

Characteristics of Community Psychologists in 1974 and 1978

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The present study describes characteristics of community psychologists in two comprehensive surveys conducted in 1974 and 1978 by the American Psychological Association. Data gathered on psychologists classified as community psychologists includes information on demographic characteristics, employment settings, and specialty areas. In addition, for the 1978 sample, comparisons were made between the types of community-oriented services provided by community psychologists and human service professionals (i.e., clinical, social, school, and counseling psychologists). Implications of the documented changes among community psychologists over a 4-year period as well as differences in the roles of community versus human service professionals are discussed.

Over the past two decades, the field of community mental health, community psychology (CMH/CP) has experienced considerable growth. This is evident by the emergence of a new division (27) in the American Psychological Association, as well as a precipitous rise in the number of universities which offer programs with curricula or majors in CMH/CP. (In 1962 there was 1 program, today there are over 62; Meyer & Gerrard, 1977.) Another sign of the evolving maturity of this field has been the recent creation of a Council of Community Psychology Program Directors. Given the exponential expansion of this emerging new discipline, there is a need to periodically document community-oriented curricula and training opportunities in university and internship settings, and characteristics and specialty areas of practicing community psychologists.

Several investigators have recently conducted formal surveys documenting current training opportunities in CMH/CP. For example, in a comprehensive survey of clinical psychology departments throughout the United States, Zolik, Sirbu, and Hopkinson (1976) found that 72% of graduate students were not offered a CMH/CP sequence at their universities. Even though the CMH/CP field has experienced rapid growth, Zolik et al.'s study suggests that there still exist considerable possibilities for expansion in departments which currently lack identifiable community programming. Information concerning training opportunities in internship settings has recently been gathered by Mathews, Mathews, and Maxwell (1976) and Barton, Andrulis, Grove, and Aponte (1977). Focusing on community mental health centers (CMHCs), potentially ideal training setting for CMH/CP, Zolik, Bogat, and Jason (Note 1) have conducted a comprehensive survey of community training experiences for interns and practicum students. While 128 of the 307 federally funded CMHCs have official doctoral level internship programs, training still tends to focus more on traditional as opposed to CMH/CP activities.

While several surveys have begun documenting current training opportunities in CMH/CP, few studies have focused on describing characteristics of actual practicing community-oriented psychologists. Bloom and Parad (1977) did provide data concerning activities engaged in by psychologists in CMHCs in 13 Western states. Each week the psychologists spent an average of 17 hours in clinical activities, 4.5 hours in community activities, and 18 minutes in research and evaluation. In another study, Andrulis, Barton, and Aponte (1977) surveyed Division 27 members, of whom 95% were white and 85% were male, and found that their principal work settings were CMHCs (24%) and universities (23%). However, since many psychologists with CMH/CP leanings do not belong to Division 27, it might be useful to sample characteristics and interests of all APA members who classify themselves as community-oriented psychologists.

The present study compared descriptive information gathered in 1974 and 1978 concerning (a) background characteristics of community psychologists; (b) the agencies and settings which employ community psychologists; and (c) the specialty areas listed by community psychologists. In addition, for the 1978 sample, a comparison was made of the services performed by community psychologists as opposed to those performed by other human services professionals.

METHOD

The American Psychological Association, as part of its effort to document and account for characteristics of its members, distributed question-

naires to all APA members in 1974 and 1978. (There were approximately 36,400 and 46,900 questionnaires returned, respectively.) The present study pertains to characteristics of community psychologists in these two samples. In 1974, 635 APA members who designated themselves as "community psychologists" returned completed questionnaires; while in 1978, 741 "community psychologists" returned questionnaires.

