Reflections on Community Psychology
by Dr. Bruce Tefft

“In the last analysis, politics is not predictions and politics is not observations. Politics is what we do, what we create, what we work for, what we hope for, and what we dare to imagine.”

Paul Wellstone (University professor and former US Senator)

On the occasion of my impending retirement after 40 years as a university-based teacher, researcher, and practitioner of community psychology in Canada, I have the privilege of being given the opportunity to reflect on the changes I have observed in the field over that period of time, as well as the future prospects for community psychology. Such reflection is inherently risky, as I am still very much immersed in the field and have not yet gained the perspective that comes with greater time and distance. Therefore, I offer my observations without any claim to great insight, but rather simply as a personal perspective borne of having witnessed first-hand the evolution of not only community psychology but society as a whole.

Overall, I am more excited and optimistic about the future of community psychology in Canada than I have ever been. For decades community psychology has remained true to its founding values, beliefs, and objectives, such as social and economic justice. However, until relatively recently, it seemed that as community psychologists we were beating our collective heads against a very hard brick wall when it came to convincing policy makers that there was indeed a better way to expend public resources and help disadvantaged groups of people than one-on-one interventions rooted in a deficit model. I confess to growing impatient with having to make the same arguments, and present the same (modestly updated) evidence year after year, with little or no discernible impact. I now realize that, to a large extent, my impatience with the slow rate of progress was likely a function of the...

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inevitable discrepancy between individual (short) and societal (long) time frames. Society is inherently conservative, which may not always be a bad thing given the nature of many ill-formed ideas for change promoted by different interest groups. Looking back, some very good ideas promoted by community psychology for years have incubated and appear now to be gaining considerable traction among policy makers specifically and large segments of society in general. For reasons of space I will briefly discuss only two such ideas, both of which were merely pipe dreams when I entered the field of community psychology.

**Early Childhood Development**

Over the past 20 years, there has been an avalanche of evidence that roughly the first five years of life are absolutely critical to the long-term health and success of children. It is now scientifically irrefutable that children who are provided with adequate resources early in life (e.g., loving parents, good nutrition, a stimulating environment) tend strongly to fall into a positive trajectory that is highly likely to continue into adulthood. Conversely, children who are not fortunate in this way tend strongly to fall into a negative trajectory that, if unchecked, is also highly likely to continue, at great cost to the children (soon to be adults) in terms of dysfunction and poor quality of life, and to society at large in terms of a whole range of expensive outcomes (e.g., mental disorder, crime, poverty). The good news is that intervening early to correct a negative trajectory is relatively easy and very cost-efficient. Moreover, the interventions that have proven so effective (e.g., assisting parents, providing stimulating books and toys) are predominantly low-tech and straightforward. In the past 20-15 years, governments which are responsible for dealing with the negative consequences of failing to intervene early have finally begun listening to community psychologists (and others) and are implementing early childhood development (ECD) programs on a meaningful scale. A leading example of this trend is Healthy Child Manitoba (HCM), an arm of the provincial government that spans six separate ministries and is mandated to develop and implement ECD throughout the province. Its scientific director (Dr. Rob Santos) is a talented, mid-career community psychologist who has become a leading authority in Canada. Tellingly, the budget of HCM was recently increased at the same time that other provincial government budgets were being reduced. This institutionalization of ECD efforts in Manitoba was unthinkable even 20 years ago.

**Prevention of Mental Disorder**

When I was a graduate student, the late Dr. George Albee had already organized the annual Vermont Conference on Primary Prevention and was vigorously promoting primary prevention as the only rational response to new epidemiological surveys showing that traditional psychotherapy could never hope to meet even a small fraction of the need for mental health treatment among the general population. It was at the Vermont Conference that I first met some of the pioneers of community psychology in Canada. Although in principle the concept of primary prevention as a response to an epidemic of mental disorder was compelling, at that time there was insufficient evidence to persuade health officials and other policy makers that primary prevention was an effective way to spend public resources. In addition, adherents of the medical model of mental disorder (including many psychologists) argued that primary prevention of any given mental disorder (e.g., depression) would have to wait until scientists discovered the precise cause of it. Of course, from a large body of subsequent research we now realize that the vast majority of mental disorders do not have precise causes, but rather that mental disorders are multi-determined. Similarly, we now realize that major environmental conditions such as poverty and social isolation are causal for many different mental disorders, a phenomenon known as multi-finality. This conceptual breakthrough allowed community psychologists to entertain a wide range of universal and indicated prevention programs directed not at specific disorders but at widespread social conditions. Such programs have been shown repeatedly to be not only feasible but at least as effective, and in many cases, more effective than traditional treatment. As a result, community psychologists and others are involved in exciting, cutting-edge prevention programs that are gaining broad public and professional acceptance. Thus, the debate has shifted from can we do it at all to which alternatives would be most appropriate in this particular circumstance.

