

An Evaluation of Skill Acquisition in Community Psychology Training¹

Steven Walfish²

Northside Community Mental Health Center

Julie A. Polifka and David E. Stenmark

University of South Florida

Community psychology is a relatively new and rapidly growing discipline. Only one university offering an advanced degree in the area was described prior to 1965 (Golann, Wurm, & Magoon, 1964), but by the middle 70s as many as 62 programs offering graduate degree training were identified in this field (Meyer & Gerrard, 1977). Training in community psychology has been discussed at two major national conferences, the historic Swampscott meeting in 1965 (Bennett, Anderson, Cooper, Hassol, Klein, & Rosenblum, 1966) and 10 years later at Austin (Iscoe, Bloom, & Spielberger, 1977). This latter meeting generated numerous models for training future community psychologists.

To assess training needs and opportunities available to students with an interest in community psychology activities several surveys have been conducted. In a study of university and internship training programs, Barton, Andrulis, Grove, and Aponte (1977) examined the extent to which community psychology concepts and methodologies were being taught in these settings. These researchers found the number of such training opportunities to be on the rise. However, they also noted that these opportunities were essentially restricted to community mental health aspects

¹The authors would like to thank the Horizon Hospital research fund for providing generous support for this project. During the period in which this project was conducted the senior author was supported through a NIMH National Research Service Award (MH086 39-01).

²All correspondence should be addressed to Steven Walfish, Clinical/Community Psychology Services, 3500 E. Fletcher Avenue, Tampa, Florida 33612.

of community psychology. Similarly, Zolik, Sirbu, and Hopkinson (1977) polled advanced doctoral students in clinical, clinical-community, and community psychology training programs to evaluate their exposure to topic areas in community psychology and community mental health. Additionally the adequacy of this coverage in relation to their needs was examined. Although the majority of respondents reported that training in the areas surveyed were very helpful in aiding them in meeting their career goals, the majority also considered the available training opportunities inadequate to meet their future needs.

One of the major concerns in the community psychology value hierarchy is consumer involvement in decision-making and the assessment of consumer satisfaction for services rendered. Hence, obtaining feedback from individuals who undertake graduate training in community psychology is particularly important. It is necessary to evaluate the consumer or student perspective as to what is perceived as valuable in training programs and what areas need further modification. Such an evaluation process allows those who are planning community psychology training programs to understand one perspective of the perceived effectiveness of these programs. Finally, this process is especially important in a dynamic and growing area. The consumer perspective of recent graduates' satisfaction with skill training in clinical psychology has been examined recently (Walfish, Kaufman, & Kinder, 1980). The present investigation extends this endeavor to skill training in community psychology. The purpose of this research project was to survey recent graduates of community psychology training programs at the master's and doctoral levels to assess self-reported competency in a number of community psychology skills upon receipt of the graduate degree. The survey was designed to assess perceived skill acquisition pre- rather than postdegree.

METHOD

Subjects

Survey packets were mailed to the Directors of Training of all MA- and PhD-level training programs in community psychology as identified by the listing in the *Guide to Graduate Study in Psychology* (American Psychological Association, 1982). Each packet contained 10 surveys with a cover letter and a sample survey. Each of the 10 surveys (sealed in a prestamped envelope) also included a prestamped and addressed return envelope. In order to assure confidentiality, the Directors of Training were requested to address and forward the surveys to the 10 most recent graduates

of their programs. Further, each Director of Training was provided with a postcard and requested to return it to the researchers when the surveys were forwarded specifying (a) the date they were sent out, and (b) the actual number sent. This latter information was requested since it would allow the researchers to keep an accurate account of the return rate (some community programs are so new it was our feeling that many would have not graduated 10 MA and/or PhD individuals to date. This did turn out to be the case).

Initially, 330 surveys were mailed to Directors of Community Programs, including 21 MA-level programs and 12 PhD-level programs. Of the 33 contacted, Directors of Training from 19 programs forwarded the surveys to their recent graduates (10 at the MA level for a total of 100 surveys; 9 at the PhD level for a total of 72 surveys). A total of 79 of the 172 surveys were returned (47 at the MA level; 32 at the PhD level) yielding a return rate of 46%. While not exceedingly high, this return rate is comparable if not higher than other surveys involving community psychologists (Andrulis, Barton, & Aponte, 1978; Elias, Denton, & Howe, 1981; Passy & D'Ercole, Note 1; Skotko, 1980).

