

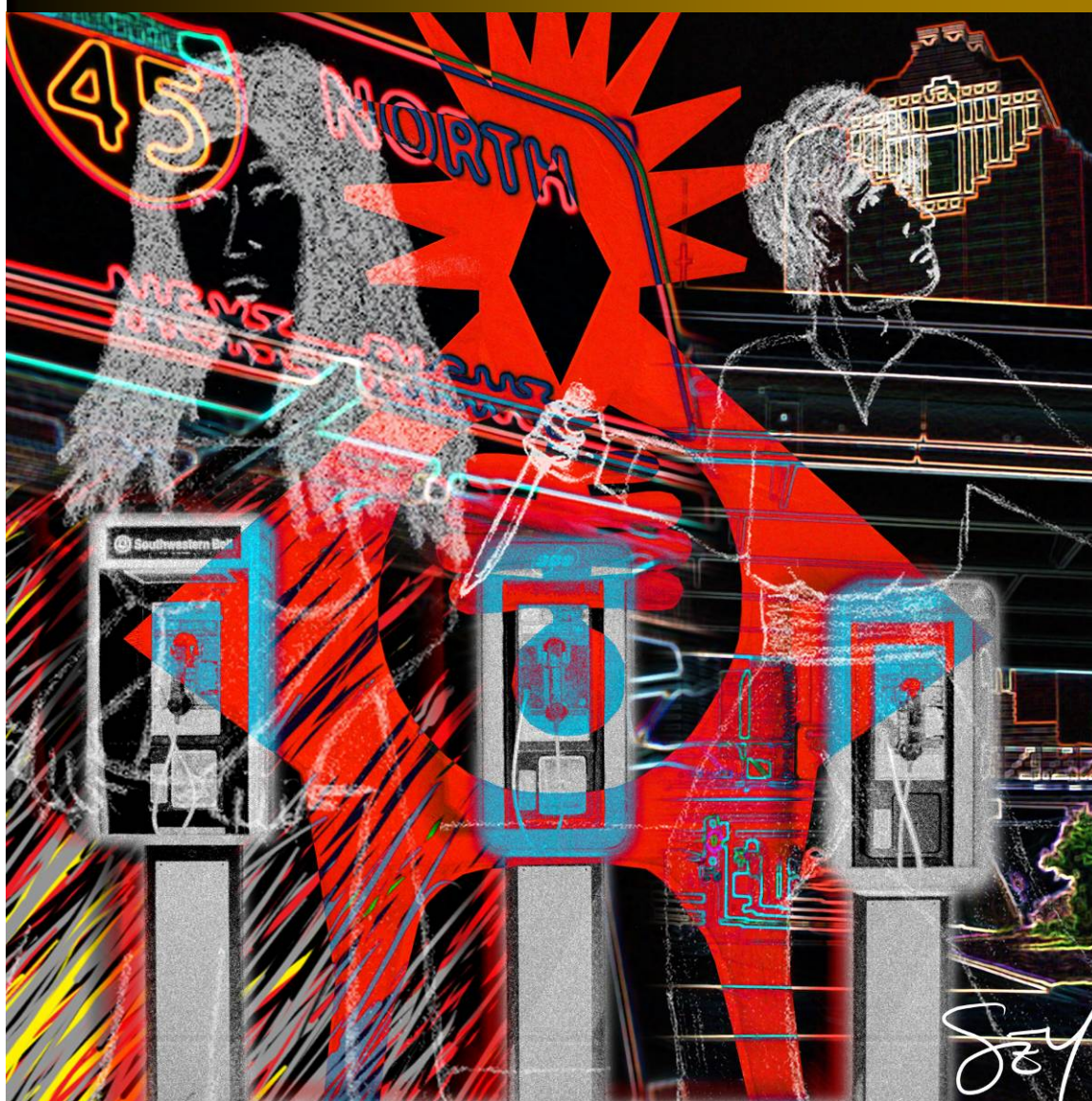
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March 2006  
Volume 1 • Issue 1

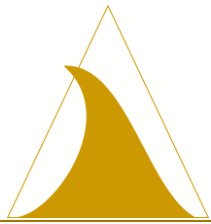
# PREVENTION IN COUNSELING PSYCHOLOGY:

THEORY, RESEARCH, PRACTICE AND TRAINING

A Publication of Prevention Section in Division 17 of American Psychological Association



Artwork by: Sandra E. Yates · [ladyeve41@juno.com](mailto:ladyeve41@juno.com)



# PREVENTION IN COUNSELING PSYCHOLOGY:

THEORY, RESEARCH, PRACTICE AND TRAINING

Volume 1 • Issue 1 • March, 2006

**Prevention in Counseling Psychology: Theory, Research, Practice and Training** is a publication of the Prevention Section of the Society for Counseling Psychology. The publication is dedicated to the dissemination of information on prevention theory, research, practice and training in counseling psychology, stimulating prevention scholarship, promoting collaboration between counseling psychologists engaged in prevention, and encourages student scholars. The publication focuses on prevention in specific domains (e.g., college campuses) employing specific modalities (e.g., group work), and reports summaries of epidemiological and preventive intervention research. All submissions to the publication undergo blind review by an editorial board jury, and those selected for publication are distributed nationally through electronic and hard copies.

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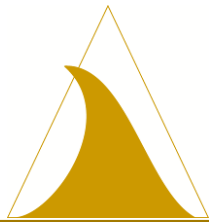
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# PREVENTION IN COUNSELING PSYCHOLOGY: THEORY, RESEARCH, PRACTICE AND TRAINING

Volume 1 • Issue 1 • March, 2006

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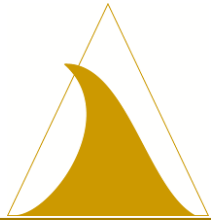
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# PREVENTION IN COUNSELING PSYCHOLOGY: THEORY, RESEARCH, PRACTICE AND TRAINING

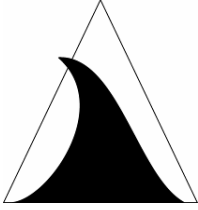
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## A STITCH IN TIME

**Maureen Kenny**  
*Boston College*

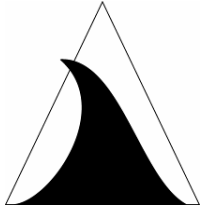
The publication of the first issue of *Prevention in Counseling Psychology: Theory, Research, Practice and Training* is a significant milestone for the Society for Counseling Psychology Section on Prevention. This publication is the culmination of the efforts over the past several years of a number of prevention section members, particularly Michael Waldo and Jonathan Schwartz. I congratulate them in navigating all of the hurdles to make this happen. This publication also reflects the positive energy exhibited by the membership of the prevention section, as well as and the convergence of several national trends that make prevention science at this point in time very exciting nexus between theory, practice, training and research.

Within the current publication and other prominent counseling psychology publications, members of the prevention section are actively presenting and publishing their work in ways that seek to disseminate cutting-edge theory and research regarding prevention. The work of the section has illuminated the important intersections between prevention, positive development, social action and social justice. Over the past several years, for example, our section has sponsored symposia at the annual APA conference focusing on best practices in prevention, competencies in prevention training, prevention and social action, and prevention ethics. The summer 2005 symposium is addressing prevention and social justice. Cumulatively, these topics reflect our efforts towards simultaneously advancing the scientific knowledge base to inform prevention research and practice, ensuring that prevention research, practice and training are carried forth in an ethical and responsible manner, and fostering contexts and policies that support healthy development and promote social justice. I think that these efforts to integrate knowledge and practice in positive psychology and prevention science and practice provide direction for initiatives that will further enhance

the impact of prevention as a vehicle for social justice. I hope that this publication will further advance theory, practice, training and research in yet unspecified ways and look forward to many future issues.

Many thanks to all of the contributors.

*Maureen Kenny*



## PREVENTION SECTION ACTIVITIES AT THE 2005 CONVENTION

**Maureen Kenny**

*Boston College*

**Michael Waldo**

*New Mexico State University*

### **Symposium**

The Prevention Section presented the symposium "A Social Justice Perspective on Prevention." The papers included in this symposium examined a social justice vision of prevention in the design, delivery and evaluation of preventive interventions for a variety of settings and constituent groups. Maureen Kenny chaired the symposium. Connie Matthews and Eve Adams presented "Using a Social Justice Approach to Prevent the Mental Health Consequences of Heterosexism." Larisa Buhin and Elizabeth Vera presented "Prevention of Racism." Sally Hage and Matthew Siegel presented "The Multicultural Guidelines and Social Justice: Informing Prevention Research and Practice." Jonathan Schwartz and Meghan Davidson presented "Addressing Intimate Violence through Preventive Social Justice." Roy Reese and Michael Waldo responded to the presentations as discussants.

### **Round Table Discussion**

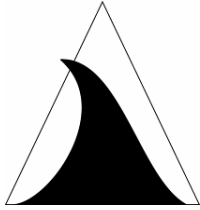
The Prevention Section Chair, Maureen Kenny, and Past Chair, Michael Waldo, hosted a round table discussion of the opportunities and benefits available to counseling psychologists through participation in the Prevention section.