The following items were analyzed in the questionnaire: (a) sex (only for the 1978 data), (b) year of highest degree, (c) level of highest degree, (d) major field of highest degree, (e) APA divisional membership, (f) employment setting (i.e., in universities, primary and secondary schools, government, business/industry, nongovernment organizations, mental health services, and non-mental health services), (g) position (i.e., administrative, supervisory, professional, and support positions), and (h) scientific specialty area (i.e., systems and methodology, experimental, physiological, developmental, personality, social, clinical, community, counseling, school, educational, engineering, industrial, and consumer psychology). In addition, in the 1978 sample, community psychologists and human service professionals (which includes clinical, social, school, and counseling psychologists) were assessed concerning the services they engaged in within the areas of community psychology (i.e., community, CMH, family, crisis, day hospital, small group, MH services, CMH consultation, CMH services planning, CMH administration, community development, community leadership, manpower training, community organization, social policy analysis, social program planning, community advocacy, research and training, counselor training, rehabilitation administration). In order to determine the proportion of services delivered by human service professionals versus community psychologists, the number of human service professionals or community psychologists performing a particular service was divided by the total number of human service professionals and community psychologists performing that service.

RESULTS

Demographic Characteristics

Background characteristics of community psychologists are reported in Table I. The data reveal that the majority of community psychologists are male PhDs who received their degrees after 1960. In both samples, the highest percentage of community psychologists received their degrees in clinical psychology. The percent of community psychologists who were members of Division 27 (Community Psychology Division of the American Psychological Association) declined from 37% to 30% from 1974 to 1978.

Table I. Demographic Characteristics of Community Psychologists

Variable	1974 (percent)	1978 (percent)
Sex		
Male		81
Female		19
Degree		
BA	1	1
MA	20	21
PhD	70	73
EdD	5	5
Other doctorate	0	0
Pre-, postdoctorate	5	0
Field of degree ^a		
Experimental	3	3
Developmental	3	2
Personality	2	1
Social	6	7
Clinical	50	40
Community	5	8
Counseling	12	13
School	3	3
Educational	1	5
General	2	6
Counseling education	1	1
Other	14	11
Year of degree ^a		
1931-1940	1	1
1941-1950	2	3
1951-1960	22	16
1961-1970	47	36
1971-1978	28	44
Division 27 Member	37	30

^aThe 1974 data pertain to individuals with a PhD; the 1978 data include individuals with MAs and PhDs. Tables II-IV include individuals with MAs and PhDs.

Employment Settings

Table II presents employment settings of community psychologists in 1974 and 1978. Reviewing this table it is apparent that the percent of community psychologists employed in Human Services (hospitals, clinics, CMHCs, private practice) has decreased from 50% in 1974 to 46% in 1978. Furthermore, the percent of community psychologists employed in Universities, Colleges, and Professional Schools has increased from 23% in 1974 to 29% in 1978. The largest increase in the University setting has been in the professional or academic rank positions, i.e., from 20% in 1974 to 23% in 1978.

Table II. Employment Settings for Community Psychologists (in percentages)^a

	Year	Universities	Primary and secondary schools	Government	Business	Non-government	Human services	Others
Administrative	1978	3		2		1	26	2
	1974	2		3	1	1	30	2
Supervisory	1978			4		1		
	1974			5		2		
Professional	1978	23	1	6			20	3
	1974	20	1	5			20	1
General and support	1978	3						
	1974	1						

^aThe 1974 and 1978 percentages do not add up to 100% due to data not given for certain categories.

Table III. Areas of Specialization^a

Specialty areas	1974 (percent)	1978 (percent)
Systems, methodologies, issues	10	3
Experimental	4	1
Physiological	1	0
Developmental	12	2
Personality	11	1
Social	21	5
Clinical	33	28
Community	32	69
Counseling	13	6
School	9	1
Educational	9	2
Engineering	1	0
Industrial	9	2
Consumer	0	0

^aTotal percentages exceed 100%, since more than one specialty area could be selected.

Table IV. Unique Functions Performed by Community Psychologists

Function	Human services		Community psychologist	
	<i>n</i>	Percent	<i>n</i>	Percent
Community Psychology	36/77	47	41/77	53
Community Mental Health	252/455	55	203/455	45
Family	42/52	80	10/52	20
Crisis	42/62	67	20/62	33
Day hospital	12/16	75	4/16	25
Small group	4/8	50	4/8	50
Mental health services	29/61	48	32/61	52
CMH consultation	48/90	59	42/90	41
CMH service planning	8/22	36	14/22	64
CMH administration	42/76	55	34/76	45
Community development	13/39	33	26/39	67
Community leadership	0/1	0	1/1	100
Manpower training	7/12	59	5/12	41
Community organization	2/4	50	2/4	50
Social policy analysis	6/15	40	9/15	60
Social program planning	8/19	42	11/19	58
Community advocacy	0/4	0	4/4	100
Research and training	24/67	36	43/67	64
Counselor education	38/40	95	2/40	5
Rehabilitation administration	5/9	55	4/9	45