The Survey

A questionnaire was constructed to measure respondents' Likert ratings along 27 skill areas. These areas were identified by the researchers through reviews of the literature, skill areas tapped in previous surveys, and through their own practice and research experience. Many of these skills were presented as potential content areas basic to community psychology at the Tampa Conference on Training in Community Psychology (Stenmark, Note 2). These areas were viewed as skills that community psychologists might be called upon to use in a variety of employment settings. Respondents were asked to rate on 6-point scales their subjective *competency levels* in each of the 27 skill areas immediately upon completion of graduate school (1 = not at all competent; 6 = very competent). Further, subjects were asked to respond to questions rating their satisfaction with graduate training, as well as relevance to present position. Finally, respondents were asked to indicate whether or not, if they had it to do over again, they would choose (a) to go to the same training program, and (b) psychology as a career.

RESULTS

The mean age of the respondents in the sample was 32.7 (MA, 33.1; PhD, 31.8), and the mean length of time from the beginning to end of graduate training was 4.04 years (MA, 3.24; PhD, 5.23). There were 46

females (MA, 30; PhD, 16) and 33 males (MA, 17; PhD, 16) in the sample. The primary emphasis of respondents' current employment included clinical practitioner (MA, 21%; PhD, 22%), academic/research (MA, 4%; PhD, 50%), administration (MA, 26%; PhD, 9%), community psychology (MA, 17%; PhD, 3%) and other, most commonly a combination of the four other categories (MA, 24%; PhD, 16%).

Table I presents data from the total sample and comparisons of graduates of master's and doctoral programs on perceived competency level in the 27 skill areas. As can be seen in Table I graduates of these programs were generally satisfied with their skill level in these areas after completing their graduate training. In terms of competency level, respondents felt most skilled ($\bar{X} \geq 4.0$) in the areas of basic research, program evaluation, field

Table I. Mean Skill Competency Ratings for the Total Sample and for MA and PhD Graduates^a

| Skill area | Total | | MA | | PhD | |
|---|-----------|------|-----------|------|-----------|-------------------|
| | \bar{X} | SD | \bar{X} | SD | \bar{X} | SD |
| Administration | 3.63 | 1.48 | 3.55 | 1.49 | 3.75 | 2.48 |
| Basic research | 4.57 | 1.25 | 4.40 | 1.26 | 4.81 | 1.20 |
| Case-centered consultation | 3.68 | 1.50 | 3.77 | 1.37 | 3.55 | 1.70 |
| Community organization | 3.84 | 1.53 | 3.83 | 1.49 | 3.87 | 1.61 |
| Crisis intervention | 3.62 | 1.62 | 4.04 | 1.46 | 2.97 | 1.63 ^c |
| Empowerment | 2.94 | 1.61 | 2.90 | 1.50 | 3.00 | 1.78 |
| Enhancing citizen participation | 3.45 | 1.44 | 3.45 | 1.65 | 3.45 | 1.39 |
| Environmental design | 2.53 | 1.45 | 2.48 | 1.43 | 2.61 | 1.50 |
| Epidemiology | 2.74 | 1.48 | 2.67 | 1.26 | 2.84 | 1.77 |
| Field research | 4.42 | 1.42 | 4.02 | 1.41 | 4.97 | 1.26 ^c |
| Grant writing | 3.61 | 1.81 | 3.13 | 1.74 | 4.31 | 1.70 ^c |
| Group process | 3.61 | 1.81 | 4.21 | 1.14 | 4.40 | 1.40 |
| Mental health education | 3.53 | 1.46 | 3.80 | 1.36 | 3.10 | 1.52 ^b |
| Mental health interventions in industry | 2.51 | 1.32 | 2.60 | 1.26 | 2.38 | 1.43 |
| Needs assessment | 4.30 | 1.32 | 4.43 | 1.28 | 4.13 | 1.39 |
| Paraprofessional training | 3.60 | 1.62 | 3.74 | 1.64 | 3.39 | 1.61 |
| Primary prevention | 3.83 | 1.51 | 4.00 | 1.40 | 3.58 | 1.65 |
| Secondary prevention | 3.75 | 1.36 | 3.82 | 1.28 | 3.63 | 1.59 |
| Tertiary prevention | 3.56 | 1.35 | 3.70 | 1.28 | 3.33 | 1.45 |
| Program-centered consultation | 3.91 | 1.48 | 3.64 | 1.42 | 4.31 | 1.49 ^b |
| Program evaluation | 4.51 | 1.32 | 4.23 | 1.36 | 4.91 | 1.08 ^b |
| Program planning | 4.28 | 1.25 | 4.11 | 1.22 | 4.53 | .92 |
| Research supervision | 3.50 | 1.63 | 3.23 | 1.53 | 3.90 | 1.76 |
| Resource development | 3.75 | 1.48 | 3.81 | 1.51 | 3.66 | 1.47 |
| Social network development | 3.58 | 1.57 | 3.60 | 1.51 | 3.55 | 1.68 |
| Social policy analysis | 3.25 | 1.56 | 2.96 | 1.49 | 3.71 | 1.57 ^b |
| Teaching | 3.95 | 1.40 | 4.19 | 1.31 | 3.59 | 1.46 |