### **Student Poster Session**

The Prevention Section sponsored student posters at the APA 2005 Annual Convention as part of the Student Poster Session co-sponsored by the Council of Counseling Psychology Training Programs (CCPTP), Division 17 Sections, and the Division 17 Student Affiliate Group (SAG).

### **Prevention Section Business Meeting**

The Prevention Section business meeting was held on Saturday, Aug. 20 at 9:00 am. Section business include planning the Prevention Section symposium for the 2006 convention. Persons who had ideas about potential topics for the symposium and/or who were interested in presenting during the symposium attend and collaboratively planned what will be offered next year. Prevention research and scholarship projects were discussed. Potential resources for funding prevention research were examined. Nominations were accepted for leadership positions in the Prevention Section. The meeting honored the Section's "Prevention in Counseling Psychology Lifetime Achievement Award" and "Graduate Student Counseling Psychology Prevention Research Award" recipients. Any one attending the convention (especially graduate students!) are welcome to participate in the Section's next business meeting at the APA convention in New Orleans.



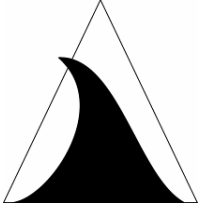
## 2005 LIFE TIME ACHIEVEMENT AWARD RECIPIENT: John L. Romano

**Michael Waldo**

*New Mexico State University*

John L. Romano was awarded the Prevention Section 2005 Life Time Achievement Award. Dr. Romano has been involved in prevention service for more than 40 years, including working as a Peace Corps volunteer, Residence Hall Counselor, College Counselor, Professor and academic department chair. Dr. Romano has been successful in acquiring resources for prevention research and practice, including over one million dollars in funding for drug education and prevention over a seven year period. He has published 34 manuscripts in professional journals, 29 of which address issues that are highly relevant to prevention. Thirteen of Dr. Romano's journal publications focus directly on prevention, and have had a profound impact prevention science. In particular, his articles with Sally Hage in The Counseling Psychologist ("Prevention and counseling psychology: Revitalizing commitments for the 21st century." and "Prevention: A call to action.") have provided motivation and guidance for renewing the counseling psychology profession's commitment to prevention research, practice and training. Dr. Romano's current projects promise to be equally influential. He is working on three prevention oriented manuscripts for The Counseling Psychologist, and a book entitled "The practice and science of prevention." Dr. Romano's promotion of prevention within the counseling psychology profession has included his offering 21 presentations on prevention at American Psychological Association conventions over the last 15 years. He also chaired the Society for Counseling Psychology's Prevention Special Interest Group and published its news letter for five years, and led that group in the creation of the Society's Prevention Section, for which he served as Chair and Past Chair for four years. Dr. Romano has been an inspiration to many professionals who are committed to prevention, and has facilitated their development through his teaching, involving them in co-authored

publications and presentations, and encouraging their participation in the Prevention Section. Dr. Romano is extraordinarily well qualified to receive the Prevention Section's Life Time Achievement Award. We are truly fortunate to have people of his caliber who are dedicated to guiding our profession toward prevention.



**2005 GRADUATE STUDENT RESEARCH AWARD RECIPIENT: M. Meghan Davidson**

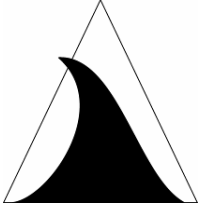
**Michael Waldo**  
*New Mexico State University*

M. Meghan Davidson has been awarded the Prevention Section Graduate Student Research Award. Ms. Davidson's dissertation, "Adolescent Attitudes regarding dating relationships: The construction of sex-specific scales" is an excellent example of research that develops and refines assessment tools which are essential for prevention practice and research. Ms. Davidson developed instruments that identified differences in the way males and females conceptualize healthy and coercive aspects of dating relationships. She intends to develop dating/sexual violence prevention programming for high school students and to utilize the scales she developed for program evaluation.

In addition to her dissertation, Ms. Davidson has conducted an NIH funded study examining prevention of eating disorders among college freshmen women. She served as Head Research Assistant for the project. Additionally, she facilitated a 12-week eating disorders prevention intervention for adolescent girls. She has conducted extensive research in the areas of career development and multiculturalism. She ties both areas to prevention, recognizing that career fulfillment prevents the problems associated with career dissatisfaction and neglected potential, and that our profession's acquisition of a multicultural perspective prevents the negative impact of psychological cultural oppression. She has published more than 10 manuscripts and offered more than 20 professional presentations addressing these topics.

Ms. Davidson is extraordinarily well qualified to receive the Prevention Section's Graduate Student Research Award. The Section is fortunate to have students of her caliber who are dedicated to prevention entering our profession.





## CONTRIBUTING TO THE PREVENTION SECTION: YOU CAN HAVE A VOICE

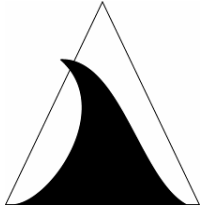
**M. Meghan Davidson**

During the past four years, I have been honored to serve as the Student Representative to the Division 17 Section on Prevention. It has been a fabulous experience for me. I have been able to meet and form relationships with both professionals and students within Counseling Psychology who are interested and passionate about prevention issues. I have been able to talk about my ideas for research in this area and garner new ideas, as well as discuss the ways prevention is valued or not valued, seen or not seen, by the larger field of Counseling Psychology. Additionally, I have been asked to join symposia presentations and publications focused on prevention topics which have been growthful learning opportunities and a place to have my voice heard.

As I graduate this year and earn my doctoral degree, I will also be moving beyond my role as Student Representative to the Section on Prevention. I am hopeful that if you are a student reading this column, you will consider joining the Section on Prevention. It is a place where you can get involved and serve the Division and . Maybe most of all, you can find a home within the field.

I would like to announce the new co-student representatives Imelda Bush, University of Houston and Theresa Faes, Louisiana Tech University.

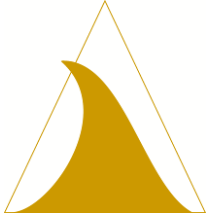
Many thanks to the Executive Boards of the Section on Prevention during the past four years—you've certainly made me feel welcome and I look forward to our continued relationships!



## PREVENTION IN GUATEMALA

**Maria del Pilar de Rodriguez**  
*University del Valle de Guatemala*  
**Michael Waldo**  
*New Mexico State University*

Prevention Section members Maria del Pilar de Rodriguez (Universidad del Valle de Guatemala) and Michael Waldo (New Mexico State University) collaborated on providing a course on prevention groups at the Universidad del Valle de Guatemala. Students who participated in the course went on to lead groups to promote development and prevent problems with a wide variety of populations in Guatemala, including: Saying NO to Violence (a bullying prevention group for children); Creating Advisory Group Work With Students (a group to support the education and development of the “guajeros,” children who live in extreme poverty in the Guatemala City garbage dump); Developing Adjustment Strategies for Freshman Students of UVG Coming From Departments of Guatemala@ (a group to support the adjustment of first generation rural college students), Living Through the Pain of Special Needs@ (a group to support parents of special needs children); “Understanding Our Needs to Help Others@ (a group to support volunteers who assist single mothers), and; Solving It!@ (a group promoting conflict resolution among school children). Evaluative research on the effectiveness of these groups is planned. Persons interested in collaborating with Central American colleagues in prevention practice, research and/or training in Guatemala, please contact **Maria del Pilar de Rodriguez** ([mpgderod@uvg.edu.gt](mailto:mpgderod@uvg.edu.gt)) or **Michael Waldo** ([miwaldo@nmsu.edu](mailto:miwaldo@nmsu.edu)).



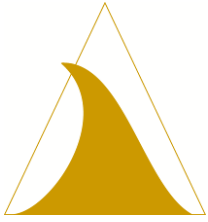
# PREVENTION IN COUNSELING PSYCHOLOGY: THEORY, RESEARCH, PRACTICE AND TRAINING

## Call for Papers

Submissions are now being accepted for *Prevention in Counseling Psychology: Theory, Research, Practice and Training*, the refereed, nationally distributed publication of the Prevention Section. The purpose of this publication is to communicate items of interest related to the science and practice of prevention to Division 17 Section members, students, and colleagues. Contributions can focus on prevention theory, research, practice or training, or a combination of these topics. Typical contributions will be between 200 and 400 words (plus references), but longer or shorter pieces will be considered. We are particularly interested in contributions from students. Please submit brief articles citations of recently published manuscripts, posters and books, grants awarded, and other items of interest to Editor Jonathan P. Schwartz (email: [jschwartz@uh.edu](mailto:jschwartz@uh.edu)) in electronic format.

## Request for Proposals

The Prevention Section is able to provide limited grant support (up to \$200) for researchers conducting studies on prevention. Please submit a two page research proposal describing the purpose of the study, research design and budget, and a copy of the principle investigator's vita, to Liz Vera ([evera@luc.edu](mailto:evera@luc.edu)) or Andy Horne ([ahorne@coe.uga.edu](mailto:ahorne@coe.uga.edu)) by June 30<sup>th</sup> 2006. Funds will be awarded during the Prevention Section 2006 business meeting at the APA Convention.



