes the monograph with his vision of how psychiatric care can be initially transformed through culture assessment methods and eventually reformulated altogether. His radical reformulation would enable psychiatric resources to be simultaneously immediate and accessible, community controlled, and an invisible part of the community.

**Howard N. Higginbotham**, who has a Ph.D. in clinical community psychology from the University of Hawaii, is a research fellow at the East-West Centre's Culture Learning Institute. In collaboration with S. West and the original authors (A.P. Goldstein, K. Heller, and L. Sechrest) he is revising *Psychotherapy and the Psychology of Behaviour*.

Contents:

1. **The Influence of Western Psychiatry in Southeast Asia** (with LINDA H. CONNOR)
   - Historical Factors
   - Contemporary Factors
2. Psychiatry as a Standard for Mental Health Care in Southeast Asia
   The Feasibility of the Western Model in the Context of Developing Nations
   Cultural Sensitivity and the Western Model of Health Delivery: A Survey of Mental Health Services in Southeast Asia

3. The Mental Health System of Taiwan
   Public and Private Health Systems as the Context for Mental Health Services
   Other Factors Influencing the Delivery of Services
   Psychiatric Resources Available: Selected Examples
   Cultural Continuity and Accommodation of Mental Health Services

4. The Mental Health System of the Philippines
   Public and Private Health Systems as the Context for Mental Health Services
   Other Factors Influencing the Delivery of Psychiatry in the Philippines
   Psychiatric Resources Available: Selected Examples
   Cultural Continuity and Accommodation of Mental Health Services

5. The Mental Health System of Thailand
   The Public Health System as the Context for Mental Health Services

6. Modern Psychiatry in Taiwan, the Philippines, and Thailand: Is it Feasible and Culturally Valid?
   Feasibility of Designing Modern Mental Health Care
   Cultural Sensitivity of Existing Psychiatric Systems
7. Culture Accommodation of Mental Health Services and Beyond (with Linda H. Connors)
Culture Assessment in the Service of Institutional Reform: The Short Term Perspective
Reformation of Psychiatric Resources: The Long-Term Perspective.

ALTERNATIVES TO MENTAL HOSPITALS, Gent; Belgium: Nationale Vereniging Voor Geestelijke Gezondheidszorg (The National Institute for Mental Health of Belgium), 1980.

This 178 page English Language book contains proceedings of a conference held in Gent in 1980 sponsored by the National Institute for Mental Health of Belgium, the World Health Organization (WHO), the World Federation for Mental Health and a few other organizations. Contributions of twenty-seven speakers representing nine different countries are included along with brief summaries of fifteen workshops held on such topics as primary prevention, rehabilitation, political implications, self-help groups, and primary care.

A talk by Franco Basaglia is of particular significance since he died shortly after the conference. Basaglia was the architect of the Italian community psychiatry movement and his contribution describes the history of the Italian developments. His views are reflected in his statements "technical action is also political action" (p.35) and "the novelty of the Italian experience lies in the fact that it started the breakdown of medical domination", (p.36). There is a regrettable shortage of English-language translations of Basaglia, who is famous in Europe, making this short piece valuable.
Dr. Andre E. Baert of the European Mental Health Organization, WHO, Copenhagen, provided some statistics to answer the question "Why do we need alternatives"? There are one million patients in mental hospitals in Europe. One-fourth of the mental hospitals have more than one thousand beds. Costs of health care are rising to unprecedented levels at a time when governments are in fiscal crises and social dislocation is provoking new problems. One-third of all European hospital beds are used for mental illness.

A variety of alternatives to hospitals are discussed in the book including psychiatric wards in general hospitals, use of general practitioners for mental health care, community mental health centres and other forms of ambulatory care, community residential mental health facilities of many varieties, crisis intervention, volunteerism, transformation of the psychiatric hospitals, mental health education and other forms of prevention, and the Gheel foster-family programme. While few of the alternatives are described in detail, the book provides an idea about the status of alternatives in various places in Europe. For example, David Towell of King's Fund Centre, London, described the progress toward alternative care as uneven and disappointing in the United Kingdom. Reasons for this include a lack of co-operation between National Health Service District Health Authorities and Local Authority Social Services in the U.K. Also many large old psychiatric hospitals are very costly to maintain despite declining patient populations diverting funding from alternative care. Towell discussed his ideas about strategies to facilitate change in mental health care systems.