^a1 = Very incompetent; 6 = very competent.

^b $p < .05$.

^c $p < .01$.

research, needs assessment, group process, and program planning. Respondents felt least competent ($\bar{X} \leq 3.0$) upon graduation in the areas of mental health interventions in industry, environmental design, epidemiology, and empowerment.

For purposes of comparing the ratings of MA and PhD graduates' training experience in terms of perceived competency level, a multivariate analysis of variance was performed to determine if the groups differed in their ratings. Results of this analysis found significant differences between the groups on these 27 skill areas (Wilkes criterion, $F(118, 222) = 1.77, p < .001$). Inspection of Table I finds that graduates of MA programs felt more competent in skills related to crisis intervention and mental health education. On the other hand graduates of PhD programs felt significantly more competent than MA graduates in skills related to field research, grant writing, program-centered consultation, program evaluation, and social policy analysis.

In addition to asking specific questions related to skill training, respondents were surveyed as to their general satisfaction with overall graduate training, relevance of training to present position, and career choice issues. The responses to these questions are presented in Table II for the sample as a whole, as well as separately for graduates of master's and doctoral programs. In general, respondents were quite satisfied with the overall quality of training, number of practicum sites available, ethical preparation, and role models exposed to during training. Further, respondents viewed their graduate preparation as relevant to the work performed in their present position. However, it should be noted that PhD graduates were significantly more satisfied with the overall quality of their training ($p < .05$) and the relevance of their graduate preparation to their

Table II. Satisfaction With Graduate Training and Relevance to Present Position

| Variable | Total | | MA | | PhD | |
|---|-----------|------|-----------|------|-----------|------------------|
| | \bar{X} | SD | \bar{X} | SD | \bar{X} | SD |
| Satisfaction with ^a | | | | | | |
| Overall quality of training | 3.87 | .94 | 3.68 | 1.04 | 4.16 | .68 ^c |
| Number of practicum sites available | 3.36 | 1.43 | 3.17 | 1.54 | 3.65 | 1.23 |
| Ethical preparation | 3.83 | 1.36 | 3.64 | 1.55 | 4.13 | .97 |
| Role models | 3.81 | 1.14 | 3.68 | 1.22 | 4.00 | 1.02 |
| Relevant to present position ^b | 3.86 | 1.28 | 3.45 | 1.41 | 4.41 | .84 ^d |

^a1 = Very dissatisfied; 6 = very satisfied.

^b1 = Very irrelevant; 6 = very relevant.

^c $p < .05$.

^d $p < .001$.

Table III. Responses to Career Choice Questions

| Question | Yes | No | Not sure |
|---|----------|----------|----------|
| If you had it to do over again, would you <i>choose to go to the same training program?</i> | | | |
| Total | 49 (62%) | 12 (15%) | 17 (23%) |
| MA community | 27 (59%) | 9 (20%) | 10 (22%) |
| PhD community | 22 (69%) | 3 (9%) | 7 (22%) |
| If you had it to do over again, would you <i>choose psychology as a career?</i> | | | |
| Total | 56 (73%) | 21 (27%) | — |
| MA community | 33 (70%) | 14 (30%) | — |
| PhD community | 23 (77%) | 7 (23%) | — |

present positions ($p < .001$) than recipients of the MA degree in community psychology.

Comparisons were also made between male and female skill area competency ratings. Results of a multivariate analysis of variance found no significant differences. However, an examination of sex differences on the more global ratings found PhD-level females significantly less satisfied with available role models during their training ($p < .005$), and training to be less relevant to their present positions ($p < .05$). Further, there was a tendency for women to feel less satisfied with the overall quality of graduate training ($p < .06$) than men at the PhD level. No such differences emerged at the MA level.