Thank you again for the opportunity to share these reflections with my colleagues.

Bruce M. Tefft, Ph.D., C. Psych.
Associate Professor of Psychology
An interview with Dr. Geoff Nelson

Which university/organization(s) do you presently work for?

In 1979, I started as an Assistant Professor at Wilfrid Laurier University in what was then called the Social-Community Psychology program (now it’s just Community Psychology). It was a great opportunity, as I wanted to be a faculty member in a Community Psychology program. The Laurier program was relatively new, having formally started in 1976, so I was “in on the ground floor”, so to speak, and was able to play a role in shaping the program and helping it to grow.

How do you see Community Psychology relating to your work?

Community Psychology is my home field. I had an undergraduate course in Community Psychology at the University of Illinois with Julian Rappaport, one of the founders of the field. That course and the practicum courses that I took with it at Illinois spurred me to pursue graduate work in Clinical-Community Psychology at the University of Manitoba. Since joining the Laurier program, all of my work has been based in the field of Community Psychology.

Describe a current intervention or program with which you are involved.

I have had a long-standing interest in housing and community mental health for people with serious mental illness. Since 2008, I have been privileged to be a member of the Canadian At Home/Chez Soi research team for a multi-site study of the Housing First approach for this population. It’s the largest study of its kind anywhere, and I have been the Co-lead for the qualitative and mixed methods research for this project. Currently, I am leading one study that examines the sustainability of the programs at the five project sites and another study of scaling up new Housing First programs in six sites across the country.

Are you involved in any Community Psychology interventions/programs happening elsewhere in Canada?

I have been working within the Waterloo region to enhance the Housing First approach here, by bringing in rent supplements and by collaborating on an evaluation of the impacts of these supplements.

I’ve also been working with a community in North Waterloo that has just started a new Better Beginnings program for children ages 4-8. Better Beginnings is a community-driven, ecological approach to primary prevention that has been found to have positive impacts on children when they reach 19 years of age, as well as their parents, and communities. I consult with the project and work with a research team to evaluate this new program.

What was one big decision you had to make to get where you are today?

Late in graduate school, I decided I wanted an academic job and that I wanted to concentrate my work on Community Psychology. For me, this was a “no brainer” as I was interested in public mental health and prevention rather than private practice.

Has your career required you to move/re-locate?

A big move for me was to re-locate from the U.S. to Canada. Once in Canada, I wanted to stay. Moving from Manitoba to Ontario was the other career move I made. Since 1979, I have stayed put in Waterloo, Ontario at Wilfrid Laurier University.

What do you appreciate most about the field of Community Psychology?

Community psychology is a value-based field, and its values are congruent with my personal values of social inclusion, social justice, power-sharing, and collaboration. I feel very fortunate that I have a job, where my work lines up with my values. Not many people enjoy that privilege. Community Psychology is also evidence-based and is open to a broad range of methodological approaches, spanning quantitative, qualitative and mixed methods, often used in the context of program evaluation, which has been the focus of much of my research. I like this openness and flexibility, and the link between research and action.

Describe the role of being a mentor or having a mentor on your career.

I have had some great mentors. At Illinois, Julian Rappaport influenced me to pursue a career in Community Psychology. At Manitoba, my doctoral advisor, Jim Nickels, was an excellent role model for what an academic advisor should be. Jim’s nature is to be collaborative and supportive, while maintaining high standards. That is something I strive to emulate.

