

## **Teaching Community Intervention in a Clinical Program: Reflections in the Themes of Supervision<sup>1</sup>**

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*By drawing on a specific case example—the teaching of community intervention in a clinical program—this paper describes the problematic themes that graduate student trainees bring to the supervision of consultation and explores the influence of the organizational base for teaching on both the structure and the process of the field experience. These thematic struggles, in part generic to the community-interventionist role and in part a function of the pattern of institutional arrangements that frame the training experience, are analyzed, and recommendations are made for structural changes that would facilitate training in community intervention.*

As the field of community psychology has matured, it has largely left behind its concern with definition and moved on toward a greater articulation of training goals and processes. This thrust is aptly illustrated in the results of the National Conference on Training in Community Psychology (Iscoe, Bloom, & Spielberger, 1977). Yet despite these advances, pessimism concerning the ability of our training programs to produce community psychologists still exists (Sarason, 1977). Further, it seems likely that our apparent frustration with this task is not because we do not know what qualities a community psychologist must possess (Kelly,

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1971; Sarason, 1977). Instead, how we arrive there—how we facilitate the transition from novice to trained—is more likely the thorniest problem.

Little of what students currently receive in graduate courses or in their life experiences prepares them for the complexity of work at the community level. It is through an immersion in fieldwork that the trainee first comes to an understanding of the role of community psychologist, and it is through participation in the supervisory process that these beginning insights are shaped as well as supported.

As a supervisor of graduate student training in community intervention, and as a coordinator for the teaching of community psychology, I have observed predictable regularities in the themes that trainees present as problems in supervisory sessions. Despite varied field placement situations and individual differences in student needs, a consistent set of problematic themes can be identified and analyzed. These themes reflect anxieties about the specific task demands of the interventionist role within a community placement. To the trainee, these issues represent stumbling blocks that need to be overcome and new competencies that must be learned before the student feels free to participate in action.

Further, the thematic struggles that trainees bring to supervision also tell us something about the nature of the organizational base from which training is conducted. The urgency with which the anxieties emerge and the ease with which they are resolved appear to be influenced by structural aspects of the teaching program.

Different organizational bases for teaching and learning community psychology produce different experiences in doing it. The thematic struggles that students bring to supervision are in part generic to the community interventionist role and in part a function of the pattern of institutional arrangements that frame the training experience.

Yet our writing about field training, which consists of program descriptions and prescriptions concerning the optimal structure of field placements (Iscoc & Spielberger, 1970; Stenmark, 1977), largely ignores the fact that our activities emanate from a specific organizational structure which serves to both support and limit our actions and our learning. It is important to take a closer look at some of the structural choices and structural givens of the settings out of which we implement our field training experiences.

That the organizational base of consultant or researcher can exert a powerful influence on both the process and outcome of planned interventions in organizational settings has been forcefully acknowledged (Mirvis & Seashore, 1979; Snow & Newton, 1976). Heller and Monahan (1977) describe four such organizational bases for the teaching of community psychology: within a clinical program, as an independent area of

psychology, as an orientation spanning several areas of psychology, and as an interdisciplinary profession. They suggest that these ways of organizing community psychology have implications for the kinds of problems considered and the methods used. Kelly (1977) examines three such settings (a psychology department, a multidisciplinary program, and undergraduate education) and contrasts the potential contributions and constraints that each offers as a host to the field of community psychology.

By drawing on a specific case example—in this instance, the teaching of community intervention in a clinical program—this paper describes the thematic struggles of trainees as revealed in supervision and explores the influence of the organizational base for teaching on both the structure and process of the field experience. Through a careful examination of the student experience as he or she takes progressive steps from novice to trained community psychologist, the ways in which existing program structures facilitate and/or hinder student development can be delineated. Through the generation of a more context-specific data base, alternative structures can then be considered.

### **THE FIELD TRAINING PROJECT IN BRIEF**

Educational settings (school and day care programs) were the focus of the field training project. Graduate students, after the introductory course in community psychology, could enroll in a yearlong didactic seminar on “preventive interventions in the schools,” which involved, in addition to the formal class, a 1-day a week field placement, and 2 hours weekly of group supervision provided by the course instructor.

Trainees participated in one setting for a single academic year. Depending on the stage of the 3-year project and the number of students enrolled in the class, trainees either worked in an apprentice role, as a co-member of a team, or alone. Trainee roles in project definition also varied by student and by stage of entry into the project. Entry into the settings was solicited jointly by the instructor and the trainees.