Douglas Bennett, former director of the Maudsley Hospital in London represented the view that community care is a complement not a replacement for hospital care. 'When beds are closed neither
patients nor their disabilities disappear', (p.69) he asserted and suggested that an important problem is to integrate hospital and community services into a connected system.

Some of the many themes running through the conference were nicely summarized by Dr J. Van Londen, General Director of the Ministry of Health of the Netherlands. A basic problem is how to divert funds from hospital to community care. This is a problem in every nation, it seems. There is also a lack of widespread consensus about many issues including roles and functions in a mental health care system and conceptions of psychiatric disease and treatment. Van Londen noted, "...continuous new ideas is a never changing mental health care (sic)," (p.270). He also noted that the continued growth of specialization threatens teamwork in mental health care.

Some other themes of the conference are apparent to an American who recently spent four months travelling in Europe, studying community mental health. Compared to the United States, deinstitutionalization in Europe seems to have proceeded more slowly, so Europeans tend to be less concerned with neglect of patients living in communities than has been the case in the U.S. in recent years. At the same time, there is a good deal of debate about the methods of care, who shall treat, where to treat, and details of treatment and rehabilitation. There is certainly a lack of agreement about the basic issues and this disagreement tends to be more politicized than in the U.S. The most obvious example of this is Italy where psychiatric care is debated in terms of political liberation but one can find it in Germany and in the U.K. as well. In addition, these debates tend to occur along professional lines at least in some European nations with physicians on one side of the debate and one or more other professionals on
the other. This may be a consequence of the fact that in some European nations non-medical professional groups are more excluded from the mental health care system than in the U.S. (For example, psychologists in West Germany).

Uneven services development is a recurrent issue not only when comparing nations but when looking at one nation. Even nations with a high degree of central planning for health such as the U.K. rely to a surprising extent upon local initiative for services development. The result is a lack of genuine alternatives to hospital care in most areas. Quite frequently community mental health services developed are not genuine alternatives because they are directed at a different population than patients at risk of hospitalization. One theme evident at this conference was the search for ways to stimulate genuine alternatives without damaging local autonomy and responsibility.

This book provides a good overview of that portion of the European mental health scene concerned with alternative care. Though the conference was in 1980, the basic themes remain timely and reminiscent of, but no identical to, U.S.
In August 1978 the New York state health commissioner officially acknowledged the existence of a "great and imminent peril to health of the general public" in the Love Canal area of Niagara Falls. The residents' reactions catapulted Love Canal to the forefront of the national news, and their ensuing battle with state and federal agencies kept it there. In *Love Canal: Science, Politics and People* Adeline Gordon Levine chronicles the events since that August. She details the fear and anger of the Community and its grassroots attempts to counteract the state agencies' poorly managed health testing and their stonewalling. She highlights the politicians' actions against the backdrops of a gubernatorial and a presidential election, and describes the civic loss of innocence of the Love Canal homeowners as they learned to use the media and to force the government into accountability.

The Love Canal has not ended for the more than 500 families who have left the area, but who perhaps still carry the contamination to their new homes. The Environmental Protection Agency recently estimated that only 10 percent of all hazardous wastes in the United States have been disposed of in environmentally sound ways. The questions posed and examined in *Love Canal: Science, Politics and People*, therefore, carry frighteningly broad and urgent implications for everyone.

"It is an excellent sociological study in contrasting definitions of the situation held by residents and officials, but at the same time, it is written with such style and grace, readers can easily project themselves into the positions of both residents and officials. It is must reading for all
12.

Americans, since the chemical time bomb that exploded at Love Canal could occur again in any of thousands of communities across the country, and will remain a threat until the nation solves the problem of toxic-waste disposal."

-Alice S. Rossi, University of Massachusetts, Amherst, and president-elect of the American Sociological Association.

"This book is a blockbuster not only for the poignant and comprehensive story it contains but also because it challenges the adequacy of our social theories as they relate to public policy and social action. This book also highlights the discrepancy between the energies we devote to repair in contrast to prevention."

-Seymour B. Sarason, Yale University.

CONTENTS

1. Introduction.

2. The Beginning and Before the Beginning.

3. "You're Murdering Us".

4. The Events of August.

5. The Health Department and the People.

6. Problem Solution: Behead the Messenger.


8. The Ending and After the Ending.
CRISIS INTERVENTION: A Handbook for Practice and Research
Karl A. Slaikeu, Ph.D., Allyn and Bacon, Inc. (Boston, Mass.), 1983.