I have enjoyed being a mentor to younger Community Psychology faculty at Laurier. I always learn a great deal from them and help them to get started on their academic journeys. I also really
enjoy working with graduate students as their academic advisor. Many of my former students have gone on to do great work in the community, and it is very rewarding for me to work with them in the community post-graduation.

What do you see for the future of Community Psychology? Do you believe the field will continue to grow over the coming years?

While Community Psychology has grown internationally over the past two decades (witness the emergence of the International Community Psychology conferences and the book by Reich et al. on International Community Psychology), I think training programs in Community Psychology are in jeopardy in Canada. With the retirements of Community Psychology faculty at Acadia University and Brock University, and the end of the Laval program, we have lost some important settings for training. With the imminent retirement of Bruce Tefft at the University of Manitoba, we could see another important training program go by the wayside, unless Bruce is replaced with a Community Psychologist. Community Psychology is becoming concentrated in three major programs: Laurier, UQAM, and Ottawa. We need more Community Psychology programs across the country. Hopefully, the 2017 SCRA Biennial conference in Ottawa will give Community Psychology in Canada a boost.

What advice would you give to future Community Psychologists?

I would really like to see some of the graduates of our programs go into academia. We need to reinvigorate our Community Psychology programs with young faculty members for the future viability of our field.

How much is too much?

Inspections Data Provide a Window onto Residential Clutter as a Housing Problem

By the Centre for Collaborative Research on Hoarding at the University of British Columbia

How big of a housing problem is residential clutter? Funded by the UBC Hampton fund and the Canadian Social Science and Humanities Research Council, our team collaborated with the City of Vancouver Property Use Branch to discover the prevalence of problematic clutter in single-room occupancy (SRO) housing units in Vancouver. Severe clutter in residential units can present serious health and safety hazards. For example, firefighters responding to a 2010 fire in a Toronto social housing building were unable to access the unit where the fire started due to the extremely high volume of possessions in the unit. Ultimately, the fire caused over $1 million in damages and displacement of 1,200 residents. Later inspection of the damaged building revealed 19 of the 712 units (2.7%) were “overcrowded with belongings”. Studies of hoarding (one reason for excessive clutter, but not the only reason) have estimated the population prevalence to be between 2% and 5.8%. Because SRO housing is very small (and thus quick to fill up with possessions), we wondered how many of these units would have excessive clutter.

In Vancouver, inspectors from the Property Use Branch inspect SRO units at least annually to ensure they are being maintained for rental and in compliance with the Standards of Maintenance By-law (No. 5462). We examined the inspection reports completed by housing inspectors to get a picture of the current state of the clutter problem in this segment of Vancouver’s housing stock. Over 8,000 room inspections were included in the research. Our inspectors judged clutter to be a problem when it blocked entry into and out of rooms, involved buildup of combustible items such as newspapers or clothing, interfered with the functioning of fire sprinklers, prevented effective pest management, or exceeded floor weight load recommendations.

Our first step was to look at 4,312 archived reports (representing 117 buildings) that inspectors had already completed between 2009 and 2011. Then we worked closely with the Property Use Branch inspections team to develop a new scale to measure clutter on their reports. Importantly, inspectors wanted a way to track excessive clutter without increasing the risk of eviction, as SRO units are often the only alternative to homelessness for many residents in Vancouver as well as in many other cities. In this second wave of data collection, which occurred in 2012-2013, we examined 4,448 units across 109 buildings.
In Phase I of the study, 6.1% of units were noted as involving excessive clutter, as shown by issuance of written warnings or orders or notations of “clutter” or “hoarding” on the inspection report. When we included more ambiguous notations (such as “items blocking door”), the prevalence was 6.7% of units. In Phase II, inspectors were able to rate the severity of clutter, so the findings are potentially more informative. See the Table for details of the prevalence estimates we found.