It is also worth noting how respondents answered questions related to attending the same graduate program if they had it to do over again, as well as choosing psychology as a career. As can be seen in Table III the majority of respondents would choose to go to the same program (62%). However a significant number responded no (15%) or not sure (23%) to the same question. Graduates of doctoral programs appeared to be more certain they would indeed again attend the same program. It appeared also that the majority would continue to choose psychology as a career (73%) with no real difference between MA and PhD recipients.

DISCUSSION

The present investigation attempted to assess "self-perceived competence" in a number of skill areas for recently graduated community psychologists. Limitations of the findings reported should be taken into consideration when interpreting the results. First, the methodology for

assessing self-perceived competence was a mail-out survey in a self-report format. Therefore the results are subject to the limitations of these two methodologies (i.e., survey research and self-report data). Second, in determining one's competency level there may be a Setting \times Skill \times Person interaction. That is, a subjective feeling of competency may be influenced by where a person works, the multitude of skills that are needed in such a setting to work effectively, and actual skill level of the individual doing the rating. Third, the respondents in this survey were "recent graduates" and thus may not have had sufficient time to have an ample opportunity to test their actual skill levels in a "real world" task. Finally, we recognize the need for the development of external and objective determinants of competence as a means of assessing the actual acquisition of community psychology skills as a function of graduate level training.

In general, recent graduates from both masters and doctoral programs in community psychology report a moderate level of competency in the research and intervention skills assessed in this study. Of 27 separate skill areas, average competency ratings fell between 3.0 and 4.0 on 18 (67%). It is worth pointing out the skill areas the respondents felt most competent in were research and data-oriented activities (e.g., basic research, program planning and evaluation, field research, needs assessment). Graduates of both MA and PhD programs feel that training programs are doing a good job in training of these traditional skills.

On the other hand, at least two of the areas which recent graduates felt least competent in their skill levels deserve further attention. These were mental health interventions in industry and empowerment, both skills which require working with people in their natural environments. Ironically, these were the topics and issues focused upon in two recent Division 27 Presidential Addresses (Rappaport, 1981; Stenmark, Note 3). Rappaport (1981) argues that the major focus of community psychologists' efforts should not be on prevention of problems, but rather with empowerment of the oppressed. That is, the aim should be to enhance the possibilities for people to control their own lives. He sees the requirement for the profession of community psychology to be involved in social action and real world problems in a collaborative arrangement with the local community. Perhaps this is too new a concept and focus of community psychologists to have been adequately integrated into training curricula to date. However, if this is to be a major role for the community psychologist, graduate programs should build such experiences into students' training. Stenmark (Note 3) views community psychology moving into the private sector as an opportunity to be involved with a large number of people in their natural environments. This too is a new thrust in the community psychology movement. Graduate programs should work toward developing curricula

and training opportunities to allow students to become involved with primary and secondary prevention efforts in these settings.

Significant differences did emerge between graduates of masters and doctoral programs in terms of perceived competency level in several skill areas. Graduates of MA programs reported more competence in skills which required "direct service" abilities (e.g., crisis intervention and mental health education). On the other hand, graduates of PhD programs indicated more competence in skills related to research and program development (e.g., field research, grant writing, program-centered consultation, and program evaluation). These differences parallel the model presented by Danish (1977) at the Austin Conference. That is, in the human service delivery system he envisioned the entry-level human service workers to be direct service providers. He viewed the program development and program monitoring role as much more appropriate for the doctoral level community psychologist. Perhaps graduate programs have incorporated Danish's model, probably unwittingly, into their training philosophy.

Although significant differences between MA and PhD graduates in self-assessed competency level did emerge, we should point out there were fewer differences than anticipated. Graduates of MA programs self-rated their competency levels as equal to or greater than PhD graduates in 22 of the 27 skill areas. This is an interesting finding in light of the fact that graduates of MA programs felt significantly less satisfied with the overall quality of their graduate training. Further, graduates of MA programs rated their training as significantly less relevant to their present positions than PhD graduates. Walfish et al. (1980) found, in a sample of recent PhDs in clinical psychology, practitioners to be significantly less satisfied with their training than academicians and researchers. These researchers noted that when moving to an applied setting practitioners quickly perceive deficiencies in their responsibilities as they relate to everyday practice. Perhaps this is true for our sample of MA community psychologists, who for the most part work in applied settings. Strength for this argument may come from the finding that graduates were most satisfied with their training in research and data-oriented activities. However, only a minority (4%) of the MA graduates are in data and research-oriented employment positions (compared to 50% of the PhD graduates). Perhaps curricula in community psychology at the master's level should focus more attention on the applied skills that their graduates will face, rather than research-oriented activities.