# PREVENTION IN COUNSELING PSYCHOLOGY: THEORY, RESEARCH, PRACTICE AND TRAINING

## Call for Nominations

The American Psychological Association Division 17 Prevention Section Awards Committee calls for nominations for awards for excellence in prevention work. The Section offers two awards.

### *Counseling Psychologist Life Time Achievement Award in Prevention*

For counseling psychologists who have engaged in more than ten years of prevention activities, including theory building, research, practice, training, and/or leadership.

### *Counseling Psychology Graduate Student Prevention Research Award*

For prevention research in counseling psychology conducted by a student as part of her or his graduate training.

### **Nomination Guidelines**

Please submit a statement of no longer than two pages describing the prospective candidate's qualifications and contributions, along with a copy of the candidate's curriculum vita. For the Counseling Psychology Graduate Student Prevention Research Award, please also submit a copy of a manuscript reporting on the prevention research the student conducted. Nominations and accompanying materials should be submitted by May first to be considered for an award that calendar year. It is preferred that nomination information be submitted in Microsoft Word format as an email attachment. Submissions should be sent to Michael Waldo at [mi-waldo@nmsu.edu](mailto:mi-waldo@nmsu.edu). Self-nominations are encouraged. Membership in the Prevention Section is strongly preferred.

### **Award Selection Process**

The Awards Committee will review nominations. Decisions will be submitted to and approved by the Executive Board of the Prevention Section. Awards will be announced at the Prevention Section business meeting at

the American Psychological Association Convention.

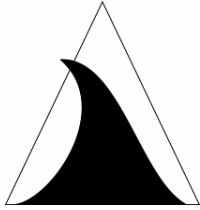
### **Division 17 Prevention Section - Awards Selection Criteria**

#### *Specificity of nomination:*

- Nominations should include descriptions of nominees' prevention work that has already been implemented, so that the impact and outcome of the work can be addressed as well as the conceptual idea.
- Nominations should speak to the role that the nominees played in the development of the nominated works.
- Nominations may be for a single achievement or for a body of work over time, but the impact and quality of the nominated work should be clear and well defined.

#### *Quality of work:*

- Given the breadth of different categories of prevention, any one of these criteria may or may not apply to any given body of work. However, these are potential criteria to be used in evaluating the merit of any given body of work.
- The work demonstrates values of inclusiveness, attending to the needs of diverse groups.
  - The work contributes to the promotion of social justice.
  - The work is creative or innovative in its approach.
  - The value of generativity is embodied in the ways that work has been shared with others in our profession (for example, the project has been shared at conventions, publications, trainings, in-services, etc.).
  - The work is judged to be of high quality.
  - The work reflects commitment to prevention over time.
  - The work is of sufficient merit that a majority of peers would agree on its quality.
  - The work has implications for best practices in prevention.
  - The work attends to developmental needs.
  - The work reflects ethical best practices.



## THE CDC WATERING HOLE

**Donald E. Eggerth, Ph.D.**

*Training Research and Evaluation Branch*

*Centers for Disease Control and Prevention / National Institute for Occupational Safety and Health*

It is an old adage that you can lead a horse to water, but you can't make him drink. To my mind, this nicely summarizes the challenges that we face as psychologists interested in prevention. Having set the stage by providing resources to overcome barriers and making our most persuasive arguments regarding the need for change, we are often left scratching our heads and wondering, "Just how do I get this horse to drink?" The "watering hole" referred to above is a reminder of the challenges we face motivating people to do what so clearly seems to be in their best interest.

CDC refers to the Centers for Disease Control and Prevention, the agency that I work for. I was pleased when CDC officially added "Prevention" to its name, but I think that it is unfortunate that the acronym wasn't revised to include a "P" for prevention. However, having been asked to be a regular contributor to *Prevention in Counseling Psychology: Theory, Research, Practice and Training*, I now have a forum to remind people of CDC's important prevention mission.

In this inaugural column I will write about the National Institute for Occupational Safety and Health (NIOSH), the part of CDC for which I work. In future columns, I hope to familiarize you with the scope of CDC's prevention activities and to inform you of funding and/or training opportunities from CDC.

The first thing to know about NIOSH is that we are not OSHA (the Occupational Safety and Health Administration). OSHA, a part of the Department of Labor, fulfills a regulatory and enforcement function. NIOSH, a part of the Department of Health and Human Services, is the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness.

Although great advances have been made in workplace safety, much remains to be done. Recently, NIOSH estimated that each day (7 days a week/365 days a year)

in U.S. workplaces there are 9000 disabling injuries and 16 deaths from injuries. An additional 137 people die each day from work-related diseases. Simply working for a living is the 6<sup>th</sup> leading cause of death in the U.S. Although the number of work-related mortalities is not nearly as high as for deaths attributable to heart disease or lung cancer (#1 and #2 respectively), it is larger than those of "higher profile" causes of death, such as motor vehicle accidents (#7) and HIV/AIDS (#11), that have been the targets of ongoing prevention campaigns.

In economic terms, NIOSH estimates that occupational safety and health (OSH) failures cost the U.S. economy \$171 billion annually. This compares to \$170 billion for cancer, \$164 billion for heart disease, \$67 billion for Alzheimer's and \$33 billion for HIV/AIDS. The economic burden of OSH failures is so high for two reasons: 1) The sheer number of people involved. Most everyone works for a living. 2) The life impact of disabling injuries and work-related diseases. Disabled workers may be put off the job for days, weeks, months or even forever. Expenses related to these injuries include initial medical costs, rehabilitation, lost productivity and in some cases, medical retirements. Work-related diseases are often the result of toxic exposures and can involve years of convalescence prior to death.

As disturbing as these statistics are, some of you may be wondering what this has to do with prevention psychology. From the perspective of NIOSH, it has everything to do with it. For NIOSH, there are few true "accidents." OSH failures typically could have been prevented had someone taken action. This someone might be an organizational decision maker who invests in safer equipment for the firm's workers or it could be a worker carefully following safety recommendations. Our challenge is to learn how to better motivate individuals, at all levels in an organization, to take such positive OSH actions.

As the U.S. moves from an industrial to an information and service economy, the face of OSH concerns is also changing. Although the prevention of traumatic injuries and toxic exposures remain a high priority, work-related stress is becoming an increasing priority. Consequently, NIOSH has taken a lead in nurturing the emerging field of Occupational Health Psychology (OHP). NIOSH defines OHP as “the application of psychology to improving the quality of work life, and to protecting and promoting the safety, health and well-being of workers.” OHP has a threefold focus of the work environment, the individual worker and the interface between work and family. Given counseling psychology’s historical emphases of vocational psychology, social justice and prevention, OHP seems like a natural fit for our field.

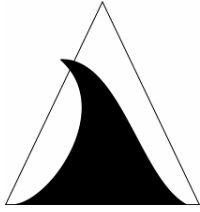
Unfortunately, occupation safety and health has not yet captured the attention of prevention psychologists to the extent that other public health problems have. However, in terms of human suffering and economic significance, it certainly seems more than worthy of our attention.

Interested readers may learn more about CDC by going to [www.cdc.gov](http://www.cdc.gov) or about NIOSH by going to [www.cdc.gov/niosh](http://www.cdc.gov/niosh). NIOSH training and funding opportunities may be found by going to [www.cdc.gov/niosh/oepl](http://www.cdc.gov/niosh/oepl).

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*The findings and conclusions in this report are those of the author and do not necessarily represent the views of the National Institute for Occupational Safety and Health.*

*Donald Eggerth may be contacted by phone at 513-533-8505 or by email at [deggerth@cdc.gov](mailto:deggerth@cdc.gov).*



## PREVENTION COMPETENCIES FOR COUNSELING PSYCHOLOGY: A SUMMONS TO THE PROFESSION

**Sally M. Hage**  
*Teachers College, Columbia University*

*Note: These remarks were shared at an APA symposium sponsored by the Prevention Section of Division 17 (Toronto, Canada, 2003) and were meant as a first step in the collaborative development of a set of prevention competencies, a vision for counseling psychologists aimed at transforming and guiding our training efforts for prevention research and practice.*

I speak today with humble awareness that my words echo and follow the efforts of many others, including Robert Conyne and John Romano, whose scholarly work helps form the foundation for the process of articulating a set of training competencies for the profession. One of Conyne's (2004) most significant contributions is to clarify the difference between remedial counseling (applied "after the fact" interventions) and preventive counseling, ("before the fact" application of counseling methods "to enhance competencies or avert" mental/emotional problems). Conyne (2004) aptly describes the characteristics of the prevention orientation as possessing a before the fact orientation, an ecological/systems perspective (i.e., aiming our work at groups and communities not just individuals), multidisciplinary, collaborative, and having as its goal the empowerment of others. It is also a view that starts with a vision of people as fundamentally healthy, resilient and growth oriented.