The main thrust of the services offered the educational settings concerned the provision of group consultation to school staff around the mental health needs and problems of students (Weinstein, Note 1). Consultation was provided through school-based, weekly group meetings, which, by design, were composed of a cross-section of school staff (including the principal) and an outside consultant. Combining mental health, ecological, and organizational perspectives, this mode of intervention attempted to create an institutional context for staff collaboration, in work with particular children, and in developing programs to improve

the mental health of the setting's general population. Continued collaboration was hypothesized to facilitate a shift of interest from remedial to preventative interventions and to improve the diffusion of innovative ideas and programs. In addition to and growing out of these activities, trainees also became involved in individual consultation, program development, and program evaluation.

### *The Organizational Base For Training: A Clinical Program*

In this particular case example, the teaching of community psychology was organized as a subspecialty of the clinical area within a larger department of psychology. Only one of the four full-time faculty members in clinical psychology was directly involved in the teaching and supervision of community intervention. In the first year of the program, all incoming students (approximately six a year) were required to enroll in a introductory course in community psychology. Beyond this requirement, further involvement in community psychology resulted from student choice. The program also housed a psychology clinic, the clients of which provided students with clinical experience prior to an internship year outside the campus. In addition to work in intervention, students were heavily engaged in courses and in research.

Several characteristics of these structural arrangements had direct implications for the conduct and the experience of the community intervention activities. First, as Corbett and Levine (1974) have previously described, the publication ethic of university academic departments undermined the involvement of both faculty and students in necessarily long-term community research and intervention. In addition, the accepted models and methods of empirical research were not particularly well suited to the complexities of community problems. Thus, both the underlying values and the available tools provided little support for community intervention.

Second, given that academic psychology departments, by the very nature of their wide-ranging interests, often represent a particular field by a single individual, the scope of program development was severely constrained. Hence, the sole community psychologist was in the position of single-handedly mounting a training program in an area which typically required the cooperation of many human resources over a substantial period of time and which carried with it a high degree of risk (Rappaport, 1977).

Third, the embedding of one such individual within another program of differing orientation often served to highlight the separateness of the particular orientation as well as the absence of a critical mass of interested

participants. The more extreme visibility of the embedded program also focused attention on individually oriented explanations for program development and outcome rather than the more likely structural explanations.

Finally, structural conflicts over curricular issues and over the distribution of resources inevitably occurred as a function of both the subordinate relationship and the degree of symmetry between the goals of the embedded component and the goals of the program host.

For example, the clinical program with its intrapsychic orientation and direct service commitments provided a sharp contrast to the social-environmental orientation of community work (Bloom, 1973). The contrast was one of conceptualization as well as planned locus of activities. Outwardly focused interventions required different sets of supports than in-house services. Further, training for the provision of direct clinical services rested on a relatively defined and agreed upon set of skill areas to be mastered. Given the professionalization of such services, program requirements were extensive and decisions about their inclusion reflected the impinging outside pressures of fellowship, internship, postdoctoral, and licensing needs as well as the hopes and philosophy of faculty and students.

On the other hand, and more congenial to the community thrust, the clinical program with its direct service orientation reflected a commitment to the application of psychological knowledge. Conflict did not arise over the importance or place of intervention in human problems in contrast to the salience of this issue to the department as a whole. Further, this commitment to intervention was also reflected in the criteria for selection of the student body. This program had been particularly responsive in their admitting practices to the older student with experience in the field, to the reentry student from related fields, and to students from minority cultures. Thus, an enormous diversity of student outlook and perspective across disciplinary, cultural, and ethnic lines was represented in the program—a diversity which mirrored the breadth of perspectives within the community.

### *Program Constraints in the Planning of the Field Training Component*

The characteristics of the organizational base for teaching community psychology influenced in many ways the options available to structure the conditions for field training. While the literature has delineated a set of structural ideals for the implementation of practicum experiences, such as choice in setting (Parad & Rapoport, 1972), multiple placements (Sarason & Levine, 1970), a graded experience (Roen, 1970; Stenmark, 1977), and an adequate time involvement (Altrocchi & Eisdorfer,

1970; Cowen, 1970), the opportunities available to successfully implement such placements depend not only on the responsiveness of the external community, but also on the existence of receptive conditions within the internal community.

