

## **An Interdisciplinary, Multilevel, University-Based Training Program in Community Psychology**

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*The conception, implementation, teaching, and subsequent activities of an Australian University program in community psychology is described. The program is based on an integrative approach to community psychology with specific focus on systems level intervention and interdisciplinary involvement. Activities are described in terms of: (a) influencing the political arena, (b) supporting existing resources, (c) applied research, (d) public education, and (e) social advocacy.*

It is often noted that Australia follows America in its professional and cultural development, and the lag time is usually estimated at between 5 and 20 years, depending upon the particular subject. The development of community psychology (CP) follows this general pattern as, indeed, is the case for psychology in general (Gardner, 1977a). While interest in CP in the U.S. was sufficient to warrant a national conference by the mid-1960s, prior to 1972 in Australia there had not been a single course in the area, much less a national conference. Moreover, it was not until 1973 that the issue of CP even warranted inclusion as a seminar at the annual Australian Psychological Society (APS) meeting.

Yet if Australians are slow to initiate various developments, they have the advantage that once initiated, it is possible for innovations to develop more rapidly. Thus it is that in the space of 4 years (1973-1977) CP programs and/or course work would be offered at nearly every major university in Australia.

The CP program at Queensland University was the first such program to be started, with the appointment of a Senior Lecturer (equivalent to Associate Professor) in the area in 1973. In 1974 we began the first graduate CP program, though limited course work was available at the University of New South Wales.

At the annual meeting in mid-1974, the APS organized a nationwide Social Issues Committee. Moreover the APS as a whole voted in 1974 to be prepared to take a public stand on social issues, and simultaneously condemned discrimination against homosexuals. In late 1974 the APS issued its first two monograph supplements to the *Australian Psychologist* which were entitled "The Role of the Psychologist in Community Health Care" (Viney, 1974) and "Community Health Care: Implication for Psychologists and for Society" (Clarke, 1974).

Outside the profession, the introduction of Community Health Centers tied to the controversial Labour Government health programs, and the formation of the Australian Assistance Plan under the Social Security Department, both spoke to a new concern with the community.

The purpose of this paper is to describe the CP training program at Queensland University. This program is unique in its focus, its organization, and its accomplishments. The paper covers our definition, teaching model, and activities.

### DEFINITION

Previous definitions of CP have ranged from the more general and inclusive (e.g., Cooke, 1970; Kelly, 1970; Lehmann, 1971) to the more narrow and focused (e.g., Bennett, Anderson, Cooper, Hassol, Klein, & Rosenblum, 1966; Reiff, 1968; Scribner, 1968; Spielberg & Iscoe, 1970). The problems associated with the broader definitions are that they fail to distinguish a "unique" psychological contribution. That is, using the definitions posed by either Kelly, Lehmann, Cook, or Bennett et al., it cannot be seen how a community psychologist differs from a sociologist, town planner, or other similar professional. As well, within the discipline of psychology, Kelly's and Lehmann's definitions could describe with equal surety community, social, environmental, or ecological psychology. Less global definitions of CP tend to focus on the interventionist aspect. A consensus from the various definitions stressing the interventionist role (e.g., Bennett et al., 1966; Reiff, 1968; Scribner, 1968; Spielberg & Iscoe, 1970) suggests that there is a common core of characteristics involving (a) an active role in the change process, (b) intervention at the systems level, and (c) concern with the effects of a system on an individual's behavior. Clearly, this common core is shared by a number of other disciplines (e.g., social work).

Thus, neither the more general definitions nor the more focused definitions were totally satisfactory as a working definition of CP for our program. Rather, we developed a definition of CP which is distinctively psychological and which applies across a wide range of areas and activities. We (Gardner, 1980) defined CP as:

The profession and science of behavior which seeks to facilitate the abilities of available personnel and resources to observe and describe their relevant ecosystem, to establish short- and long-term goals, to develop appropriate, efficient and effective strategies of intervention which foster a psychological sense of community, and to systematically evaluate the effects of this entire process on the ecosystem.