The finding that women at the doctoral level were less satisfied than men with available role models raises an important issue. Meyer (1977) argues that students seek role models on the basis of sex and race, for adaptation to settings and for illustration of roles and skills. She believes

that female students have particular difficulty in finding models, since so few "seasoned professionals" are women. Further, in a survey of female members of Division 27 Passy and D'Ercole (Note 1) contend that the presence of additional women in community psychology, as models and mentors, is critical to women's professional development in this field. The results of their survey, along with the results of the present investigation, argue for the continued encouragement and acceptance of women in community psychology faculty positions.

Finally, whether or not a graduate would once again choose to go to the same program, and even choose psychology again as a career, may be viewed as an important indication of consumer satisfaction for training programs in community psychology. Although the majority of the respondents in our sample would once again go to the same training program, a significant number responded "no" or "not sure" to this question. Similarly, almost one-quarter of the respondents would not even choose psychology as a career if they could live their lives again. The reasons for the hesitation about attending the same program merit further exploration, as does dissatisfaction with psychology as a career. There is a need for the field of community psychology, as well as individual training programs, to attempt to delineate these reasons as a means of self-monitoring and evaluating training program effectiveness.

REFERENCE NOTES

1. Passy, L., & D'Ercole, A. *Women in community psychology: Settings, functions and obstacles to professional development*. Paper presented at the meeting of the American Psychological Association, 1979.
2. Stenmark, D. *The Tampa Conference on Training in Community Psychology*. Paper presented at the meeting of the American Psychological Association, Tampa, 1980.
3. Stenmark, D. *The beginning of the end or the end of the beginning?* Paper presented at the meeting of the American Psychological Association, 1981.

REFERENCES

- American Psychological Association. *Guide to graduate study in psychology*. Washington, D.C.: APA, 1982.
- Andrulis, D., Barton, A., & Aponte, J. Training experiences from the perspectives of community psychologists. In I. Iscoe, B. Bloom, & C. Spielberger (Eds.), *Community psychology in transition*. Washington, D.C.: Hemisphere, 1977.
- Barton, A., Andrulis, D., Grove, W., & Aponte, J. Training programs in the mid-1970's. In I. Iscoe, B. Bloom, & C. Spielberger (Eds.), *Community psychology in transition*. Washington, D.C.: Hemisphere, 1977.

- Bennett, C., Anderson, L., Cooper, S., Hassol, L., Klein, D., & Rosenblum, G. *Community psychology: A report of the Boston Conference on the education of psychologists for community mental health*. Boston: Boston University, 1966.
- Danish, S. Human development and human services: A marriage proposal. In I. Iscoe, B. Bloom, & C. Spielberger (Eds.), *Community psychology in transition*. Washington, D.C.: Hemisphere, 1977.
- Elias, M., Dalton, J., & Howe, G. Studying community psychology as a community of professionals: An empirical approach. *Professional Psychology*, 1981, 12, 363-376.
- Golann, S., Wurm, C., & Magoon, T. Community mental health content of graduate programs in departments of psychology. *Journal of Clinical Psychology*, 1964, 20, 518-522.
- Iscoe, I., Bloom, B. L., and Spielberger, C. D. (Eds.). *Community psychology in transition*. Washington, D.C.: Hemisphere, 1977.
- Meyer, M. Professional concerns of students in community psychology. In I. Iscoe, B. Bloom, & C. Spielberger (Eds.), *Community psychology in transition*. Washington, D.C.: Hemisphere, 1977.
- Meyer, M., & Gerrard, M. Graduate training in community psychology. *American Journal of Community Psychology*, 1977, 5, 155-164.
- Rappaport, J. In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 1981, 9, 1-26.
- Skotko, V. Professional activities and the perceptions of needs and opportunities for community psychologists. *American Journal of Community Psychology*, 1980, 8, 709-714.
- Walfish, S., Kaufman, K., & Kinder, B. Graduate training in clinical psychology: A view from the consumer. *Journal of Clinical Psychology*, 1980, 36, 1040-1045.
- Zolik, E., Sirbu, W., & Hopkinson, D. Training programs from the perspective of graduate students. In I. Iscoe, B. Bloom, & C. Spielberger (Eds.), *Community psychology in transition*. Washington, D.C.: Hemisphere, 1977.