Brief description of book:

Crisis Intervention is a comprehensive text written for both practitioners and researchers. Part I describes the theory of life crises, covered in four chapters (historical overview, crisis theory, developmental types of life crises, and situational types of life crises). Tables in each of these first four chapters summarize the most important ideas.

Part II begins with a description of a comprehensive intervention model (Chapter 5), which includes two phases: first order intervention (Psychological First Aid (PFA), and second order intervention (Multimodal Crisis Therapy), each of which is described fully in Chapters 6 and 8, respectively. Chapters 7 and 9 present case examples of PFA and Crisis Therapy. Tables in each chapter summarize the most important concepts and procedures for both PFA and Crisis Therapy.

Part III includes eight "Service Delivery" chapters. The chapters are addressed to: clergy, lawyers (and legal assistants), policy officers, health care practitioners, emergency room workers, telephone hotline workers, school personnel, and employers/supervisors in work settings. Each chapter reviews the literature on crisis intervention by practitioners in that particular setting, describes how to use the author's comprehensive crisis intervention model in the setting, and concludes with suggestions for future service delivery and research.
Part IV describes how this book's crisis model can guide research on life crises and intervention procedures. Table 18.1 describes a research paradigm for process and outcome studies in this area.

Appendix A tells the reader about new research instruments which are in the process of being developed. Appendix B offers a Crisis Questionnaire for use in crisis therapy assessment, and Appendix C presents an extensive glossary (with references for both therapists and clients) of the most important crisis therapy techniques.

FAMILY THERAPY: A Comprehensive Overview
By Ronald F. Levant
Published by Prentice-Hall, Inc. Englewood Cliffs, N.J. 07632 (800-52-0485)

A comprehensive overview of the field of family therapy for graduate students and professionals in the mental health and human service fields, this book covers family dynamics, a wide range of approaches to family therapy, and innovations in family intervention.

Clearly written and logically organized, the book covers theory, research, and practice in a comprehensive and scholarly treatment of the field. It features coverage of preventive and developmental approaches as well as therapeutic models.

CONTENTS:

PART I Family Dynamics
1. The Family as a Social System
2. The Relationship Between Family Interaction and Psychopathology

PART II Family Therapy
3. The Field of Family Therapy: An Orientation
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4. The Historical Model: Psychodymanic, Multigenerational, and Intergenerational-Contextual Schools of Family Therapy

5. The Structure/Process Model: Communicational, Structural, and Behavioral Schools of Family Therapy

6. The Experiential Model: Gestalt, Experiential, and Client-Centered Schools of Family Therapy

7. Outcome Research, Training, and Professional Issues

PART III Beyond Family Therapy

8. Beyond Conjoint Family Therapy: Special Forms and Techniques of Working Therapeutically with Families

9. Psychological-Educational and Skills Training Family Program for Treatment, Prevention and Development
21ST ANNUAL CONFERENCE

The Australian Psychological Society – August 1986, Townsville: A Report by Robyn Robinson

Nine members of the Board of Community Psychologists travelled to Townsville to attend the 21st Annual A.P.S. Conference. As a relatively newly formed Board, it was seen as timely and important to give some information on current policies and anticipated directions as well as to receive some feedback and guidance from others.

A successful Annual General Meeting was held. Board membership was reported as 186, representing all States of Australia, but with only one State section formed (Victoria). The very successful functioning of the National/Victorian Committees was noted and attention drawn to inroads made in areas of education, research and policy formulation. The primary aims for 1987 were to encourage the development of State sections, to continue the highly successful Network bulletin produced by Dr. Art Veno and to develop policy statements on matters of significance to the community. The interface between the role of community psychologists and others in terms of skills which are common and different across professions was addressed.

At an educational meeting of the Victorian branch of the National Board, Dr. Art Veno commented on the very positive reactions of many delegates towards the conference. It was well organized and so as to allow maximum opportunity to mix and meet with others. Many participants, having to travel so far, appeared to schedule the conference to incorporate a work/holiday component. Thus they were there and available at the conference.
The conference theme of "bridging the gap between theory, research and practice" was needed, addressed and welcomed. The conference was well planned and hospitality was evident. Conference organizers set a humorous, welcoming atmosphere in opening speeches which filtered through to the rest of the conference. But as Art noted:

* A concluding conference panel discussion with representatives from most Boards omitted a delegate from the Board of Community Psychology with no rationale or discussion about this by the conference organizers.