For example, in-house commitments (such as on-call duty for clinical services) combined with highly structured program requirements posed severe time constraints on the community involvement of the trainees. Placement in one rather than multiple settings was the forced norm in an effort to provide a rich experience despite reduced hours. The time period that was adequate for seeing a family or an individual patient did not suffice for participation in community intervention. In addition, given the highly structured program, students were not able or willing to follow through for a second year at the very point where community members were beginning to trust them.

The dominance of a clinical model over the community model (evident in the number of faculty, student interest, range of courses, and types of intervention practicum) placed enormous pressure on the students who participated in community activities. These conditions played havoc with student enrollment in community practicum. For example, trainees expressed concerns that by engaging in community intervention, they would be less qualified than others for additional pre- and postdoctoral clinical work and for clinical jobs. A second example concerns the admitted attempt of a student to soften the conclusions of a publicly given paper away from a social-system perspective in order to preserve an image as a clinician and avoid being perceived as radical. In years when fewer students than expected enrolled, placement settings had to be dropped, work in teams became impractical to sustain, and the support group of a critical mass of trainees in the field was lost.

Finally, the incompatibility between the academic definition of research productivity and the radically different time perspective of community research made it difficult to sustain an integration of research and training activities within a single project. When the planned evaluation of the consultation program could not be implemented in the short time period available, time pressures for both research and training productivity forced the premature abandonment of the evaluation component from the consultation services.

### **THEMES IN SUPERVISION: THE INTERACTIVE INFLUENCES OF ROLE AND PROGRAM CONSTRAINTS**

Over the 3-year period of the school consultation project and in work with seven trainees, notes were kept by the author of the content

of the supervisory sessions, and in particular, of the issues that trainees presented as problems. The conceptual analysis of these recurring issues reflects the vantage point of the supervisor rather than the trainees although the students very quickly recognized these themes in their own experience.

The issues that were raised during the supervision of community consultation could be broadly grouped as reflecting problems with role definition, with levels of analysis, and with implementation. These concerns did not appear to be unique to any of the commonly described phases of consultation. Instead, the themes surfaced and resurfaced throughout the entry, diagnosis, intervention, and termination phases of the consultation as the trainees struggled to master the tasks at hand and to both develop and integrate new skills.

The themes which were described as characterizing the supervision of consultation emerged from the experiences of clinical psychology program graduate students who were engaged in training for community intervention. Their institutional affiliation or home base was not an unimportant facet of their experience. While their struggles reflected much about the nature of the skills that needed to be learned for the practice of community psychology, the extent of the struggle, the ease of resolution, and possibility for developing new competencies also rested on the particular supports and constraints provided by the organizational base for their instruction. These institutional arrangements not only determined the range of options available for structuring the particulars of the field training experience (as described earlier) but also created an encouraging and/or conflictual climate for the pursuit of community activities.

### *Role Definition Problems*

*Working Without Executive Authority.* One consequence for the consultant of leaving the safety of a familiar institutional setting behind was the need to learn about and participate within a whole new set of rules governing interaction. Further, although the donning of a professional cloak typically brought with it increased authority, in the case of community work its holder was initially relegated less power than most of the members of the setting. Both Goodstein (1978) and Silverman (1978) have described the consultant as a marginal member of an organization who participates within but is not a part of a particular social setting. Such marginality of membership, where influence is created rather than given (Martin, 1978; McGreevy, 1978), was particularly troublesome for trainees whose nonexpert status already reflects a certain degree of marginality (Kalis, 1973).

For trainees who were concurrently supervised in psychotherapeutic interventions, the task of defining a role without tangible authority ap-

peared particularly problematic. The in-house service commitments and holding power made it psychologically very difficult to venture out into the community and students required multiple supports (such as teamwork) to begin and sustain their trips into the field. Their marginality in the field stood in sharp contrast to the power of the therapist role. The more visible and predictable home-based clinical setting offered a flurry of important and somewhat mystified activity, a defined need in clients and an opportunity to experience status as expert and therapist.

Students experienced enormous anxiety with the realization that they must construct their own authority. One common initial reaction to this state of affairs was for trainees to be in awe of agency rules and processes. Unlike undergraduates, who as volunteers in human service settings tended to engage in a pattern of habitual questioning of agency procedures (Weinstein, Gibbs, & Middlestadt, 1979), graduate students, perhaps because of their ultimate commitment to a professional role, did not easily question or examine the information which flowed from an institutional authority figure. Instead, early on, trainees tended to quickly accept as the correct and final word, a disagreement or refusal from an authority figure in the setting without examining the content and process of the message for clues about the workings of the particular social system.