Overall, 7% of the units had problematic or severe levels of clutter. We also found quite a bit of variance across buildings with regard to the number of cluttered rooms, with some buildings having no cluttered rooms and other buildings having problematic clutter in 1/3 of the rooms. The size of the building matters here; larger buildings were more likely to show high frequency of cluttered rooms. Looking at repeated inspections of the same buildings, we see that clutter tends to persist in problem buildings over time. The estimate of 7% of Vancouver’s SRO units as problematically cluttered far exceeds the frequency of excessive clutter (2.7%) discovered in the aftermath of the Toronto fire and is larger than estimates of the prevalence of hoarding from public health studies. In our future research, we will continue working to better understand excessive residential clutter in Vancouver and the associated health and fire hazards.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>% of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe clutter</td>
<td>Clutter is severe, navigation is difficult, use of the room is nearly impossible, serious hazards due to clutter</td>
<td>2.4%</td>
</tr>
<tr>
<td>Problem clutter</td>
<td>Clutter impedes free movement in the room, functional use of room is impaired, clutter creates moderate hazards</td>
<td>4.6%</td>
</tr>
<tr>
<td>Notable clutter</td>
<td>Manageable level of clutter, interferes with optimal use of room but no difficulty navigating, clutter creates mild/temporary hazards</td>
<td>5.3%</td>
</tr>
<tr>
<td>No clutter</td>
<td>Clutter within normal limits</td>
<td>87.7%</td>
</tr>
</tbody>
</table>

Which university/organization(s) do you presently work for?

I am currently completing a postdoctoral fellowship under the supervision of Dr. Tim Aubry at the Centre for Research on Educational and Community Services (CRECS) and the School of Psychology at the University of Ottawa. CRECS is a research centre that works with educational, social service, and health sector organizations to conduct research and evaluation to improve program delivery and policy. CRECS works primarily with organizations that serve individuals facing social exclusion.

How do you see Community Psychology relating to your work?

The focus on action-oriented research to promote wellness that is central to community psychology is also an important part of the work in which I am involved. My research at CRECS has generally focused on supporting community-based programs to evaluate their services and to identify areas of strength and areas for growth. We also undertake evaluations to look at the outcomes associated with programs.
These programs and organizations have often had a focus on the well-being of individuals and communities, such as physical or mental health, education, or ending homelessness.

**Describe a current intervention or program with which you are involved.**

I am involved in evaluating a Housing First program for homeless adults with problematic substance use in Ottawa. Clients have access to stable, affordable housing through a rent subsidy. Clients choose the housing and there are no pre-conditions for clients to be considered eligible for housing. Clients also receive support from an intensive case manager. The services are based on a harm reduction and recovery approach and are client-centered.

**What was one big decision you had to make to get where you are today?**

My doctoral thesis research was in a different area of psychology. However, after completing two graduate psychology courses on program evaluation, I was interested in further hands-on experience in evaluation. I was fortunate that the professor I approached about program evaluation experience was looking for a student to work on a participatory evaluation with a local program. I was able to work on numerous projects at CRECS throughout my doctoral training and have continued working there since graduating. Through my involvement at CRECS I have had the opportunity to work with diverse community organizations and gain experience in conducting different types of evaluation.

**Has your career required you to move/re-locate?**

Besides completing my undergraduate degree in Montreal, I have lived in Ottawa. We will see what happens with the next stage of my career!

**What do you appreciate most about the field of Community Psychology?**

My Ph.D. was in clinical psychology, and while I see the value in working clinically with individuals, I also see the benefit in targeting interventions at a broader level. I also think the focus on using social science methods to help inform program development and implementation, so that programs are based on the best evidence available, is an important contribution.

**Describe the role of being a mentor or of having a mentor on your career.**

I have had the opportunity to work with wonderful mentors throughout my graduate degree. My mentors have provided me with support through offering me diverse opportunities, such as the chance to be engaged in different research and program evaluation projects. From my mentors, I have learned the importance of engaging with people outside the university to collaborate on research and evaluation, as well as working to bring research findings to people and organizations who can apply them to policy.

**What do you see for the future of Community Psychology?**

Having had the opportunity to meet other community psychologists this past summer at the CPA Community Psychology Pre-Conference Workshop and at the Society for Community Research and Action Biennial Conference, I am hopeful that community psychology will continue to expand.

**What advice would you give to future Community Psychologists?**

I would encourage students to become involved in research or evaluation projects where they have the opportunity to work with community organizations. I think this type of work offers students the chance to apply different types of skills than they might otherwise use in a university setting. It also provides the opportunity to see the impact that community psychology can have on individuals and organizations.