These characteristics point to the fact that counseling training programs are already giving students much of what they need to do the work of prevention, including skills in effective communication problem solving, theoretical models of change and development, group work, research and evaluation. The enhancement of students' competencies to do prevention work is meant *not* to divert them from their aspiration to be effective counselors, but rather to orient them to a *broader application* of their counseling work, with the goal of

more effectively and sensitively respond to the tremendous social needs that exist in our communities.

The paradigm shift that needs to take place in the counseling profession is less one of substance than it is one of perspective, that is, toward a prevention viewpoint or lens. It is largely a shift in the fundamental orientation, and training of counseling psychology so as to truly propel prevention to a foundational place in the field. Such a shift would not replace existing standards of training, psychological applications, and research within counseling psychology that tend to give much greater attention to crisis intervention and remediation compared to prevention. Rather, a prevention-based agenda within the current scientist-practitioner training model would complement and interact with the prevailing model to enhance the depth and overall effectiveness of our work as counseling psychologists.

Part of the change in orientation that is needed involves increased recognition of the importance of the complex social, physiological, biological and psychological factors involved in mental or emotional problems (Bond, Belinky & Weinstock, 1998). Such recognition means targeting *both* the social context surrounding mental or emotional problems (poverty, injustice, exploitation) and organic or biological, genetic explanations for these problems. The energy spent in debate between these two explanations for mental or emotional problems (i.e., the social contextual and the organic or biological) might be better spent furthering prevention efforts.

That being said, influencing the social climate (and impacting the political powers that establish and enforce policy) is an absolute necessity for prevention efforts. Prevention efforts must include efforts at social equality, but because these efforts challenge the status quo, they too often are left off the agenda (Albee, 1995). As noted by Shore (1994) and cited by Albee (1996) some of the most important prevention initiatives have been the women's movement, social security, civil rights laws and Medicare.

The question becomes how to infuse the prevention orientation in training programs and guidelines? Our task is much like and intersects with the efforts to integrate multicultural counseling training into counseling training. It is not simply about adding one or even two more courses to the curriculum, or about tacking on extra reading or lecture material to course outlines. It is about fundamentally changing the lens and context for our training efforts, shifting from a remedial, individually focused, adaptation approach to one focused on before the fact intervention involving groups, communities and social systems, and ultimately aimed at social change.

To carry out this shift in orientation, prevention competencies are needed to guide counseling training, practice and research. These competencies are meant to provide both clear guidelines for the profession and a vision, moving us toward improving the health and well being of greater numbers of individuals and communities, as well as systemic and political action for social justice. Time does not permit me to provide more than broad directions for these guidelines. What is outlined below strives to build upon the domains John Romano and I previously outlined in a major contribution proposal (Romano & Hage, 2000), as well as Conyne's 10 prevention skill clusters (2004), in order to provide *specific* directions for training. These guidelines ought to include the following:

- 1) Expanded self-awareness of theoretical models of growth and change
  - a. Movement beyond reduction of risk factors for DSM-IV disorders (Albee, 1996) or focus on pathology to a broader focus on resilience and strength enhancement
  - b. Awareness of the unique ethical responsibilities of prevention work
- 2) Knowledge of social and political history and contextual variables that affect individuals, communities and institutions, including sensitivity to forces of oppression and discrimination experienced by disenfranchised groups
  - a. Awareness of context for prevention work, which

- challenges well-established institutional practice and assumptions, and has political implications
- b. Multicultural competency training, since preventive interventions must be tailored to the unique experience and needs of diverse racial, ethnic and cultural groups
- 3) Skills in multidisciplinary collaboration, and systemic and psycho educational intervention
    - a. Learning about how to work within a multidisciplinary team that includes a diverse number of fields, related to human welfare, such as public health, education, community psychology, epidemiology (Bond, Belenky & Weinstock, 1998)
    - b. Becoming familiar with community leaders and populations, neighborhoods and organizations (Pearlman & Bilodeau, 1999), since the voices, experience and leadership of members of traditionally disenfranchised groups need to be represented and integrated in our prevention efforts (Eddy, Martinez, Morgan-Lopez, Smith, & Fisher, 2002)
  - 4) Development of a complex array of creative research tools to use in prevention work
    - a. Expanding knowledge and skills in research to include long term follow up (Shore, 1998) and to provide further support for the efficacy of prevention efforts
    - b. Encouraging research connected to community concerns (Pearlman & Bilodeau, 1999)
    - c. Program evaluation skills and training
    - d. Grant writing to support prevention research (Pearlman & Bilodeau, 1999)
    - e. Enhancing one's own community leadership skills and that of others is an effective form of prevention and promotion in mental health (Bond, Belenky & Weinstock, 1998)

## Conclusion

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The goal of curricular redesign is to make training programs reflect community needs and to provide the knowledge and skills needed for to combine scholarship, practice and social change (Pearlman & Bilodeau, 1999). As an existing specialty within the field of counseling psychology, psychologists engaged in prevention need to learn to apply the skills of advocacy and public policy work within accreditation boards state licensing bodies and graduate training programs. Modifying our academic training programs may be the place where we can have a significant difference in promoting prevention efforts within the field of counseling psychology (Vera, 2000).



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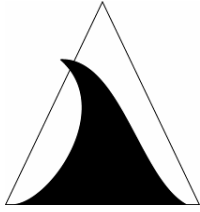
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*For further information about the development of a set of prevention guidelines for the field of counseling psychology, contact Sally M. Hage, Ph.D., at email: [hage@tc.columbia.edu](mailto:hage@tc.columbia.edu). Correspondence concerning this paper may be addressed to Sally M. Hage, Teachers College, Columbia University, Counseling and Clinical Psychology Department, Box 102, 426A Horace Mann, New York, New York 10027, (212) 678 3491 or email: [hage@exchange.tc.columbia.edu](mailto:hage@exchange.tc.columbia.edu)*



## EMPIRICALLY SUPPORTED PREVENTION AND CULTURAL RESPONSIVENESS: FRIENDS OR FOE?

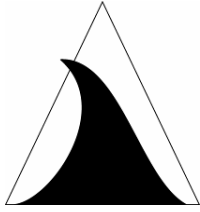
**Elizabeth Vera**  
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In a 2003 volume of the *American Psychologist*, prevention work with youth and families was in the spotlight for all APA members (Biglan, Mrazek, Carnine, & Flay, 2003; Nation, Crusto, Wandersman, Kumpfer, Seybolt, Morrissey-Kane, & Davino, 2003). Two main recommendations for psychologists engaged in prevention were reiterated in the various papers: (1) be responsive to the culture of the participants and (2) increase the rigor of program evaluation. As I read these articles and reflected upon my own experiences in school-based prevention work, I recalled the many times when these two goals were in conflict. On the one hand, scientifically rigorous program evaluation involves control groups, randomization, replication, and program consistency (or fidelity). On the other hand, cultural responsiveness involves integrating the needs of the community, being flexible, and modifying one's methods to the changing needs of the participants. In the real world, when these goals are incompatible and we are forced to choose one goal over the other, which do we choose? Being committed to social justice would seem to suggest that cultural responsiveness has to "trump" science when there is a conflict. One consequence of this decision, in my own work, has been that the rigor of my program evaluation may suffer, which if Biglan et al. are correct, will hurt my chances of obtaining external funding for my work, among other things. My suspicion is that these dilemmas are not unfamiliar to those of us engaged in prevention work. Yet, our literature does not explicitly address these issues as much as it could. As Counseling Psychologists, we are well-suited to take on the issue of cultural responsiveness in prevention work, perhaps even more so that our colleagues in other specialties in the field. With the current emphasis being placed on culturally relevant prevention work, there is a need for those of us engaged in prevention practice to contribute to the literature. Real world

decision making and theoretical "best practices" may not always be well-integrated. In our work within the Section, addressing these issues would be an important way that we can contribute to the profession as a whole, and ultimately, help psychologists have a realistic view of the compatibility of culturally responsiveness and scientific principles.

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## DISCRIMINATION AMONG ASIAN AMERICAN YOUTH

**Jennifer M. Grossman, Ph.D.**  
*Boston College*

Contrary to popular perceptions of Asian Americans as a “model minority” who experience minimal discrimination and few if any mental health problems, (Kim & Yeh, 2002; Sue, 1994), studies indicate that they continue to face racial discrimination and stereotyping in this country (Goto, Gee, & Takeuchi, 2002). Furthermore, studies show that Asian American teens suffer from higher rates of discrimination by peers than do other minority groups (Fisher, Wallace, & Fenton, 2000; Rumbaut & Ima, 1998). It is important to identify protective factors, such as peer support, which may support healthy development among Asian American teens in the face of discrimination, particularly given the social and peer-based focus of their discrimination (Fisher et al, 2000).

This study examined 172 5<sup>th</sup> – 8<sup>th</sup> grade Asian American adolescents’ experiences of discrimination, how such experiences impacted their mental health and social functioning, and what factors supported their healthy development in the face of discrimination. Both risks to healthy development (discrimination) and strengths (peer support) that may protect teens from the negative impact of potentially harmful experiences on depression and social competence were investigated. The Asian American youth in this study were primarily Chinese, and were recruited from schools, churches, and community centers in urban and suburban.