Thus, we saw CP as being concerned with examining individuals in the context of the ecosystem, with the focus upon normal development, and fostering the human potential of individuals through alterations in the major operative systems, particularly in the educational, political, judicial, and social arenas. By nature CP is inextricably bound to other professions in the human services field, contributing to activities in these areas, as well as drawing upon them as resources.

In the context of this definition, we envisaged two critical features of the role of the community psychologist. First, the community psychologist is a change agent who operates at the social system level (rather than an individual level). Second, the community psychologist plays an active role in the change process – what Sarason (1974) called taking a “turn at bat.” Accordingly, community psychologists can be expected to assume many roles, including training nonprofessionals, advising schools, police, and neighborhood organizations, advocating for needed change in social and legal codes, assisting community self-help groups in organizing and developing viable programs, etc. In each case, the community psychologist acts as a facilitator who draws upon the knowledge and resources of the profession and science of psychology to assist in developing more people-centered programs, organizations, and policies which promote human welfare.

A major assumption underlying the rationale for CP is that, given the increase in problems of daily living, and given the current and future shortages in professional personnel, the traditional one-to-one intervention method cannot meet the demand. What is required, therefore, is a method for making more people more capable of providing help to themselves and to others, and in generating the type of society which fosters human development. A major goal of the CP program, therefore, is to provide advanced training in appropriate community strategies and techniques in order to produce the resources to meet these needs.

## THE TEACHING MODEL

The teaching program represents a unique attempt to adopt many of the fundamental assumptions concerning CP into our didactic structure. That structure revolves around (a) a didactic multilevel core, (b) supervised small, multilevel groups, (c) extensive use of outside resources, (d) student-defined interest areas, and (e) personalized assessment procedures.

### Structure

The CP teaching sequence consists of formal course work at the undergraduate (U) and graduate (G) level. All of these are combined, each semester,

into one integrated course (described below). Within any one year, the course is taught once in the day, and once in the evening, so as to accommodate all interested persons. Usually 100 people are enrolled at third year, 12 or more at fourth year, and 4 to 6 at the G level. The various level courses constitute three-quarters of the teaching load of one staff member though it draws upon other members of the teaching staff.

The course is an elective at third and fourth years, and a required course in the G program. In terms of credit hours, at third year it constitutes 10% of an average student's yearly course load; at fourth year it contributes between 7% and 14% (depending upon the student), and at the G level it involves 20% of the first year's course work. Because of the nature of the course, the same student may enroll at third, fourth, and G levels in successive years.

### *The Didactic Core*

The didactic core consists of two 8-hour seminars, usually held on a weekend in the early part of each semester (each semester is 15 weeks long). It represents the only formal course work, is not compulsory, and is attended by U and G students. The principle lectures focus (in order of presentation) on the philosophy of science, models of human behavior (e.g., medical model, disease model, behavioral model), history and current perspectives of clinical psychology (particularly the effectiveness of psychotherapy and the reliability/validity of psychodiagnostic procedures), definition and roles of CP, urbanization, prevention, training nonprofessionals, and general systems theory. These lectures are supplemented (and interspersed) with detailed case histories of CP intervention, including work with police, high school students, the media, group homes for developmentally disabled persons, etc. There is no formal program, and semester to semester the general format is altered. As well, data from the various interventions are updated each year.

For any one presentation, class numbers are limited to 40. Whenever substantially more than 40 people are likely to attend a given session, a duplicate session is held to cover the spillover.

### *Small Groups*

Following the didactic core, students meet in small groups to decide upon a project for the semester. Project topics are suggested by various staff members, and, as well, students are encouraged to pursue interests relevant to them (usually there is a 50/50 split between the numbers of staff-initiated and student-initiated projects). In the most recent semester, topics included rape crises, rape laws, access for disabled people to shopping areas, private psychiatric institution care, shoplifting, help-giving to handicapped people, attitudes of

people institutionalized for mental illness, homosexual rights, and student living accommodation (the first four were student-initiated). Students are free to pursue any area, the only requirement being that they review the literature in their area, perform some sort of intervention (which can range from simply constructing and administering questionnaires to attempting to influence government policy), and present their results in written as well as oral form.