Thus, supervision necessarily focused on defining events as providing opportunity rather than closure. For example, a trainee, who was concerned about low parental involvement in a particular elementary school and had been thinking about parent groups as a possible vehicle of change, perceived as a major setback to these ideas the conviction of the principal that parent groups would not work because of parents' lack of interest in the school. Not noticed by this trainee, however, was the clear awareness on the part of the principal that problems existed in the area of parent relationships to the school.

Without critical inquiry, the consultant cannot create the authority for action; yet without conferred authority, the trainee, in a state of awe, cannot question procedures or beliefs. Much like the countertransference issues of psychotherapy, trainees often inadvertently called forth old relationships to the social setting and its authority figures until such a time when new knowledge and new relationships replaced old learning or conventional stereotypes. A poignant example of this process was one trainee's description of feeling like a scared pupil when the principal left a note saying "see me."

*Dealing with Institutional Expectations.* Since consultation is a little-understood intervention and since most human service settings already have a set of more traditional expectations concerning a psy-



chologist's role and function, the consultant must influence the beliefs of the staff about the ways in which staff and consultant can work together. The task of redefinition is not an easy one. Iscoe (1970) reports that despite trainees' attempts to create a broader role, school staff still expected direct services from the consultant. Further, trainees also find themselves tempted to give a familiar test or to engage in a direct therapeutic intervention (Sarason & Levine, 1976). Rioch, Coulter, and Weinberger (1976) report a similar theme in the supervision of psychotherapy where trainees become conflicted about whether to give or not to give what the patient demands.

Trainees, in the face of this conflict between the institutional expectations of the consultee and those of their community psychology training activities, reported a loss of faith in consultation and program development as important interventions. Instead they perceived that by offering indirect services, they were in fact withholding the more critical services from the setting.

The clinical skills that trainees had developed often proved useful in consultation work and provided some comfort during a period of role definition where demonstration of competencies was important. However, in dealing with institutional expectations for direct services, the possession of such skills heightened trainees' discomfort with the withholding of direct therapeutic interventions in favor of working indirectly through significant others in the setting. Further, the reframing of institutional expectations proved to be an internal as well as external community problem. Trainees pitted supervisor against supervisor and supervisor against community member in their struggle to develop a commitment to consultation as a modality for intervention.

Preparing students to deal effectively with the expectations of consultees when their own expectations were continually undergoing change proved to be an enormous challenge and much supervision time was spent in redeveloping and supporting the rationale underlying consultation (Lambert, Yandell, & Sandoval, 1975).

*Curbing Acceptance Needs While Carving Out an Identity.* Beginning consultants have been described as yearning for the conceptual security of their home base (Toal, 1979). They find it extremely difficult to go into a setting without a clearly defined turf of their own out of which they can then relate to the members of the setting. The need for tangible signs of belonging in the social setting was strongly felt by the trainees. The process of carving out an identity evoked intense longings for a place of one's own and fantasies about an office or a mailbox were quick to surface in supervision.

These acceptance needs were heightened by the structured security the trainees had left behind. Their home base provided the offices and mail

boxes and, more importantly, the explicit expression of mutual need. Here, for example, the sheer existence of an on-call coverage schedule for the clinic and a patient load maintained an interconnectedness that proved difficult to duplicate in the community.

In community work, such acceptance needs must be transcended in order to fully develop a meaningful role as a consultant (Gallesich, 1974; Silverman, 1978). Once the trainees' activities received some validation, they more easily shifted from physical or geographic signs of acceptance to the more symbolic, emerging as a function of the activities they performed.

### *Level of Analysis Problems*

#### *Distinguishing Between Role Constraints and Personality Dynamics.*

The trainee must learn to unravel the relative influence of personality and role in assessing the behavior of the members of a social setting. Trainees began by explaining most events as a function of personality dynamics. This tendency was far from surprising since psychology starts with theories of the individual (Sarason, 1977). However, the conceptual dominance of intrapsychic analyses served to make it far more difficult for trainees to recognize role constraints on behavior when they did occur.

Thus, we had a "rigid" principal or director and a "disorganized" teacher. This kind of inference was often accompanied by the fantasy that if the trainee were in that role, he or she would be more successful than its current occupant. Trainees also fought strong urges to take over the operation of the particular classroom or of the entire setting. These fantasies served an important purpose for the trainee. In playing out a happier outcome (from the trainee's perspective), they seemed to relieve the enormous anxiety engendered by observing large-scale programs involving many recipients (for example, 30 children in a classroom) in which things went wrong and the trainee felt helpless to intervene. When the trainee learned more about some of the social-system influences which constrain the behaviors possible within a setting, these simplistic good/bad conceptualizations of staff performance were replaced with a deeper understanding of the multiple causes of human behavior and an illumination of possible avenues for change efforts.