Findings identified the types of discrimination experienced by Asian American youth and emphasize the negative impact of discrimination on Asian American adolescents’ emotional health. They also highlighted the critical role of peer support in promoting teens’ health in the face of discriminatory experiences. Finally, the findings provided direction for prevention efforts that help educators and counselors, as well as broader institutional systems, to recognize and combat discrimination, and support healthy development for Asian

American youth.

The most common reported forms of racism and stereotyping reported in this study, including overly high expectations from teachers, racial name-calling, and assumptions of speaking poor English, were endorsed by nearly half of sample participants, and identified as occurring in both peer and academic contexts. These experiences of discrimination may not take typical forms that adults expect, and may thus be easily missed (Lee, 1996; Suzuki, 2002). For example, the item “People expected more of you than they expected of others your age,” was the most highly endorsed discrimination experience in this study, identified by 44% of participating youth. Given common stereotypes that Asian American youth are academically exceptional, teachers may inadvertently contribute to youths’ distress by believing and acting upon stereotypes of overly high academic expectations (Lee, 1996; Wolf, 1997).

The next two most commonly endorsed items relate to experiences of peer discrimination, “You were called racially insulting names,” (endorsed by 41% of participants) and “People assumed that your English was poor,” (endorsed by 37% of participants). These findings spotlight the negative role of peer interactions, and provide evidence of the powerful support provided by peer relationships. A scale assessing the overall quality of a close peer relationship was the strongest negative predictor of depressive symptoms in this study, suggesting that positive peer relationships buffer the association between measures of discrimination and problems with social social competence.

Together, these findings highlight potentially important preventive roles for both educators and peers in reducing discrimination and its negative effects. The findings suggest that teachers and counselors need to pay attention to the experiences of Asian American youth, particularly in peer contexts. The findings also suggest

that teachers and counselors should be aware of their own stereotypical beliefs and behaviors towards members of this group. Even so-called “positive” stereotypes, such as assuming academic adaptation and competence, may have potentially deleterious effects. Systemic education and support are needed to help staff to recognize their stereotypical beliefs, and the ways they may cause undue pressure and distress for Asian American youth. Education and training may also help staff to recognize peer discrimination when it occurs, and to provide needed supports for prevention and intervention. For example, staff can draw on positive peer relationships to combat the negative impacts of discrimination through creation of peer support groups. They can also promote classroom environments that encourage pro-social peer interactions, and incorporate discussions of racism and other forms of discrimination into classroom activities. Teachers and counselors can also enhance their responses to struggling youth through increased understanding of the intersection of racism and developmental struggles for members of this group.

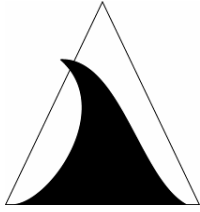
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## PAPERS PRESENTED AT THE 2005 APA CONVENTION SYMPOSIUM: SOCIAL JUSTICE PERSPECTIVES IN PREVENTION

### SOCIAL JUSTICE AND PREVENTION

**Maureen Kenny**

*Boston College*

Many counseling psychologists are voicing increased commitment to a social justice agenda. This commitment has been reflected in the themes of the Fourth National Counseling Psychology Conference held in Houston in 2001 (Fouad et al., 2004) and in recent issues of *The Counseling Psychologist* (Goodman et al., 2004; Vera & Speight, 2003). Preventive interventions offer a potential means for promoting social justice by trying to reduce the distress and suffering of psychological dysfunction before it occurs (Prilleltensky, 1997). Traditional models of prevention have been criticized, however, for maintaining a medical perspective that identifies the causes of psychological dysfunction as stemming from deficits residing within individuals (Conyne, 2004). Prevention programs that focus only on changing individuals may place excessive responsibility on individuals, without recognizing the roles played by social institutions and culture in contributing to aversive outcomes (Nation et al., 2003). A social justice vision of prevention incorporates multiculturalism and a structural analysis of the systemic causes of psychological distress. According to this vision, prevention should seek to increase access to adequate physical, social and educational resources, should build upon cultural strengths, should be developed and implemented with the collaboration of all participants, and should empower, rather than blame, constituents (Conyne, 2004; Goodman et al., 2004; Prilleltensky, 1997; Romano & Hage, 2000).

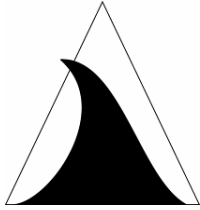
As part of the symposium at the 2005 APA meeting, members of the Division 17 Section on Prevention presented examples of ways in which prevention can promote social justice through interventions directed towards individual and societal change. These papers described the ways in which the stigmatization and oppression that accompany heterosexism, racism, and sexism present challenges to healthy mental health. These presentations identified interventions that would serve to

protect individuals from the negative consequences of oppression, as well as interventions that would reduce systemic causes of heterosexism, racism, and sexism/intimate partner violence. Preventive interventions that strive to promote social justice also demand collaboration with all constituents and stakeholders so that all may have an equal voice. As indicated through this symposium, the framework for education, research, practice and organizations provided by the Multicultural Guidelines (APA, 2003) provide guidance in creating effective and sensitive alliances and collaborations with the varied communities we seek to help. The ideas presented by prevention section members in this colloquium provide an exciting foundation for the further development and evaluation of preventive interventions that will further the promotion of social justice. I look forward to the continued development of these ideas and prevention efforts among member of the prevention section, our students, and other counseling psychology colleagues.

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## USING A SOCIAL JUSTICE PERSPECTIVE IN THE PREVENTION OF MENTAL HEALTH DIFFICULTIES DUE TO HETEROSEXISM

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Negative mental health consequences of heterosexism can include fear, sadness, anger, and internalized heterosexism (Russell, 2004). Strategies for reducing or preventing such effects must include an analysis of heterosexism (Russell, 2004). Although most prevention efforts seek to eliminate suffering, they do not necessarily address underlying societal hierarchies. For example, working to prevent AIDS in general would not be a social justice intervention, whereas addressing the institutional barriers to effective medical care for sexual and ethnic minority communities, and working to reduce the oppressive conditions that contribute to people making unsafe sexual decisions would be preventive, socially just interventions.

There are numerous ways that psychologists can address the social justice issue of socially sanctioned, or institutional, heterosexism. Given the pervasiveness of this form of discrimination, almost any act that counters heterosexist assumptions can have a profound effect on the lives of some LGBT individuals. Below are some examples based on my own social justice work regarding LGBT issues in Las Cruces, NM.

My partner and I, having been together 20 years, were asked to speak to a LGBT youth group in Las Cruces, as one of 3 LGBT couples in long-term relationships. We spoke briefly about how we met, supports and challenges along the way, and then spent most of the time answering questions from the youth in the audience. The feedback from the youth suggested such programming was very successful at helping increase their hope for fulfilling relationships, and helped to counter anti-gay rhetoric (Russell, 2004). This was also a very rewarding activity in terms of our generativity needs.

As a board member of the local PFLAG, I have helped organize a yearly fundraiser, which has accomplished at least three objectives. The fundraiser provides a very positive social event in a community that

doesn't have very many LGBT activities. It provides a much needed educational experience as the fundraiser always features at least one documentary film on LGBT issues. The fundraiser also makes enough money each year that we can help fund other LGBT causes in the area and state (sort of a LGBT United Way). Such activities are good examples of social empowerment (Savage, Harley, & Nowak, 2005).

Another local prevention effort by the local PFLAG chapter has been to implement parts of the national PFLAG's *Schoolhouse Project*, which seeks to make school environments safer for (LGBT) youth. PFLAG materials (PFLAG, 2001) and information from the Safe Schools Coalition website (2004), the APA LGBT Healthy Student website (2004), and the GLSEN website (2004) were used to provide LGBT sensitivity training to five different groups of school personnel (school nurses, psychologists, social workers, counselors, and academic deans) at the elementary, middle, and high school levels. The prevention effort included information on confronting prejudice; resources furnishing additional information on lesbian, gay and bisexual youth, referral strategies, and "Safe Zone" posters that stated discrimination of any sort (including sexual orientation) would not be tolerated. The posters were prominently displayed and were, in many cases, the only visible sign to students that all sexual orientations were accepted by someone in the schools. The workshops may not have taken place if we had asked the upper administration of the public schools to let us provide this information. It was by informally networking with a few staff members in each of the staff groups listed above that we were invited to present. In the presentations, each participant was asked to think about who they could potentially influence with the information they received. This is an example of using one's interpersonal sphere to reduce heterosexism (Zimmerman, 1995). In my opinion every PFLAG chapter in this country should

have a psychologist on its board or one who is an active consultant.

Most recently I have become more directly involved in the public policy arena by helping to defeat two NM State DOMA bills this last year. Although this year was extremely busy for me on a number of other fronts, I felt I had to be more active in stemming the tide of the anti-gay backlash, and I had some sense of hope that in this particular case a few people could really make a difference. It was important to my mental health, and I believe it was important to the mental health and morale of at least those who were involved in this process.