Students work in groups ranging in size from 4 to 10. Each group is supervised by a G student in the CP program, and the groups usually meet once weekly. At midsemester, the entire class reassembles and each group presents a summary of their activities to date, including their literature review and their plans for the remainder of the semester. The final class sessions are devoted to group presentations.

### *Assessment*

Assessment procedures are adjusted according to the student's academic level. Third-year U students are required to make written and oral presentations. They can elect to be graded as individuals or as a group (or subgroup) and they can elect to weight the presentations in favor of whichever area they think they can perform most adequately in (the only proviso being a minimum weighting of 33%). The criterion for third-year students' written work calls for them to produce a report in APA format with at least an attempt at a univariate data analysis. A progressive grading system is utilized, and students may continue to resubmit until they reach a level at which they are satisfied.

Fourth-year students (equivalent to first-year master's students in the U.S. system, a bachelor's degree in Australia requiring only 3 years) are required to perform at a higher level, their written work being judged as if it had been sent to a professional journal or similar source. Not only must the written quality be higher, it is also expected that the data analysis will be more complex, usually involving multivariate techniques. As well, fourth-year students are required to submit individual reports, even though the work itself may have involved group activity.

The G students are assessed mainly for their supervisory skills, and for the quality of the U students' project. The former is assessed through extensive contact between staff and students. As well, G students are expected to prepare their group report (where practical) for professional publication and to take on the responsibilities of senior authorship in this regard.

### *Resource Persons*

Group topics proceed when there is a small (three or more) group of people interested in the area, when supervisors can be provided, and where

resource persons are available. For this later purpose, extensive use is made of other university staff, particularly from the Departments of Sociology, Education, Medicine, and Architecture; but also including Social Work, Occupational Therapy, Town Planning, Nutrition, and Law. As well, the community at large is often consulted for resource persons, and, in the past, they have come from agencies such as the Queensland Association of Mental Health, the Queensland Coordinating Committee on Alcoholism, the Australian Telephone Company, etc. Finally, it is not uncommon for us to draw our resource people from amongst our students, who often hold positions of some relevance to particular topics.

### *Relationship to Assumptions*

It should be obvious that the teaching sequence adopted here derives closely from our underlying approach. Thus, we emphasize the psychological sense of community by bringing together students from all years to work collectively in projects, and we supplement this with resource people from a host of disciplines, professions, and areas of interest. As well, we seek to enhance the abilities of our students, allowing them considerable freedom with respect to topic choice, assessment criteria and weighting, and individual or group assignments; nonetheless requiring conformity to certain standards of performance, particularly their empirical skills. Finally, we can note that our focus is extremely broad, encapsulating all aspects of the ecosystem, and drawing upon multidisciplinary resources where applicable.

## **ACTIVITIES**

In this section, we summarize some of the activities associated with members of our program in the past years under the following broad headings: (a) influencing the political arena, (b) supporting existing resources, (c) applied research, (d) public education, and (e) social advocacy.

### *Influencing the Political Arena*

We are firmly committed to attempting to alter various aspects of daily living for members of society through intervention in the political/legal arena. Towards this end, we have acted as a resource to governmental and law-making groups in the following representative activities:

*Crimes of Violence.* In response to the formation of a Select Committee of the Queensland Parliament, whose mandate was to forward recommendations

regarding the increasing of the severity of punishments for crimes of violence with a particular focus upon reinstating capital punishment, members of our program prepared a submission (Gardner, Hatchard, Kearney, Peck, Sheehan, & Sherlock, Note 1). The submission included original empirical data about public awareness regarding punishment for crimes, a worldwide review of literature on punishment as a deterrent, and specific recommendations based upon these data. As a result, we were asked to appear on the floor of Parliament to comment on the submission (an extremely unusual request). In their final report, the Select Committee adopted the vast majority of recommendations put forward in our report.