Table III presents the fields which were listed as areas of specialization by community psychologists. The most interesting finding revealed that in 1974 at least 33% of the community psychologists listed Clinical Psychology and 32% listed Community Psychology as a specialty area, while in 1978, 28% of the community psychologists listed Clinical Psychology and 69% listed Community Psychology.

Unique Services

Only 1978 data were utilized to determine whether community psychologists perform any unique services in community psychology as compared to human service professionals (Table IV). The results suggest that community psychologists perform more of the following: Community Psychology, Mental Health Services, CMH Services Planning, Community Development, Community Leadership, Social Policy Analysis, Social Program Planning, Community Advocacy, and Research and Training Services. On the other hand, the human service professionals performed more activities in the following categories: Community Mental Health, Family, Crisis, Day Hospital, CMH Consultation, CMH Administration, Manpower Training, Counselor Education, and Rehabilitation Administration. Approximately equal numbers of human service professionals and community psychologists delivered small group and community organization services.

DISCUSSION

The present study found that most APA members categorizing themselves as community psychologists tend to be male and white, and employed in human service or university settings. Over time, these individuals have evidenced an increased tendency to designate "community" as their area of specialization. Finally, it appears that community-oriented professionals engage in more nontraditional activities than other human service professionals.

Given the lack of formal training programs in CMH/CP until the 1970s, it is not surprising that the majority of community psychologists were trained in clinical or counseling psychology. A more troubling finding is that the field can still be predominantly characterized as male and white; and most individuals designating themselves as community psychologists are not members of Division 27. It is possible to offer two explanations for these findings: (a) minorities, females, and non-Division 27 members are not aware of potential benefits deriving from adopting a community orientation or Division 27 membership; or (b) minorities, females, and non-Division 27 members feel that the CMH/CP ideology or Division 27 membership is either impractical, inappropriate, irrelevant, or unresponsive to their needs. Further research is needed to help understand the reasons for

the disproportionately low representation of females and minorities in community psychology, and the low rate of membership of community-oriented psychologists in Division 27.

The majority of community psychologists are employed in human service (e.g., hospitals, clinics, CMHCs, private practice) or university settings. Although from 1974 to 1978 there has been a small shift towards more employment in university settings, with the tightening academic job market in the 1980s, levels of employment in university settings should stabilize. With the onset of recessionary times, community-oriented psychologists might be most amenable to seeking nontraditional career opportunities. Future surveys might be able to document whether more nontraditional employment sites are selected in the 1980s.

It is encouraging to note that more community-oriented psychologists selected "community" as an area of specialization in 1978 than 1974. In part, this might reflect a growing maturity and legitimizing of the emerging field. On the other hand, the decrease in specialization in systems is somewhat disappointing and to some extent incongruent with the increasing emphasis by researchers in the community psychology field on system-level conceptualizations and interventions.

When community psychologists were compared to other human service professionals, the former engaged in more nontraditional functions (e.g., community planning, development, analysis, and advocacy), whereas the latter performed more traditional roles (e.g., CMH, family, day hospitals). Nonetheless, there still exists a moderate degree of overlap between the actual activities engaged in by these two groups of professionals. Whether the actual job responsibilities of community and human service professionals become more discrepant or congruent is an empirical question which future surveys might profitably investigate.

In summary, the present study provides descriptive information concerning characteristics and interests of community-oriented psychologists during two time periods in the 1970s. It is hoped that continuing efforts will be made to assess demographic variables, APA divisional membership, areas of specialization, and activities of psychologists identifying themselves as community-oriented in the 1980s.

REFERENCE NOTE

1. Zolik, E. S., Bogat, A., & Jason, L. A. *Community training for interns and practicum students at community mental health centers*. Paper presented at the meeting of the American Psychological Association, Montreal, Canada, 1980.

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