I believe it is probably the greatest prevention intervention in which I've been involved, yet many would not take this view. This is such a big-picture, long-term perspective on the prevention of negative consequences of heterosexism that some psychologists don't support the effort. I had convinced the PFLAG chapter to use some of the money from the fundraiser to expand their PFLAG mailing list into a local database and political organizing process for contacting voters via email to contact their state legislators. This meant that during the 60 day legislative session people received numerous emails to keep them apprised of the legislative process. One of two people who complained about the volume of emails and asked to be removed was a psychologist who was supportive enough of LGBT issues to be on the PFLAG list in the first place. It emphasizes for me the importance of educating others about the big picture and how these public policy debates affect individuals.

A final area of prevention I want to address is one that I didn't see as preventive initially. My partner and I conducted qualitative research on the vocational development of LG youth in order to assess the impact of heterosexism on this area of development. Having had limited experience with qualitative research this experience I was really struck by how empowering it is for participants, particularly young adults to express themselves, and be heard, not because they are seeking help (as is the case with clients), but because they have experiences that would be helpful for others to learn from and understand. So I encourage more qualitative research for this population.

There are two areas of qualitative research that might direct efforts toward preventing heterosexism. The first is to focus on how people from other oppressed groups have handled those moments in time for all civil rights movements where the pendulum swing shifts to the backlash after some gains have been made. What

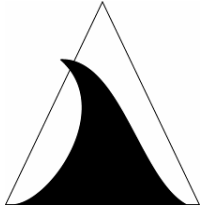
were helpful coping strategies when the rhetoric about one's group became particularly painful, and there was less understanding from others, even from some allies who were only looking at the gains and not their own privilege?

The second qualitative research study that could ultimately direct prevention efforts would be to examine the developmental process of heterosexuals who have been able to bridge the gap between maintaining their religious beliefs and affirming LGBT people. Given that much of the most virulent heterosexist rhetoric is transmitted and maintained in religious settings or by religious leaders it would be important to provide examples of deeply religious people who have interrupted this discourse. The results of such research could be used by religious organizations wanting to move to a more affirming and welcoming environment.

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## STRATEGIES FOR PREVENTION OF RACISM IN CHILDREN

**Larisa Buhin**

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### *Development of Racist Attitudes*

The ability to reduce racism in children is predicated on the assumption that racism is learned through family, institutional, and cultural socialization and can be unlearned. Learning of racist attitudes starts in early childhood. Katz (1983) found that children will have adopted our society's views of races, racial stereotypes and hierarchies, and rules for interactions among racial groups by the time they start first grade. According to Quintana (1998), adolescents of color possess an awareness of a social hierarchy among various ethnic and racial groups and believe that they are being evaluated on the basis of their ethnic and racial group membership.

Emerson, Kimbro, and Yancey (2002) found age to be inversely related to the number of interracial friends and that prior contact with racially diverse people is the best predictor of future contacts with racially diverse individuals. Based on these research findings, effective interventions should start early before children's reasoning about racial groups is crystallized (Salina & Lesondak, 2002). This article presents a brief summary of theoretical assumptions underlying interventions for prevention of racism and research on effective prevention programs and offers some suggestions for practice.

### *Summary of theoretical Underpinnings*

Contact theory (Allport, 1958) is one of the most frequently used theoretical conceptualizations of prejudice. Contact theory hypothesizes that reducing prejudicial and racist attitudes is possible if certain conditions for contact between members of in- and outgroups are achieved. According to Allport, groups have to be of equal status, participate in cooperative rather than competitive tasks in order to achieve mutual goals, and intergroup interactions have to be supported by decision-making individuals or structures

(e.g., administrators, teachers, etc.).

Since Allport (1958) first put forth his ideas about the nature of prejudice, researchers (e.g., Miller, 2002; Pettigrew, 1998) have offered additional considerations for effective reduction of racism. Brewer and Miller (1988) and Pettigrew explained the need to personalize the contact between the ingroup and the outgroup member and to generalize new information to other outgroup members, new situations, and finally new outgroups. Pettigrew also suggested that learning facts about the outgroup (including stereotypes about the group), creating emotional connections with members of the outgroup (e.g., increasing empathy, perspective-taking ability, and forming friendships), and finally revising previously held beliefs about the outgroup are necessary components of programs for eliminating racism. Finally, Emerson, Kimbro, and Yancey (2002) charged that changes in attitudes do not automatically result in behavioral changes as Allport (1958) originally proposed.

The implications of these lines of research are that reducing racism cannot be addressed efficiently in a traditional one-on-one counseling setting. Prevention programs have been shown to be a very effective approach to assisting groups of individuals with a number of different social, psychological, and emotional problems (Weisz, Sandler, Durlak, and Anton, 2005). According to Durlak (1995), the most successful prevention is "intensive, multicomponent, and multilevel" (p 84). In other words, psychologists wanting to address the problem of racism in children should be ready for longer term, repetitive interventions that involve not just the children but other stakeholders as well (e.g., parents, teachers, administrators, etc.).

### *Practical Implications for Prevention Programs*

Interventions should provide opportunities for personally meaningful, intensive, cooperative, and

repetitive interactions among members of different racial groups (Emerson et al., 2002; Pettigrew, 1998). Based on the principles of social-cognitive learning theory intervention facilitators, teachers, administrators, and parents should model positive interracial relationships for the children (Bandura, 1999). Intervention curricula should include concrete information about specific racial and ethnic groups (e.g., history and customs) as well as development of general reasoning skills to apply to new situations and new racial groups (Pettigrew). These skills could include questioning racial stereotypes in themselves and others, understanding oppression and how it is perpetuated in today's society (London, Tierney, Buhin, Greco, & Cooper, 2002). Children who have already experienced racism and discrimination could be assisted in dealing with negative effects of racism by helping them accurately attribute negative events to stigma (Crocker & Major, 1989) and by promoting a strong sense of racial and ethnic identities (Pizarro and Vera, 2001), collective self esteem (Luhtanen & Crocker, 1992), and increasing critical consciousness (Watts & Abdul-Adil, 1997).

Multicultural psychology emphasizes valuing human commonalities as well as cultural differences in effective counseling of culturally diverse clients. Racism prevention programs should therefore include components that would teach children to find and appreciate commonalities of all human beings, as well as differences among cultural groups and uniqueness of individuals. Quintana (1998) found that children and adolescents evidence increasingly intricate thoughts about interracial contact and oppression. Facilitating age-appropriate discussions about common human experiences, cultural differences, and cultural racism that promotes intergroup dislike may assist children in developing sophisticated cognitive skills necessary to develop a strong sense of racial and ethnic pride as well low level of racist attitudes.

### Conclusion

Eliminating racism and reducing the negative impact of racism on its targets has no simple or short-term solution. Contact theory, research on the development of racial cognitions, and research on effective prevention programming cumulatively offer directions for the development of effective programs to reduce and eliminate racism in children. Counseling psychologists are in a unique position to collaborate with schools and communities in designing and implementing these programs. With additional data on program effectiveness, the science and practice of prevention of racism stand to

progress further. The benefits to the society in terms of increased well-being and access to educational and vocational opportunities of all its members would be immeasurable.

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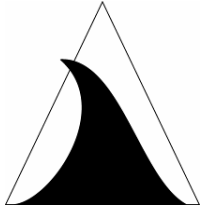
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## REDUCING INTIMATE PARTNER VIOLENCE THROUGH PREVENTIVE INTERVENTIONS PROMOTING SOCIAL JUSTICE

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It is impossible to prevent violence without making changes in the societal context in which it occurs. Societal support for men's oppression of women needs to be challenged if dating and domestic violence are to be overcome (Pence & Paymer, 1993; Walker, 1984). According to Bell (1997), "oppression in all its forms is pervasive, restricting, hierarchical, and internalized involving complex, multiple relations" (p.37). Identity is multidimensional, and one can have privileges and disadvantages owing to one's various group memberships.

It has been theorized that entitlement may be a moderating factor between masculine gender role and intrapersonal problems such as psychological symptomatology and health problems and interpersonal problems such as violence and aggression. Extremes of entitlement are viewed as stemming from deficits in self-esteem (Nadkarni, Steil, Malone, & Sagrestano, 2005). Men who adhere to rigid and restrictive gender roles and who have low entitlement, tend to intrapersonal difficulties and tend to be oppressed by societal norms. However, men who adhere to restrictive gender roles and have exaggerated entitlement tend to oppress women through violence and abuse (Pence & Paymer, 1993). Prevention focused on social justice needs to address societal messages concerning masculinity.