*Responding to the Cultural Demands of the Situation.* Immediately, when thrust as a consultant into a social setting outside one's own, one faces a plurality of cultural cues which must be perceived and interpreted in order to successfully engage in interaction with the members of the setting. Not only must the consultant learn about the culture of the institutional setting and the regularities of each of the roles within it (Sarason,

1971), but it is equally important to learn about cultural differences in styles of relating, in problem-definition, and in problem-solution between different ethnic groups, minority and majority cultures, working-class and middle-class, older and younger, and male and female populations. Looking at these issues from just one perspective is often misleading and can leave the consultant without access to the real nature of the problems confronting the setting.

Kelly (1971; 1977) points to potential conflict between the often differing cultural heritage of consultant and community and suggests that an important quality for a community psychologist to have is a tolerance for diversity. Sarason and Levine (1976) also underscore the assault on personal values that engagement in community work carries with it.

Here, the diversity of the trainees (a feature of the clinical program selection process), when cultivated through the use of working teams and group supervision, quickened learning about the multiple levels of analysis for a problem. Because different students often have somewhat different perceptions of an event, participation in group analysis helped trainees learn how to question and directly confront the individuals in authority in the community setting. In addition, the ethnic mix of trainees quickly focused attention on the nature of cultural communication and how particular events can be understood in quite different ways when interpreted from alternative cultural perspectives.

While effectively participating in cross-cultural communication requires knowledge about the values and beliefs of other cultural groups and concomitant self-knowledge, an equally important requirement concerns the development of sensitivity toward the possible interplay of cultural issues. Trainees noted that when they work in male/female or black/white teams, staff members often make allegiances with the same sex or same ethnic-membership consultant. Trainees also observed class differences and ethnic group differences in problem definition and solution.

Black trainees reported more pressure for personal information and interpersonal allegiance from black staff than from white staff. Gibbs (1980) suggests that the interpersonal competence of a consultant is of greater salience to blacks during the entry phase of consultation than is instrumental competence. Further, the order of contact made and the length of time spent with staff members often opened some doors and closed others dependent on the ethnic group membership of various role groups within the setting and that of the consultant. As an example, the contact of a black trainee with the black aides was thwarted until she found a way to approach them directly and not through the intended-to-be-helpful guidance of the white director (Patterson, 1979). Trainees struggled to interpret these cues and to apply their learning to the planning

of both the content and the process of their interactions with members of the setting. In their struggles, they alternated between feeling a part of and at home with the culture of the setting and at other times feeling like an alien body in a sea of strangers.

*Perceiving the Problem as Unsolvable.* To take action in a community setting is a frightening step. It involves many people and hence, many reactions. It is an intensely public event which, if it is to succeed, must be carried out with conviction. Trainees as they explored the complexities of problems within a social context, began to perceive problems as too immense to tackle, let alone solve. A clinical focus on a single client or family appeared far more manageable in contrast. In introducing layers of complexities, the increasingly interrelated causal threads served to block a novice's willingness to intervene or to take a stand at all. Trainees reported that they feared making the problem worse—it felt as though the lives of 30 schoolchildren or more were in their hands. The vacillation between a sense of futility (Sarason & Levine, 1976) and omnipotence (described earlier) was eventually replaced by a perspective which Kelly (1977) calls easing toward reality—the trainee began to learn about what can and what cannot be accomplished—and soon developed a set of more realistic goals.

### *Implementation Problems*

*Linking Up to the Information Flow in a Social Setting.* Upon entering a new social system, the consultant must become engaged in the naturally occurring flow of information between members. If conferred a regularized role within a setting, the link-up is virtually automatic. As a therapist working within a clinic setting, one creates the information flow from oneself to one's client. But as a consultant, where membership in a setting is a marginal one, it is important to learn how to gain access to the daily flow of relevant information, the span of which is wide indeed, given the nature of the mandate. As trainees struggled with this problem, they reported with anxiety that they were always the last to know important information, for example, about a competing meeting or an important edict from above. Further, the inquiries they did make for diagnostic purposes often felt intrusive and paranoid. The road toward mastery of this issue involved developing priorities for what is important information and what is not, gaining comfort with new information and the handling of the unexpected, and finding ways, early in the course of interactions, to test out comparability of information.