* Sadly the emphasis on the present (bridging the gap between theory, research and practice) did obscure visions of future directions and in particular computer technology in psychology.

A full day workshop on community psychology was presented. It was attended by about 25 individuals representing most states of Australia and international guests (New Zealand, Japan). The day was organised as follows:

* Community Psychology: the state of the art. (Dr. Art Veno). An overview of the development of community psychology in Australia and the ways in which our development has been similar to and different from the American experience.

* Tertiary Teaching of Community Psychology (Mr. John Farhall). A review of study findings of the teaching of community psychology in Australia. Noted was the absence of education and difficulty in defining community psychology education.
Community psychologists in action: what they do and issues of practice (Mrs Denise Brunt, Mrs Susanne White, Dr. Robyn Robinson, Dr. Art Veno, Mr. Stephen Fyson, Ms Sheryl Mesely). A diverse range of projects were described which exemplified some of the types of programmes which community psychologists were or could be involved in (e.g. A.I.D.S. education, protective behaviours, school based programmes). Different populations which were the focus of actions were also evident (e.g. bikers, ambulance officers, youth). From these examples certain principles nevertheless emerged with respect to professional practice and to be outlined later on in this article.

Workshop review. In a plenary session some of the uniting themes of the day were identified and discussed. A sudden and noisy tropical downpour, however, proved stronger than vocal strength and this final important session was regrettably cut short by Townsville rain. But discussion continued over the conference, and formally at the final education night of the Victorian State section - where review of the day's papers and implications for community psychology were chewed over.

At this meeting, John Farhall summarized the following issues and questions arising from the day:

1. Do preventative programmes give undesirable publicity to community problems? Interventions may be seen to and/or can create problems. This was an issue seen to be important and in need of further review.

2. There is a need to come to terms with values implicit in programmes which community psychologists review. If professionals give
advice on controversial issues, there is a need to establish lines of professional accountability on the value perspective of practitioners. It is also important to recognize that people involved with and affected by programmes may have different and sometimes irreconcilable differences in value stance.

3. Evaluation inevitably affects policy and people. The evaluator needs to develop sensitivity to this component of practice and may need to develop skills of communication and conflict management.

4. The teaching of community psychology may be controversial. Some question: is it teachable, how to go about it and should there be more of it?

5. What is community psychology? The parameters and definition of the area are continually in review. We should recognize the complexity of the task and not become despondent when simple answers do not appear.

6. There was a stated need at the conference for personal and information support for psychologists in community settings, networking not only between members but between groups with similar interests. The vital function of the Board in facilitating integration was noted.

As a Board, we left Townsville with more questions, more insights and higher morale. It was good to form contacts with folk with similar interests and the snatches of sunshine also helped. These days, sunburn is as embarrassing as a hangover. Nevertheless we returned to our respective states in good shape to face the tasks ahead. Thank you Townsville for a good conference.
PROGRAMMES IN COMMUNITY PSYCHOLOGY

As part of our effort to keep the Readers informed about academic programmes in Community Psychology, we continue our series of programme descriptions.

MASTER OF ARTS IN COMMUNITY PSYCHOLOGY
Russell Sage College

The Programme

Community Psychology, since its beginning, has been an action oriented movement. It is a rapidly developing new field characterized by innovation in approaches to problems based upon an ecological and interactionist view of behavioural dynamics in the community.

The purpose of the Master of Arts programme in Community Psychology is to provide training for persons who are employed or seek employment in community agencies.

The primary goals are to:

1. Reorient the students thinking from a traditional model to the new community orientated model.

2. Train the student in a variety of strategies to facilitate alternation of behaviour in community settings.

3. Train the student to evaluate the progress of social service programmes.

4. Provide the student with evaluation, assessment and consultation skills.

5. Provide the student with a concentration in Counselling, Alcohol and Drug Abuse, Child Care and Administration or General Psychology.
The programme has particular relevance for students already working in community agencies. It will enable them to make immediate contributions to their work as they are introduced to new information and new ways of thinking.