Currently debate exists regarding gender differences in the perpetration of intimate violence, particularly in dating relationships (Archer, 2004; Magdol et al., 1997), with some studies suggesting a need for gender specific models of the intergenerational transmission of intimate violence (Bookwala, Frieze, Smith, & Ryan, 1992; Follette & Alexander, 1992; O'Keefe, 1997; Riggs & O'Leary, 1996). The controversy is fueled by statistics that suggest that there are no gender differences regarding the initiations of intimate violence (Archer, 2005). Others suggest that these statistics

ignores the context in which intimate violence occurs. Some studies suggest that attitudes that support or justify intimate violence may mediate between experiencing family of origin violence and perpetrating intimate violence as an adult (Alexander, Moore, & Alexander, 1991; Simon et al., 2001; Walker, 1984). Cultural and gender socialized messages have been postulated to lead to attitudes and beliefs that justify intimate violence (Markowitz, 2001; O'Neil & Haraway, 1997; Walker, 1984).

It has been suggested that interpersonal conflict related to the adoption of rigid traditional masculine roles or, masculine gender role conflict, stems from male expectations of entitlement and privilege (Marin & Russo, 1999; O'Neil & Harway, 1997). Research and theory have suggested that unhealthy male entitlement (resulting from patriarchal societal messages) may mediate the link between gender role conflicts and stress and interpersonal problems. Hill and Fischer (2001) found that exaggerated entitlement fully mediated the relationship between gender role conflict and rape related attitudes and behaviors.

If unhealthy entitlement resulting from socialized rigid and restrictive gender roles contributes to intimate violence, then it seems imperative to reduce rigid and restrictive gender roles to reduce violence. This kind of social change can be encouraged by multidisciplinary efforts promoting social justice. Given that law enforcement and those working in the legal field often get involved in domestic/relationship violence issues, it seems imperative that psychologists work to educate these individuals regarding the psychological factors relevant to relationship violence. By working in this interdisciplinary manner, a social justice agenda of preventing such violence may be more attainable. This portion of the paper will focus on a consultative relationship bridging the fields of psychology and law regarding domestic violence.

We would like to share two experiences one of these authors have had in working in a consultative role with Domestic Violence Clinics at two Schools of Law, one at the University of Missouri-Columbia and one at the University of Oregon. Law Schools are recently starting to have more opportunities for their students to obtain applied experience, much like counseling psychology's practicums, and these applied experiences in which they work on real cases with real clients are through what they call "Clinics." Law Schools vary in the types of Clinics they offer including Criminal Defense, Criminal Prosecution, Civil Practice, Environmental Law, and Domestic Violence, whereas some schools are still in the "old days" and provide no clinical opportunities for their students. Thus, in the Domestic Violence Clinics, law students work on cases involving relationship violence, particularly focusing on securing restraining orders and stalking orders, as well as custody issues in cases involving children. Students in these Clinics have typically have had a didactic course on the law and domestic violence, and are exposed to some basic information pieces about domestic/relationship violence such as the Cycle of Violence. However, the focus obviously is on the legal aspects of such cases with very little attention given to contextual factors, particularly psychological ones, regarding relationship violence, and here is where we can have an instrumental and preventive role.

Through this author's consultative relationships with students and professors in both law schools' Domestic Violence Clinics, this author provided valuable psychological information regarding domestic violence. This author shared such pieces as (a) typical psychological problems that arise for both survivors of relationship violence and batterers, (b) intergenerational patterns of relationship violence, and (c) gender, social class, and race/ethnicity issues. This type of contextualization allowed them to better understand their clients and their clients' violent/abusive relationships in more holistic ways. For example, the students were better able to realize why clients may struggle to remember core details of a violent incident because they better understood trauma and PTSD-like symptoms. They also came to better understandings of what makes it difficult for a woman to leave an abusive relationship, given potentially her upbringing and history of witnessing violent relationships. In addition, this author offered the Clinic students help with basic counseling skills such that they could better establish rapport with their clients, make questioning and interviewing clients more comfortable, and demonstrate empathy. These basic counseling skills were brand new for the law students, representing skills they

they simply are not taught in law school, and yet these very skills allow them to better work with their clients, particularly in this area of relationship violence, such that women will stay working with the legal system rather than feeling rejected or misunderstood by the legal system and opting out of obtaining restraining orders or stalking orders. This highlights the ways in which psychological consultation with the legal profession can be preventive for survivors of relationship violence. Finally, this author provided consultation regarding self-care for the law students, helping them to work toward sharing their feelings and reactions to the difficult cases on which they were working. As we know, working with women in relationship violence situations is hard work and we often experience vicarious trauma. Law students are taught skills to manage their emotions and thus through psychological consultation, they were allowed the opportunity to develop these ways of taking care of themselves and their emotions. This also demonstrates a preventive aim of collaborating with the law profession.

Working with Domestic Violence Clinic is but one way of work in an interdisciplinary manner to achieve social justice and foster preventive efforts. There exists numerous other avenues to foster these aims related to relationship violence such as working with policy makers and schools. We encourage all of us to think outside the box, to involve our communities, to come together to work toward ending violence against women.

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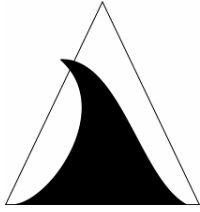
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## THE MULTICULTURAL GUIDELINES AND SOCIAL JUSTICE: INFORMING PREVENTION EDUCATION, TRAINING RESEARCH AND PRACTICE

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**Matthew Siegel**

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Though the recently adopted APA “Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change” (APA, 2003) are not explicitly about social justice, issues of social justice are the foundation to these competencies. Psychologists are encouraged to implement the guidelines through the development of theories, practices, policies and organizational structures responsive to all multicultural groups. Furthermore, it is important for psychologists to examine the social justice implications of the guidelines as they pertain to relevant aspects of prevention. The goal of this paper is to outline specific strategies for deepening psychologists’ commitment to social justice via prevention.

The majority of prevention work has adopted a micro-level approach (e.g., teaching life skills using psycho-educational interventions) as opposed to a macro-level approach that is aimed at advancing social justice at the systemic level. Strategies are needed to insure that psychologists’ prevention work addresses the “causes of the causes” of social injustice, and not just the surface of the causes (Prilleltensky & Nelson, 1997). Such strategies ultimately aim at preventing the negative consequences of oppression for marginalized groups that share unequal power in society due to their immigration, age, race, ethnicity, gender, socio-economic status, religion, physical ability or sexual orientation.

### *Definition of Social Justice*

Social justice is defined as the fair and equitable distribution of power, resources, and obligation (Prilleltensky & Nelson, 1997). Social justice refers to the justice of processes and procedures, as well as to the justice of outcomes (Van den Bos, 2003). Fundamental principles underlying this definition include collaboration, cooperation, equal access and opportunity (Sue, 2001). Additionally, though social justice has not

ordinarily been associated with issues of health, there exists a crucial link between social justice and the physical and mental well being of individuals, families, communities and society as a whole (Prilleltensky & Nelson, 2002).

### *What the Multicultural Guidelines Say about Social Justice*

Pointedly, the guidelines call for psychologists to take a far-reaching approach to prevention work, essentially underscoring the multifaceted role of psychologists who serve as “agents of prosocial change, advocacy, and social justice” (APA, 2003, p. 382). This aim is not to minimize the considerable contribution of psychologists who maximize “the optimal development of clients and client systems” through micro-level interventions (Sue, 2001, p.802). Instead, it merely emphasizes the need for prevention work at the systemic levels since what those committed to social justice “are able to achieve within micro-level settings is constrained by macro-level social structures, processes and policies” (Prilleltensky & Nelson, 2002, p. 167).

### *Toward a Social Justice Framework for Prevention*

To most effectively carry out prevention work at both the micro and macro levels, it is essential that psychologists adhere to the following framework:

1. Identify the potential impact of their own values, beliefs and biases on prevention and intervention in a variety of settings and when working with culturally diverse populations (APA, 2003).
2. Analyze the sociopolitical and cultural contexts, and the dynamics of privilege and power, inherent to the settings in which psychologists work (Nelson, Amio, Prilleltensky, & Nickels, 2000).
3. Work to change conditions that dehumanize people (e.g., poverty, racism, trauma) by intervening in the

systemic processes that sustain the structure of social injustice (Martin-Baro, 1994).

4. Strive to develop and implement transformative preventive interventions aimed at creating long-term social change that empowers both individuals and groups (Vera & Speight, 2003).

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### Conclusion

As underscored in the above, constructions of race, gender, disability and other cultural factors are expressed and supported through macro-systems that help to shape public discourse, language, and institutional practice (Thompson & Neville, 1999). Hence, while it is critical to support ongoing efforts to transform the lives of individuals, it is also imperative to take serious the broad-based emphasis of APA "Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change" (APA, 2003) by expanding psychology's commitment to systemic social justice efforts.

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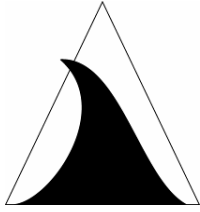
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## IT'S NOT THE HEAT IT'S THE TIMIDITY

**Michael Waldo**  
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This paper is written in response to the papers presented in this issue by Kenny, Adams, Buhin, Schwartz, Davidson, Hage and Siegel. The papers focus on the need to promote social justice in support of efforts to prevent racism, heterosexism, and intimate partner violence. They make the point that psychologists who are committed to prevention also need to make a commitment to social justice. Those papers demonstrate both courage and passion for prevention through social justice.