*Australian Schools Commission.* The Australian Schools Commission (ASC) was considering the formation of a national policy regarding the integration/segregation of children with developmental disabilities. One member of our program prepared a submission to the ASC detailing the problems associated with segregated learning experiences based upon a cross-cultural literature review (Gardner, 1976c). While other academic sectors came out strongly pro-segregation, the final ASC report reflected the majority of recommendations proposed in our submission, resulting in a generally pro-integration policy. Revised versions of the document were presented to the Victorian Committee on Mental Retardation and to the Select Committee on Learning Disabilities formed by the Australian Parliament, which resulted in these political bodies adopting many of the recommendations of our document.

*Doman-Delacato Method.* The Queensland Health Minister was considering a policy statement regarding the Doman-Delacato (i.e., "Patterning") method for working with handicapped people. Two members of our program prepared a submission (Gardner & Radel, Note 2) based upon cross-cultural literature and local case studies which eventuated in the Minister publicly stating that the technique was of dubious utility considering the enormous cost involved in the implementation of the technique. He has gone on to propose new legislation designed to prevent false advertising with respect to the promulgation of the technique in Queensland.

*Sex Education.* In Queensland there was no sex education program (or even classes) in the State's schools. The Education Minister was considering the relative merits of such programs. Members of our program prepared a submission detailing the appropriate level and style of sex education programs for the State's schools based upon a cross-cultural literature review and an empirical investigation of the current knowledge about sexual behavior and attitudes towards sex of 10th and 11th grade students (Veno, Wells, Fitzsimmons, & Day, Note 3). Many of the recommendations proposed in the submission were later adopted as policy by the Education Minister. As yet, however, no systematic program regarding sex education has been implemented in Queensland schools, though pilot projects have been started.

*Stress in Police.* Public opinion polls indicated that the police in Queensland were held in low regard. The basis behind this low public opinion was being considered by the Justice Minister. Members of our program presented a submission to the Minister detailing the basis (derived from cross-cultural literature reviews) regarding poor performance by police (Davidson & Veno, 1977). The submission eventuated in an agreement between the Police Department and members of our program to research stress in police (unfortunately, a change in the Justice Minister and Police Commissioner resulted in the research program being delayed). As well, the Australian Institute of Criminology has supported our efforts and an empirical program to investigate this issue has been mounted by us using police departments in other States.

*Psychology.* In half the States of Australia, there are no psychologists working as integral members in any aspect of the criminal justice system. The Australian Institute of Criminology organized a workshop to get representative members of various parts of the criminal justice system from all the states of Australia together. A submission by a member of our program based upon participation in the workshop, as well as a cross-cultural literature review, provided specific recommendations for the interface of psychology and the criminal justice system (Veno, 1977). To date, all but one Justice Minister in Australia has adopted the majority of recommendations put forward in the submission as official policy.

It must be stressed that our activities and interests did not adhere to any particular political persuasion or belief system. Our interventions were neither "bleeding heart liberal" nor "fascist right wing," and each position was developed independently and in line with the points enumerated in previous sections.

### *Supporting Existing Resources*

Whenever possible, our goal is to support existing resources rather than create new services. Our efforts in supporting existing resources are aimed towards the goal of modifying them such that they become more efficient, effective, and responsive to community needs. Towards this end, we present the following representative activities:

*Police Training Program.* Members of our program conducted a 4-week intensive training program in social issues for 20 Senior Sergeants of the Queensland Police Department (Gardner & Veno, 1976). The program had three major foci: (a) an understanding of and competence in working with the media, (b) developing in the Sergeants a general systems approach to human behavior, and (c) developing better relationships between the police and various groups. Our efforts were directed largely towards enhancing a psychological sense of community between the police and members of the various groups with whom they had poor relations (e.g., Aborigines, homosexuals, university students, and



criminals). Also, components of our training program were adopted for cadet training, and further courses using our format were carried out for members of senior ranks by members of the force whom we had trained.