*Managing the Number and Range of Contacts.* One of the initially difficult tasks of community work lies in the complexities of planned and

unplanned interactions with a diversity of people in multiple roles. Not only did the trainee begin to wish for more control over whom he/she met in 1 day, but the urge to avoid interactions arose in the early months. During this period of intense preoccupation with time, supervision was experienced as being too short an opportunity to cover the events in the field. Further, the cancellation of supervisory time (if it should occur) was viewed as a catastrophe.

The daily responsibility for direct services, in addition to course work and research commitments, severely constrained the involvement of trainees in community life. Trainees were handicapped in their attempts to keep in touch with the flow of information in their community settings and to manage the number and range of contacts. Trainees had to engage in an enormous amount of juggling in order to respond to unexpected community events. Most often, they could not arrange the appropriate coverage or make the changes in schedule. These problems reflected not only limitations of time but limitations of conceptualization. The predominant model of psychotherapy, as confined to the 50-minute hour and as analyzed session by session for teaching purposes, heightened trainees' discomfort with the multiplicity of interactions involved in community work.

Trainees needed to reconceptualize the consultant as a limited resource who must develop priorities in order to better allocate time. Yet trainees here and in other settings, reported difficulty in screening or refusing requests, in large part due to their perceived lack of authority to resist and to their need to demonstrate competence (Altrocchi & Eisdorfer, 1970). Successful coping involved taking advantage of multiple contacts to generate alternative community resources beyond the services of the consultant (Kelly, 1970).

## IMPLICATIONS

Since "community" is the context for our activities, field training is perhaps the single most important component of our teaching programs in community psychology. This paper has described some of the problematic themes that graduate student trainees bring to the supervision of community consultation. The successful resolution of these issues facilitates the development of the skills necessary for community work. In detailing these struggles, it has been suggested that the organizational base for teaching community psychology exerts a powerful influence on both the options available to structure the field training component and on the nature of the trainee's experience and the potential for growth. These examples suggest that aspects of the organizational base for teaching com-

munity psychology both constrained and facilitated the development of community intervention skills.

While the ideal parameters of field training experiences have been persuasively argued, the nature of the implementation problems which stem from our own institutional base has been less clearly identified. The field of community psychology now operates out of a variety of institutional bases. This variety reflects earlier concerns about whether existing doctoral programs could be modified significantly to accommodate community psychology or whether entirely new programs needed to be designed (Iscoe & Spielberger, 1970). It would be important to look at the experience of trainees within such different settings and to begin to assess what skills can and cannot be developed where. In identifying the structural origins of problems in training, planned changes can be more thoughtfully initiated.

Given the reality that community psychology will continue to be taught primarily from an embedded position within other programs, what structural changes might facilitate community training? On the basis of the experience analyzed in this paper, two areas of structural change appeared particularly critical. These involved (a) a restructuring of the course requirements and (b) the reconceptualization of the universe of teaching resources available.

First, the highly structured nature of the program host left far too little room for community training. In this case, the overall program underwent changes to reduce the number of fixed requirements as well as to build in alternative ways of meeting existing requirements. By freeing the curriculum of multiple structured requirements (Kelly, 1970), the student could create larger and more meaningful segments of training in the community area. Further, ongoing responsibilities to direct services were reduced to facilitate a deeper involvement of the trainee in the community setting.

Second, the absence of a critical mass of individuals identified with community psychology under conditions where an alternative orientation (in this case, intrapsychic) predominated did not easily enough enable students to both personally and intellectually develop comfort with social-environmental conceptualizations of causation and intervention. Since additional faculty positions in community psychology were not forthcoming, other means of increasing the visibility of alternate role models in community psychology were sought. Relevant courses outside the immediate program and department were identified and students were encouraged to participate in a larger network of learning opportunities. The use of short-term visiting positions, invited speakers, linkages between program trainees and community psychologists at other sites, and group supervision all served to highlight the variety of persons and

approaches in community psychology, enhancing the opportunity for identification.

Such structural changes enabled trainees to more successfully work through a resolution of these problematic themes. How the resolution of these issues plays a role in the subsequent development of the skills necessary to the practice of community psychology remains a question for future research. However, any investigation of the outcomes of training must necessarily broaden its focus to include an examination of the institutional base in which training programs are embedded.

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