Prevention through social justice takes courage and passion. Twenty five years ago a conference in Vermont focused on prevention through political action and social change (Albee, 1981). Participants at the conference had become increasingly convinced of the need to promote fundamental social changes to prevent the negative impacts of oppression, including poverty, racism and sexism, which are perpetuated by imbalances of power in our social institutions. They concluded that efforts at prevention must promote social and political change through significant redistribution of power. They encountered resistance, heated resistance. So heated that George Albee decried what he saw to be "The Prevention of Prevention" (Albee, 1979). Citing the criticisms of primary prevention by prominent psychiatrists, Albee suggested that the psychiatrists believed that "prevention is in the dangerous hands of those who want to make social changes." (Albee, 1981, p.7). I. Ira Goldenberg lamented our profession's timid response to resistance to social change, particularly when the response has been to engage in programs of individual remediation which in effect blame the victims of oppression for its impact on them, while doing little to solve the fundamental problems they face. Discussing our timidity, Goldberg wrote, "In the case of the War on Poverty it manifested itself as a willingness to accept and work within a conceptual and programmatic

framework of unquestioned mischief-making potential... tolerating reactionary practices within the helping profession... clearly oriented toward system maintenance." (Goldenberg, 1981, p. 100).

I don't think the efforts to combat racism, heterosexism, and intimate partner violence described in Kenny, Adams, Buhin, Schwartz, Davidson, Hage and Siegel's papers can be faulted for being oriented toward system maintenance. And, like George Albee, they are not timid. Addressing the impact of sexist institutions on women, Albee wrote, "Not only must we examine the dehumanizing consequences of the exploitative economic system, but we must confront the unbelievable emotional damage done to half the human race by organized religion." (Albee, 1981, p. 22). He went on to say, "I suggest that we seek to change damaging social conditions and restrictions that limit people's freedom of choice. We want to ensure that people can maximize their potential in a context that respects the rights of others to do likewise." I believe similar passion and courage is evident in the Kenny, Adams, Buhin, Schwartz, Davidson, Hage and Siegel's papers, the passion and courage to look into the heart of social problems and seek solutions that empower individuals and communities.

Just as importantly, Kenny, Adams, Buhin, Schwartz, Davidson, Hage and Siegel's papers demonstrate commitment to scientific rigor. Albee (1981) pointed out that psychologists, who probably saw themselves as well meaning and oriented toward prevention have, through bad science, contributed to the perpetuation of racism and victim blaming. Albee (1981, p.13) cited Brigham's conclusion in 1923, "We must face the possibility of racial admixture here that is infinitely worse than that favored by an European country today, for we are incorporating the negro [sic] into our racial stock... the decline of American intelligence will be more rapid..." This thinking contributed to the eugenics movement.

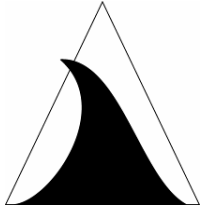
Similarly alarming, Albee (1981, p. 16) quoted Goddard's 1912 conclusions about the poor, "No amount of work in the slums ... will ever be successful until we take care of those who make the slums what they are... not until we take care of this class and see to it that their lives are guided by intelligent people, shall we remove these sores from our social life." Regarding these conclusions, Albee (1981, p. 16) said, "The defects of the 'research' supporting these views are so obvious... it's hard to understand how these conclusions could have been so widely accepted... Obviously, they fit a prevailing *Zeitgeist*." There is a valuable warning for current social action efforts in Albee's statement regarding zeitgeist bias. The multicultural awareness and scientific integrity evident in Kenny, Adams, Buhin, Schwartz, Davidson, Hage and Siegel's papers are essential buffers against being blinded by contemporary zeitgeist. Buffers against our becoming the "intelligent people" who need to guide others' lives. This is essential if we are to avoid perpetuating oppression in the name of social justice.

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## BOOK REVIEW

### PREVENTION COUNSELING: HELPING PEOPLE TO BECOME EMPOWERED IN SYSTEMS AND SETTINGS - ROBERT K. CONYNE (2004)

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As the 21<sup>st</sup> century progresses a fascinating paradigm shift is steadily occurring in the field of counseling and counseling psychology. Conventional remediation models that provided the lens through which counselors and counseling psychologists viewed helping people have been adjusted and readjusted by preventive approaches. Nowadays the breadth of research and experience regarding the efficacy of prevention efforts is too great for those in the helping professions to ignore.

This said, one might expect that prevention, as it connects with counseling and other direct provider services, would have more rapidly advanced since the first edition of Conyne's text entitled *Primary Preventive Counseling* (1987). However, as Conyne points out, the day-to-day practice and training programs have provide minimal forward motion for preventive counseling approaches. As well, insurance coverage and licensing regulations reflect a different set of values than prevention. "In the real world, remediation, therapy, and long-term counseling hold the upper hand." (p. xv) Nonetheless, Conyne writes with an air of optimism, best expressed in his introduction of the 2<sup>nd</sup> edition (2004) when he writes "... much progress has been made in preventive applications over the last 20 years. The first edition was unable to take advantage of the advances, but in this edition, I have described in some detail a number of excellent ways that preventive counseling has been delivered." (p. xvi) No longer are prevention and remediation pitted against each other as two boxers in the ring where only one winner emerges. To the contrary, prevention and remediation, to be sure, have particular views in helping, but may be ultimately seen as collaborative partners, not rivals.

From this sanguine premise Conyne persuasively makes the case that preventive counseling is rooted in practitioners empowering clients and systems by working from a prevention orientation that he coins as "Everyday Pre-

vention, according to Conyne is: "People enacting daily life best practices in context to optimize functioning and avert significant problems." (p. 34). This definition fits well with the work of Seligman and colleagues on Positive Psychology; which Conyne devotes a notable amount of energy in assisting the reader to consider and appreciate.

Building on the work of Gullotta and Bloom (2003), Conyne cites five general prevention strategies: 1.) Education; 2.) Social Competency-Facilitation; 3.) Natural Caregiving; 4.) Community Organizing and Systems Intervention (COSI); and 5.) Redesign of the Physical Environment. The reader is asked to reflect on these strategies as a way of helping people reach the goal of Everyday Prevention. In doing so, Conyne emphasizes that preventive counseling is "...helping people to become empowered in systems and settings. It applies a broad range of counseling methods. Its application can lead to problem avoidance, reversing the trajectory of new problems, optimal human functioning, and in people becoming their own preventive agents." (p. 70)

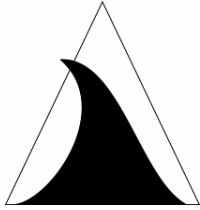
In sum, the nine chapter book is divided into three sections. It is reader friendly and includes questions at the end of each chapter that are helpful and useful for class or group discussions as well as beneficial to an individual reader. Section one covers ground that is familiar to those attuned to prevention (e.g., need for prevention, various definitions of prevention, etc.). The hallmark of the book is the new and significant contributions to the preventive counseling field as the author defines and provides support for "Everyday Prevention" and "Preventive Counseling." Section two describes programs thought to be exemplary across settings (e.g., family, school, community, work) and helps the reader investigate key approaches to planning and evaluating prevention programs. Lastly, section three addresses the training of preventionists and the future that waits.

This is an excellent how-to book, wonderfully blending necessary theory with the real-world “everyday practice.” Counseling psychologists and counselor educators will welcome this new edition to the literature as an important resource in helping to think about preventive counseling in their everyday settings of practice and instruction.

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## SPECIAL MEMORIES: PEGGY KACZMAREK (1967—2006)

We are very saddened to report that Dr. Margaret (Peggy) Kaczmarek, passed away in January, 2006. Peggy served on the editorial board for *Prevention in Counseling Psychology: Theory, Research, Practice and Training*. Peggy was a professor and former Training Director for the counseling psychology program at New Mexico State University (NMSU). She provided leadership for the development and eventual APA accreditation of the program. She was also a major contributor to the New Mexico prescriptive authority effort and facilitated the establishment of the NMSU psychopharmacology training program. She served as president of the New Mexico Psychological Association. At the national level, she co-chaired APA's Division 17 Child and Adolescent Special Interest Group, and served as an APA accreditation site visitor. Peggy was among the relatively few counseling psychologists conducting research addressing the counseling needs of children and adolescents. Her most recent publication, "Counseling psychology and strength-based counseling: A promise yet to fully materialize" appeared in the January 2006 issue of *The Counseling Psychologist*. Despite struggling with cancer for the past several years, Peggy maintained an active schedule and continued to make substantial contributions to the profession for which she was so passionately committed. In recent years, she used her personal experiences to author several articles regarding coping with serious illness. Soft-spoken, genteel, and sometimes seemingly deferent in demeanor, Peggy possessed an underlying strength, determination and resiliency that made her a highly effective advocate for her students, her program, and her profession. Her contributions and legacies are many and will have lasting impact on the field of counseling psychology. We deeply miss her. Thank you, Peggy.

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