*Australian Psychological Society.* Various members of the program have served as members of the Queensland Branch Executive and have participated as national working party conveners on various topics of direct community concern. Program members have, however, occasionally found themselves in direct conflict with both the Queensland Branch and the national executive of the APS. One such occasion was the issue of the registration of psychologists in Queensland. Unlike the executive bodies, and consistent with our CP approach, we felt that the number of helping agents currently operating was so small that those which would have been defined out of existence by the wording of the Psychologists' Registration Act, would have seriously depleted the helping network in Queensland. Although the Health Department proposed such legislation, an active campaign by us with other groups succeeded in having the definition changed so that nonprofessional helping groups were not eliminated.

*Lone Parents.* Following a project by final year U students on lone fathers, members of our program organized an all-day seminar. The seminar "Spotlight on Lone Parenthood" brought together lone parents and professionals from various agencies to develop more effective ways of delivering services to this community group. Through continuing efforts over 2 years, we succeeded in having legislation changed so as to no longer discriminate against lone fathers.

*Australian Conference on Sex Therapy.* Along with other members of the Psychology Department, individuals in our CP program sponsored the first national conference on sex therapy, which attracted 120 participants representing all states in Australia and New Zealand. Here, our goal was to increase the effectiveness of practitioners and to facilitate communication between experts.

*Aboriginal and Torres Strait Islander Health.* Members of our program have been working with the Aborigines and Islanders Community Health Service in an advisory capacity to delineate (a) the specific dietary deficiencies of urban Aborigines and Islanders, and (b) the extent of alcohol abuse in these populations. The results of this collaboration have been a grant to the Aborigines and Islanders Community Health Service to study these problems in greater detail, as well as implementation of prophylactic programs when the data are available.

*Social Isolation.* Members of our program have been actively involved with the State Department of Welfare in an examination of social isolation in Queensland. The extent of social isolation resulting from handicap (e.g., lack of mobility, developmental disabilities associated with a lack of verbal ability, etc.) has been established for the metropolitan Brisbane area. We have served as liaison between various social agencies, the social isolates, and private companies which are capable of manufacturing "hardware." Through these efforts, new equipment designed for aiding the social isolates to overcome their particular disabilities and reduce their sense of isolation is being developed.

*Applied Research*

We are firmly committed to an empirically based intervention model. In addition to the research done in conjunction with many of the activities already described, we present the following research projects as an indicator of the kinds of applied research in which we are involved.

*Health of Disadvantaged People.* Members of our program have been working on a Federal grant program designed to investigate the health care delivery system, with special regard to economically and geographically disadvantaged people (Gardner, 1976b). The grant involves the Departments of Psychology, Sociology, Economics, and Social and Preventive Medicine at Queensland University.

*Media.* Not only do we utilize the media extensively in our program, we are also involved in studying various aspects of the media. Our research to date has included determining the manner in which disabled people are portrayed on TV and in the press (Gardner & Radel, 1978); studying the effects of degrees of personal contact with press reporters in relation to subsequent news coverage (Gardner, 1979); and analyzing the networks operating between various media forms (i.e., radio, TV, press) to determine optimal strategies of interface (Gardner, 1979). Finally, we are also conducting research on the effects of media coverage on attitudes of the public towards the mentally retarded, prisoners, and the emotionally disturbed (Gardner & Veno, Note 4).

*Help-Giving.* With a variety of U groups we have studied the help-giving network, including public perception of the help-giving professions, public use of radio talk-back programs, and professional views of the public (Gardner, 1980; Wilkinson, Cave, Flynn, Hodgson, Provatt, Sultmann, & Gardner, 1978).

*Environments.* We are investigating the relationship between physical attributes of the environment and help-giving as well as vandalism (Veno & McBride, 1976). In the vandalism study, the investigators are looking at such things as personal vs. impersonal, hard vs. soft, cold vs. warm objects, and the rates and types of vandalism associated with the differing objects. In the help-giving study, social class and more general architectural considerations of environmental features are being examined. From the data gathered on this project, substantial contributions to school design, public facilities, and transport facilities and transport facilities are expected.