Degree Requirements

1. Complete all required and elective courses.

2. Complete an externship or internship of at least 240 hours in a community agency (3 credit hours).

3. Pass a comprehensive examination.

4. Complete a thesis (3–6 credit hours).

For Programme Information Contact:

Dr. Patricia O'Connor,
Programme Director M.A. in Community Psychology,
Russell Sage College,
Troy, New York 12180
COMMUNITY PSYCHOLOGY IN WESTERN AUSTRALIA
By Brian Bishop

Community psychology has had a brief but illuminating life in Western Australia. While there are courses with community orientation e.g. the clinical masters at the University of Western Australia only one course devoted specifically to community psychology has been run. WAIT ran a Graduate diploma in community psychology from 1979 until 1984. In 1984 the course was integrated into an organizational psychology course. While this may appear to be sacrilegious there was some justification. Much of the community psychology course was aimed at creating what Reiff (1971) called "techni-pros", professional technologists. Evaluation was a central unit and the organizational course began to recognise the value of evaluating organizational interventions. The new organizational psychology course then was an amalgam of both community and organizational psychology with the unifying concept non-individual levels of intervention. Beyond this thin veneer of rationalisation was the more important concept of power. There were simply more staff involved in organizational psychology and they had the numbers in staff meetings. That the community psychology course lost its identity because of political decisions and lack of political power within decision making bodies is of great irony and is of great importance. One of the principles community psychology teaches us is the importance of power ("loot and clout") as Rappaport, 1977 tells us. The loss of status of the community psychology course at WAIT is akin to Sarason's (1983) comments on the relative failure of American community psychology where he pointed out that lack of independence from clinical psychology as leading to a lack of political identity and power.
As seems to happen most frequently in decision making, the right decision was made for the wrong reasons. The orientation has changed from creating specialists in community psychology to creating psychologists in community settings. The concept of the psychologist in community settings, while seen sympathetically by the first editor of the Journal of Community Psychology, Thorne (1973) has been a cause of concern for some of the greats in community psychology. Reiff (1966) for example warned of the problems of slippage, where community psychology jobs would be taken by traditional psychologists with the new epithet of Community. Sarason (1983) was more understanding in seeing that the new community psychologists had a new dream but were not equipped with the conceptual framework to actualize it. It is easy from the position of academe and with the lack of feedback from practitioners to exaggerate the views of Reiff and Sarason and see the resolution to this problem as increased specialization in training. While I recognise the importance of professional solidarity to act as a bulwark to the buffeting felt by those who practise in the community and as a source of information we should not keep our gifts to ourselves. Without appearing totally megalomaniac I would assert that all psychology needs to be community psychology. The lessons from critics like Gergen, Sarason, Samuelson, Reppucci etc. is that psychology must have an appreciation of history and social context and an appreciation of its place in history and its social context.

In other words, psychology needs to be aware of community and aware of its place in community. Traditional academic psychology does not train its consumers (students) to appreciate social structure and power and they have difficulty in coping with working in bureaucracies, both public and private. In the educational area it is Community Psychology that provides some of the framework required by
students to deal with simple principles such as; it is not the novelty and intellectual sophistication of innovation that creates change, but it's the opportunity (or power) needed to implement change. For those without understanding of organizations and communities, it is painful experience that teaches them. It is important to recognise that these problems encountered in social policy, organizational change etc. are not implementation problems but are the basis for community psychology theory. The understanding of "mundane" resistances of those in organizations must be as deeply rooted in theory as is the programme attempted to be introduced.

Thus I am suggesting that as community psychologists we should be prosecuting the cause of community psychology to be integrated into traditional psychology courses as a theoretical base for psychology. Notions such as prevention, networking, etc. should not be seen as an alternative to traditional clinical work for example, but as part and parcel of an integrated approach to social problems and social aspirations.

REFERENCES


BOUVERIE FAMILY THERAPY CLINIC
and
LINCOLN INSTITUTE OF HEALTH SCIENCES
(SCHOOL OF OCCUPATIONAL THERAPY)

Offers a professional development programme in family therapy.
Cost $400.
Applications/enquiries Loris Alexander 342 0372
Julie Mandarino
HONORARY COUNSELLOR SUPERVISION PROGRAMME

Applications are invited for places in the Honorary Counsellor Supervision Programme conducted by the Counselling Service, La Trobe University.

Honorary Counsellors will get experience in intake interviewing, individual counselling, and group programmes. Individual and group supervision (which may count towards requirements for membership of the Australian Psychological Society) will be an integral part of the programme.

Applicants will need to be graduates with four years of psychology and will need to be available for at least a day and a half each week. Details of the programme are available by telephoning 478 3122 extensions 2956 or 2957.

Applications, with names and addresses of two referees, should be directed to Mr. C.F. Bailey, Director, University Counselling Service, La Trobe University, Bundoora. 2083.