*Accessibility of Buildings for Handicapped People.* In another project, we looked at the extent of access that people of varying degree and type of handicap have to public buildings. The output from the project is expected to form the basis for a submission which will stress the need for both better building codes and more stringent penalties for violations of the buildings codes.

*Drug Use.* Another area of interest has been drug use, and members of our group have assessed public attitudes toward marijuana (Anderson, McDermott,

& Gardner, 1978) as well as motivation for alcohol use by young males (Critchley & Gardner, 1975). This latter study was used by the New Zealand Parliament in drafting recent legislation.

### *Public Education*

We believe that the best long-range strategy is to increase the public's understanding of the complex interaction between individuals, physical environments, and society. We engage in an extensive public education program aimed at both lay and professional audiences. In addition to the activities already noted, we present others in which we have been involved.

*Mental Health Attitudes of High-Schoolers.* Members of our group studied the effects of 7-hours class contact with 11th-grade school children using either a medical model or a CP approach. They found that, relative to the medical model approach, the CP approach generated more willingness to work with inmates of institutions as well as more positive attitudes (Gardner, 1976d; Schultz, Harker, & Gardner, 1977a; 1977b).

*Queensland Theatre Company.* One member of our program acted as a technician consultant to the Queensland Theatre Company which staged the popular play "One Flew Over the Cuckoo's Nest" concerned with life in mental institutions.

*Postgraduate Seminars.* We have organized a series of postgraduate seminars for Queensland University and the greater community dealing with issues such as women and madness, alcoholism, juvenile delinquency, high rise apartment living, migrants, mental health legislation, early intervention, mainstreaming for the developmentally disabled, and police/community relations.

*Publicity.* Members of the CP program have generated publicity in newspapers, periodicals, radio, and television on a diverse range of issues including: vandalism, public apathy, sex education, drug use, prostitution, abortion, police activities, crimes of violence, capital punishment, alcoholism, charlatanism, urbanization, institutionalization, women, gambling, and legal rights of mental patients.

*Parent Study Groups.* Members of our program have implemented an Adlerian parent study group program with family day care parents. Various agencies in the community have expressed an interest in expanding the parent study program to a cross-section of parents in the Brisbane area. Still other members adapt a behavioral approach to parent training and consult to a state-wide agency in this area (Gardner, 1975; 1976a).

*Queensland Aborigines.* Members of our program have designed and implemented a "Cultural Awareness Group" experience for Aboriginal high school students in a Brisbane suburb. Research will be conducted to determine if this experience will affect their self-concept and/or social interest.

The descriptions of our activities in the area of public education provide a picture of the diversity of our program. While the researching of relevant literature about each topic is extremely time consuming, the resulting good relations with the media and subsequent exposure to the general public result in our program receiving widespread publicity as a resource to the community.

### *Social Advocacy*

As noted previously, we often find ourselves in a position where individuals or groups of individuals approach us seeking advice about improving the quality of life for either themselves or others with whom they are integrally involved. When the requests for advice about improvements in quality of life are about a specific subgroup who have had little or no success in improving conditions, and after we have tried to alter the ecosystem through the activities mentioned previously with little or no success, we feel that it is our responsibility to engage in social advocacy. We define social advocacy in a somewhat unconventional manner here as we consider it to be a last resort in effecting change in a system for the betterment of a particular group of people. We have assumed the role of social advocates on the following occasions:

*Prisoners' Rights.* One member of our program responded to requests by prison inmates for access to education by conducting a limited program of social advocacy. Media coverage, proposals to the Queensland Minister for Prisons, Tourism and Welfare (only in Queensland would such areas be joined together in one Ministry), statements of support from prominent academics and authorities from other Australian prisons, as well as a proposal to the political opposition party were generated in this campaign. The campaign was successful in that a trial program was implemented between the prison system and the University.

*Women's Movement.* Various members of our program have been instrumental in assisting with the establishment and operation of a Women's House which has attempted to provide a wide range of services (e.g., rape crisis counseling, battered wife and baby shelter). Our efforts have involved work with the media and various government instrumentalities to ensure the creation and continuation of the service.

On the other hand, we have argued across all forms of the media that radical feminist influences in the women's movement in Australia are polarizing issues, and that their antimale campaigns are deleterious to the goals of the women's movement. Using the media and all avenues, including the Prime Minister's office, we helped ensure that all federal allocations to fund women's projects could not be used in antimale campaigns.

*Rights of People Labeled Mentally Retarded.* One member of the program has been extremely active in an attempt to improve life for the institutionalized

mentally retarded. His efforts have included formation of a nationwide committee of the APS to investigate institutional conditions, publication of various documents in the popular press and professional journals (Gardner, 1973, 1974a, 1974b, 1977b; Gardner & Veno, 1978); and the initiation of a petition to the UN calling for intervention on behalf of the mentally retarded in Queensland, as State law and practice violate the UN 1948 Declaration of Universal Human Rights as well as the 1971 Special Declaration on the Rights of the Mentally Retarded.

This advocacy program has only recently been initiated, and there are, as yet, no results to report.

*Psychiatric Institution Patients' Rights.* Due to the grossly inadequate conditions in Queensland psychiatric institutions and resistance by the Health Department to change these conditions, one member of our program conducted a massive 2-year program of social advocacy. Pressure from every conceivable angle was applied to the Health Minister to change the conditions existing in the State psychiatric hospitals including: (a) a series of "white papers" delineating the specific conditions in Queensland compared with other states in Australia as well as other Western countries (Gardner & Veno, 1978); (b) a massive publicity campaign, (c) appeals through the legal system on the basis of inhumane treatment, (d) petitions, (e) the seeking of professional and lay group public statements of support for the campaign, (f) the publication of a book of case studies of abuse in psychiatric institutions (Gardner, 1977b), and (g) appeals to the World Health Organization for intervention.

The short-term result of the campaign was that there was some observable change in the conditions in psychiatric institutions as well as in government policy. However, we prefer to see this as a process which is still not finalized. The results of the campaign cannot be finally told until the legal recourse, public and professional pressure, and further advocacy avenues have been given sufficient time to exert their influence.

### *Summary of our Activities*

We have presented representative activities in which members of our program have been engaged over a 3-year period (1974-1977). While we chose to list our activities under five major headings, we do not suggest that the headings infer mutual exclusion. Many activities cited under one heading could as easily be placed into another category, as many of the activities overlap. Virtually all efforts utilize a research base and are associated with public education. Some activities fall more clearly in line with supporting existing resources and others more closely with influencing the political arena; but generally both components exist in any given activity.

## CONCLUSION

The CP program as it has been conceived and carried out has been related to the underlying dimensions outlined in the section on definition. Whether we focus on our teaching model, research interests, or on intervention strategies, our approach has been one which seeks to increase the abilities of everyone concerned to understand their ecosystem and to attempt to create conditions which foster the psychological sense of community.

It must be obvious that a program such as the one described takes an assertive role with regard to change agent philosophies. Our decision to engage in any particular activity (usually) is a group decision, the criteria being (a) the projects' practicability given our resources, (b) our belief that achievement of the projects' aims will foster a psychological sense of community, (c) the projects' compatibility with our own moral and ethical codes, and (d) the suitability of the project as a training/learning medium for our students and ourselves. For every one project described here, there are 20 projects not engaged in, because strong doubts were cast with respect to one of the four criteria listed above.

Critics of our activist stance may question the "right" of psychologists to engage themselves in the marketplace, yet we would counter that we think it inconceivable that they have stayed outside for so long. Everyday from every possible source regardless of its relevance, influence brokers are attempting to shape our world. Shall we simply sit back and respond? Shall we attempt to work around impossible plans, with too little too late, because someone else planned it that way? Shall agency policy determine what we would do, what we study, and who we involve ourselves with? We think not, and we offer, in the words of one of us (Gardner, 1980) the following concluding remarks:

What we are about, then, in Community Psychology, is changing the world, because we have come to know perfectly well that what we change will change us, and what we do not change will change us as well. And in a world of future shock, the time for us to have begun was yesterday.

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